



PATIENT

Domino Esterle

SPECIES

Feline

BREED

SEX

Neutered male

AGE

9 years

WEIGHT

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Buss

HOSPITAL NAME

Kings VH

REFERRING VET

Dr. Puthoff

INVOICE

94746

DATE

12/20/21

PRESENTING CLINICAL SIGNS

Domino presented to the hospital for the first time July 2021 for his annual exam and to discuss chronic nasal congestion issues. Teresa is unsure of how much eating/drinking/urinating because there are two cats in the house. No diarrhea in the box. At that time, a heart murmur/gallop rhythm was noted and he seemed to have mild diffuse muscle loss. Chest x-rays revealed a diffuse bronchial pattern but no overt areas of lung consolidation and fluid buildup. Bloodwork revealed elevated globulins with suspect secondary hypoalbuminemia. Echocardiogram revealed tricuspid regurgitation with early HCM as cause of murmur and gallop - normal blood pressure. Discussed potential causes of elevated globulin - owner elected to monitor. Recheck in December showed ~1 lbs weight loss and persistent elevated globulins. Recommended protein electrophoresis and abdominal ultrasound to begin assessing for underlying cause.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney revealed a slight cortical infarct noted at the caudal pole. The right kidney measured 3.0 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 left adrenal gland measured 0.4 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 was noted.



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Liver

Domino Esterle

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.

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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

WEIGHT

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.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Structurally unremarkable abdomen.

Eric Lindquist, DMV
DABVP, Cert. IVUS

Minor right renal infarct.

IMAGING PERFORMED BY

Dr. Buss

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The cause of weight loss is unclear. Protein electrophoresis is indicated. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. Chronic infectious agents such as Toxoplasmosis and Bartonella should be ruled out depending upon protein electrophoresis findings.

REFERRING VET

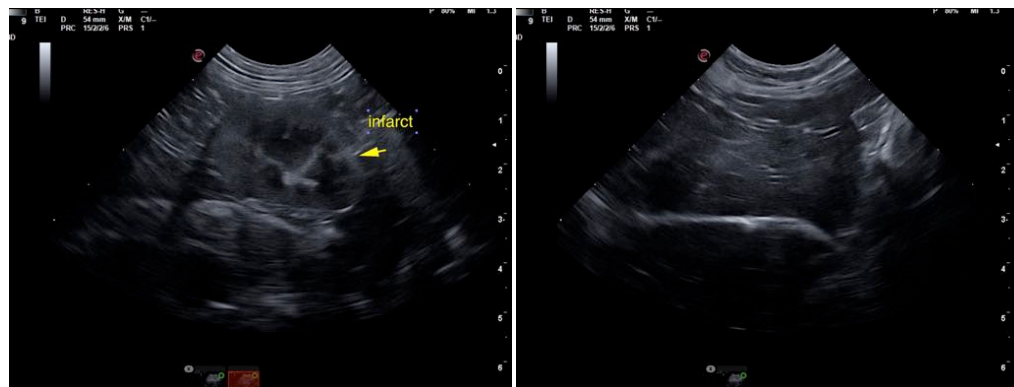
Dr. Puthoff

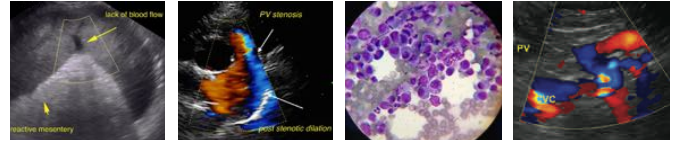
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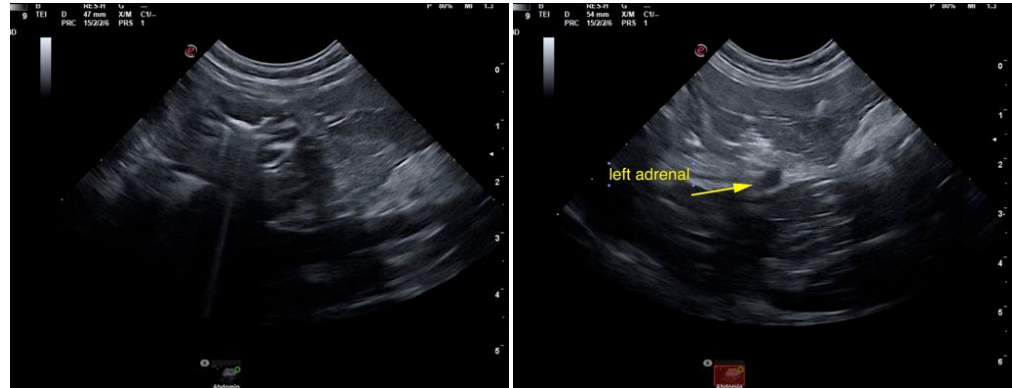
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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