



PATIENT

Bubba Morin

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

16 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Gallick

HOSPITAL NAME

Magnolia Springs VC

REFERRING VET

Dr. Aldrich

INVOICE

42842

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea since Sept. 2022. Stools are soft/mucousy and sometimes bright red tinged with blood. At times watery, other times just mushy. Started patient on proviable and does help a little. Receiving Tylan, Metronidazole, B12 injections and we dewormed with drontal. On ultamino diet. Abnormal PE/Chem/CBC/UA Results: Fecal: Negative Diarrhea panel: Clostridium seen on paenl, GI panel showed a high folate at 22.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney 3.9 cm. The right kidney revealed slight pinpoint mineralization. The right kidney measured 3.8 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed coarse architecture with cystic duct and common bile duct appeared at the upper limits of normal with increased portal markings throughout the liver with moderate remodeling. The gallbladder was unremarkable.



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Gastrointestinal

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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The mesenteric lymph nodes measured 0.5 cm.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

AGE

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IBD GI pattern.

Reactive mesenteric lymph node.

Hepatic remodeling.

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Age related renal changes with mineralization, non-obstructive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Eric Lindquist, DMV
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Bile acid profile is warranted. Management for inflammatory bowel is indicated with hydrolyzed diet. If the current protocol is not successful over time then full thickness intestinal biopsies would be necessary in this patient. Bile acid profile is also indicated to assess if early hepatic dysfunction may be playing a role in the clinical signs.

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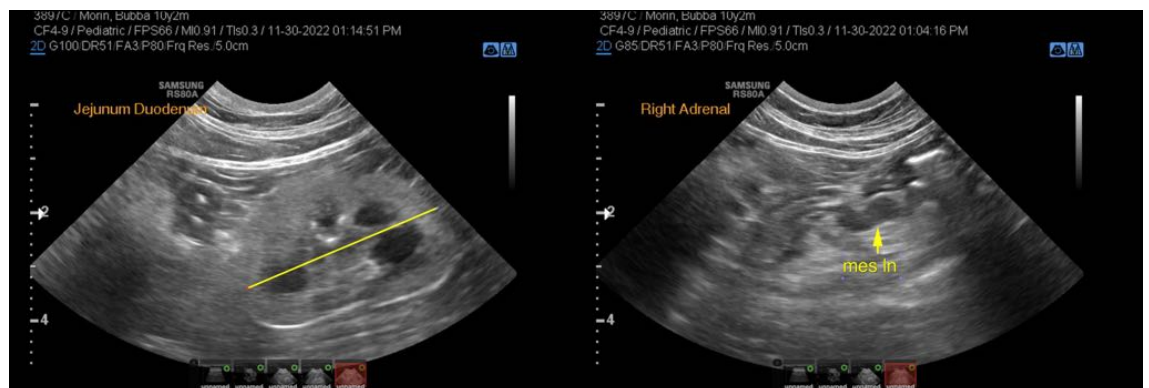
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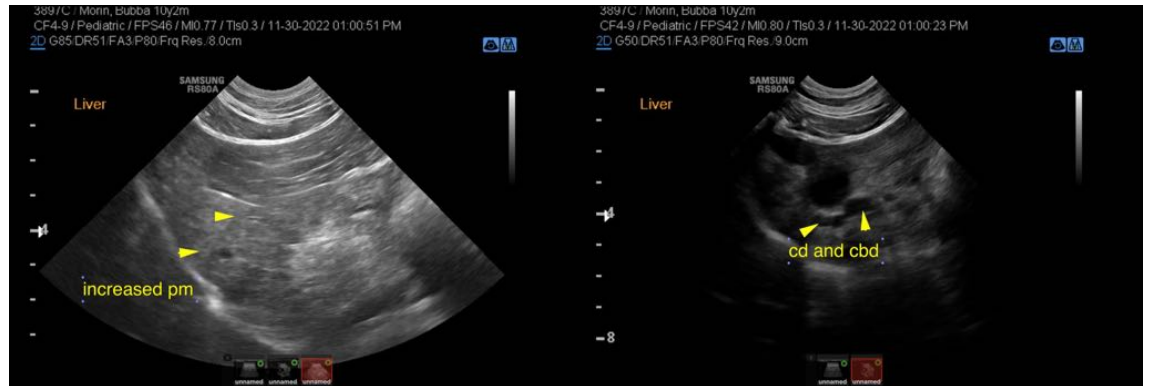
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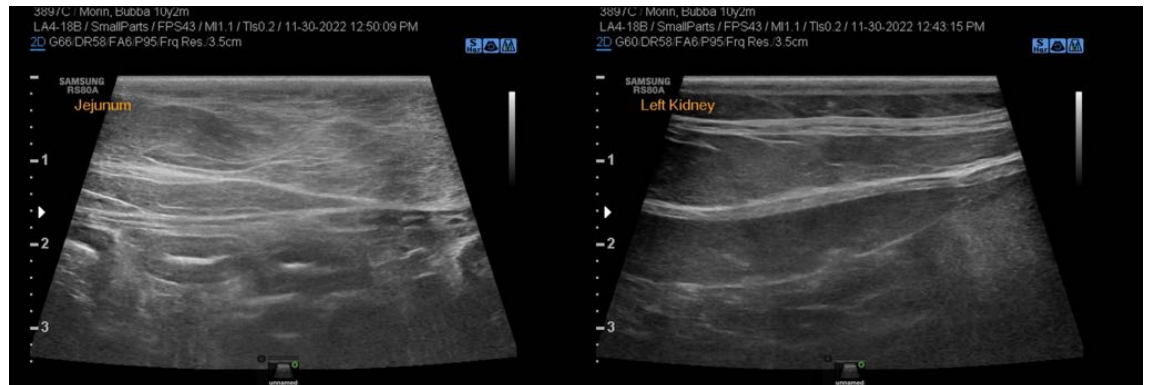
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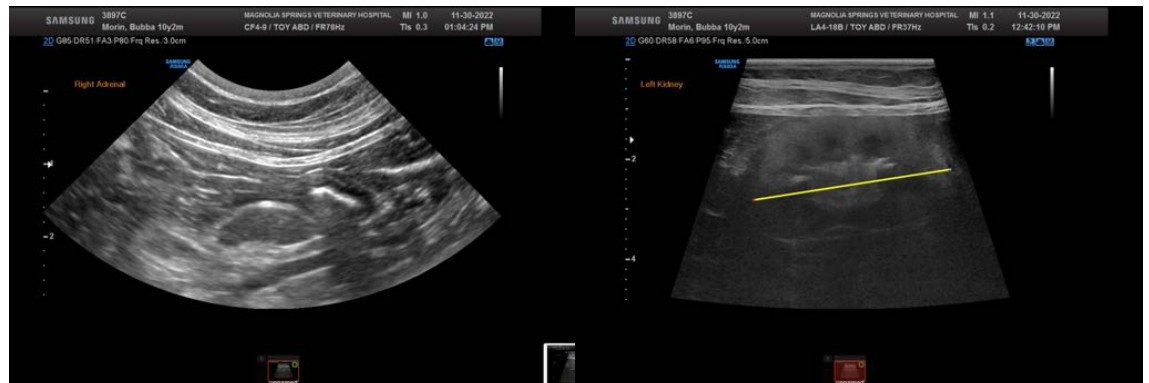
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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info@SonoPath.com

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