



PATIENT

Toga Campbell

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Baker

INVOICE

13021

DATE

12/13/21

PRESENTING CLINICAL SIGNS

History: History of DM, intestinal lymphoma (in remission), diabetes mellitus, pancreatic insufficiency and chronic pancreatitis S: Toga presents for increased respiratory rate and effort - first noticed at 8:15 this morning. Meds: Lantus insulin 2 units AM, 1 unit PM, Ursodiol, Cerenia, Metronidazole, Budesonide and pancreatic enzymes daily, Provable EOD, Chlorambucil every 3 days and milk thistle. A: Dyspnea and tachypnea r/o pleural effusion/edema due to heart disease or neoplasia, pneumonia, advanced bronchitis, other Grade 3 heart murmur r/o hyperthyroidism, cardiac disease, anemia, other Weight loss 5-7% dehydrated Moderate dental disease with missing teeth Waxy left ear canal Muscle atrophy

Abnormal PE/Chem/CBC/UA Results: 3 view thoracic rads: Left sided effusion involving cranial and caudal lung lobes with evidence of consolidation caudally. Owner declined rad review. O: T = 102.2 F, P = 200 bpm, R = 66b/min. Wt.: 3kg BCS 2/9 H/L: Grade 3 heart murmur ausculted, no arrhythmia ausculted; mild to moderate increase in respiratory rate and effort, no crackles or wheezes, BV sounds WNL all 4 quadrants CV: femoral pulses strong and synchronous with HR, extremities warm

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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, moderate on the left kidney and mild on the right kidney.

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 measured 3.09 cm. The right kidney measured 3.95 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. The right adrenal gland measured 0.91 cm.

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** revealed coarse architecture and increased portal markings. A significant amount of hepatic remodeling noted throughout the parenchyma. Gallbladder sand was present.



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Gastrointestinal

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The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. Mucosal fogging was noted throughout the small intestine without loss of mural detail. Some reactive mesentery was noted.

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Pancreas

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Reactive mesentery and hypoechoic irregular areas were noted throughout the **pancreas**.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Pancreatitis/enteritis pattern with history of cholangiohepatitis
- Biliary calculi
- Age-related renal changes

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

15 Years

No overt evidence of neoplasia. No evidence of escape from remission, however, there is a significant amount of hepatic remodeling present. The prednisolone and other chemotherapeutics may be suppressing a more significant presentation. Some level of pancreatitis suspected. Pain could be contributing to the respiratory signs.

