



PATIENT

Kovu Diehl

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Months

WEIGHT

3.8 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

43050

DATE

11/30/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for vomiting up aby food given around 10:15 am then brining it back up around 11:15 am. Owner did mix in the Provable into the baby food. Previous Health Concerns: Current Medications: cerenia (11/29 6pm), Carafate given around 9 am 11/30, Amoxi-clav given around 9:30 am.

Abnormal PE/Chem/CBC/UA Results: 11/26/22: 2-view whole cat rads – thickening of stomach wall w/suspicious area that may or may not be a gastric FB; small bowel unremarkable; normal feces in colon CBC – HCT 67, WBC 39K, Neu 15K, Lym 22K Chem – WNL EPOC – pH 7.19, Lactate 7.24, HCT 55

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 were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measures 3.72 cm. The right kidney measures 4.24 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Some fluid filled **gastric** lumen present without evidence of foreign matter. The small intestine and colon were empty. Slight epigastric lymph node enlargement noted at 4.0 mm.



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Pancreas

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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

- Structurally unremarkable abdomen with minor gastric chyme presence

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural disease. Given the white count elevation, systemic infection is suspected, yet structurally and viscerally there is no evidence of pathology. Supportive care should prove effective .

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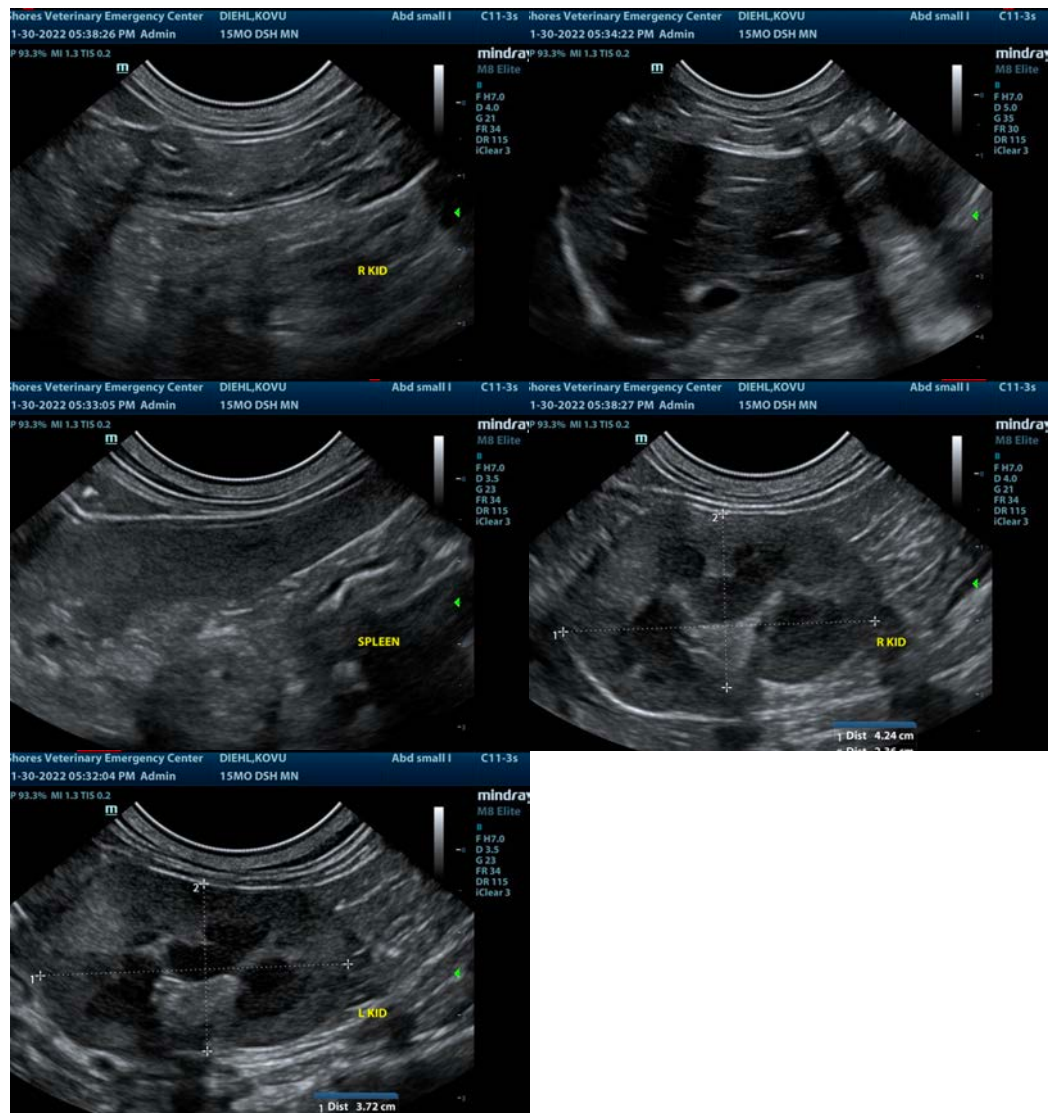
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com

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