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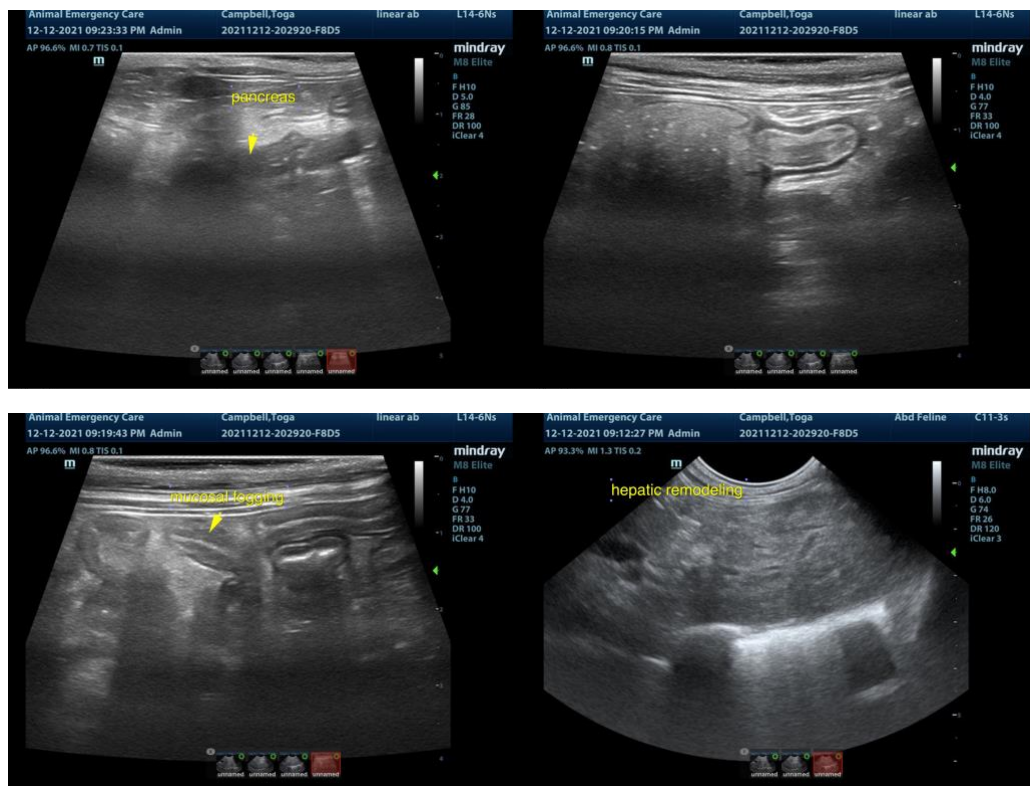
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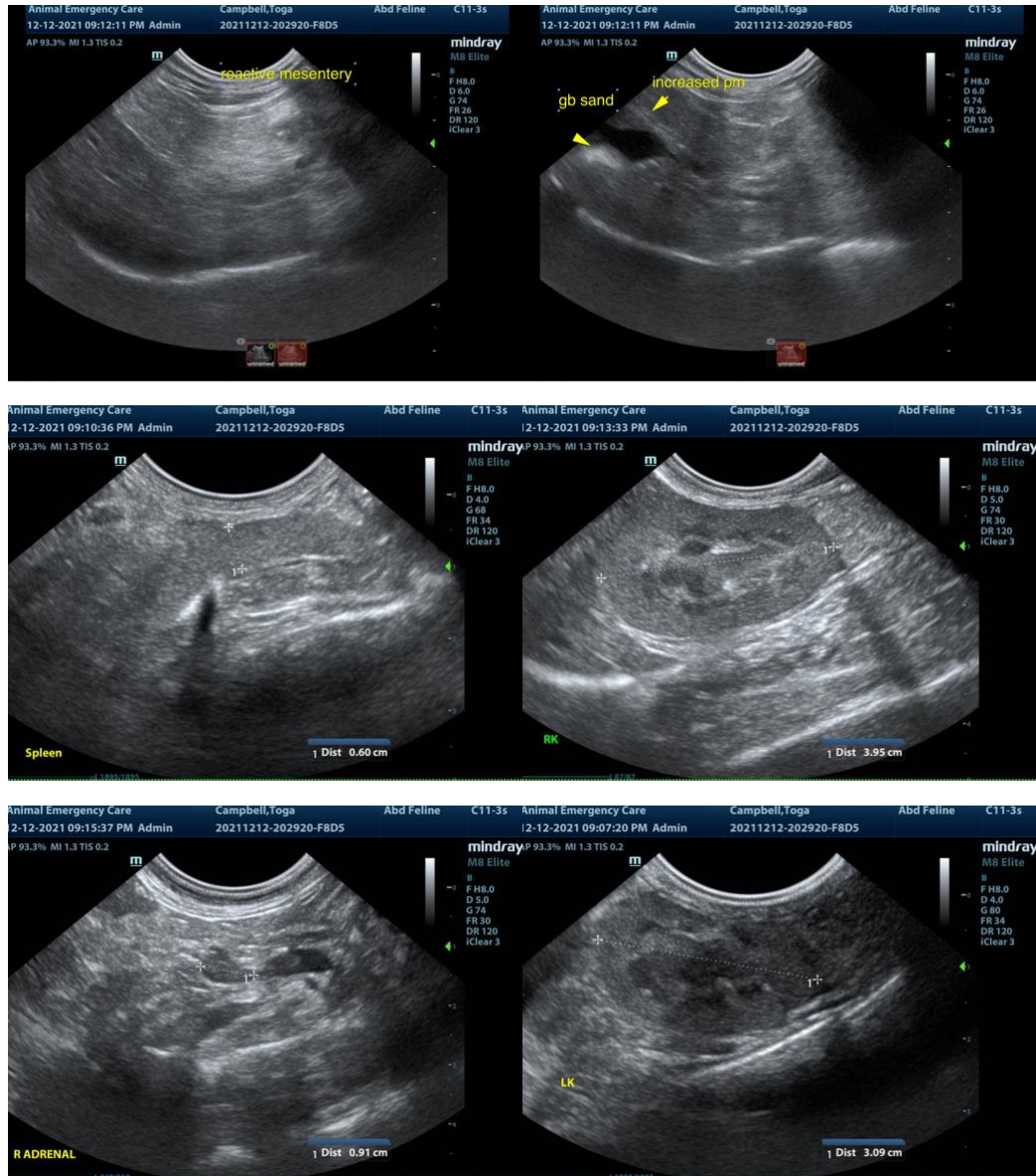
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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