



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Denali Hall
SPECIES Feline
BREED DLH
SEX Spayed Female
AGE 12 Years
WEIGHT 7.5 Pounds

Seen 12/20 by rDVM for WT loss, anorexia, and signs of nausea. Leukocytosis, normal tT4 NSF chem panel Thoracic radiographs - bronchial pattern consistent with asthma. Fever was discovered, recv'd Convenia and Cerenia and improved initially. Started regressing a few days later. Followed up again with rDVM and was started on a prednisolone 2.5 mg PO SID. Owner also mentioned prior hx of respiratory difficulties; RR/RE has been overall WNL.

Abnormal PE/Chem/CBC/UA Results: PE Fever, lethargy, mild dehydration, firm feces on abdominal palpation. - CBC = WBC 52 k/uL, NEU 46 k/uL, suspect bands, Monos 1.59 k/uL (up from 29 k/uL on 12/20) - chem 17 and lytes = GLU 212, BUN 15 mg/dL, TP 9.1 g/dL, GLOB 6.4 g/dL, ALT 11 u/L. all other values wnl. Pathology review of CBC pending

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 iliac trifurcation was unremarkable. No evidence of thrombosis.

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 measured 3.94 cm. Blood flow to the kidneys appeared mildly subnormal, expected for this age patient. The right kidney measured 3.5 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.

Comet tail lung pattern noted through the diaphragm.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The stomach was empty. Small

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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.

SPECIES

Feline

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.

BREED

DLH

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with minor age related renal changes

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral disease to be responsible for the clinical signs. However, comet tail lung pattern noted in the peripheral lung field, suggestive for alveolar disease. The Prednisolone may be suppressing a more significant presentation. However, structurally the abdomen is normal. Viral, rickettsial, bacterial infections should all be considered.

AGE

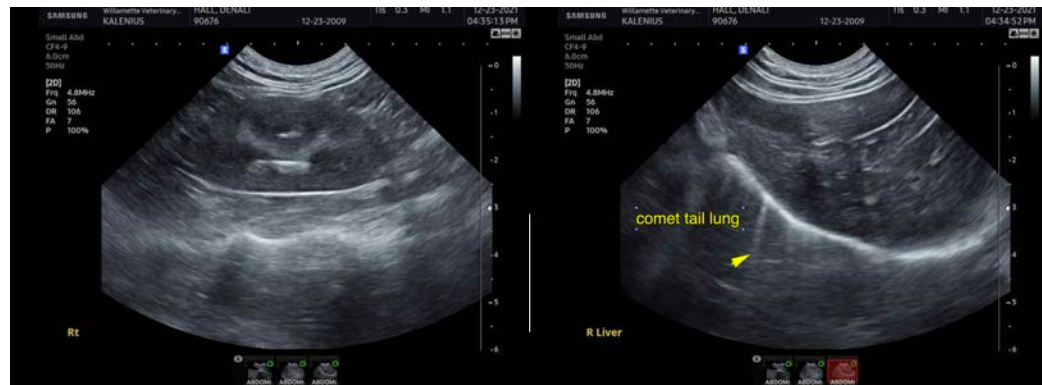
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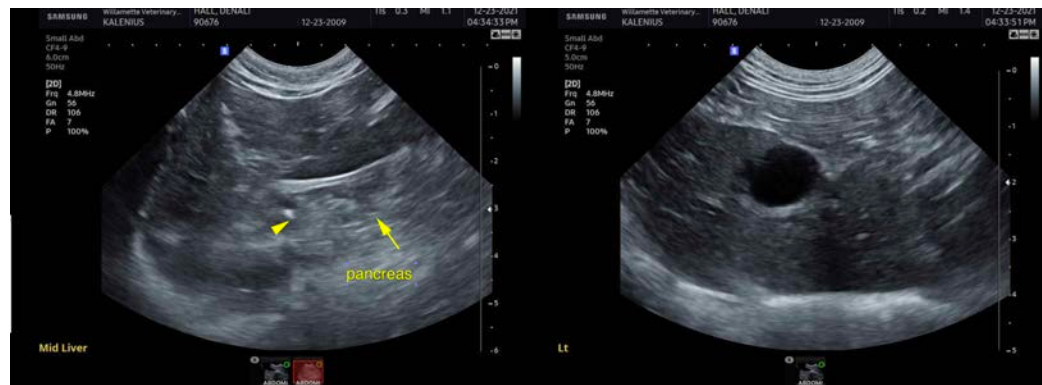
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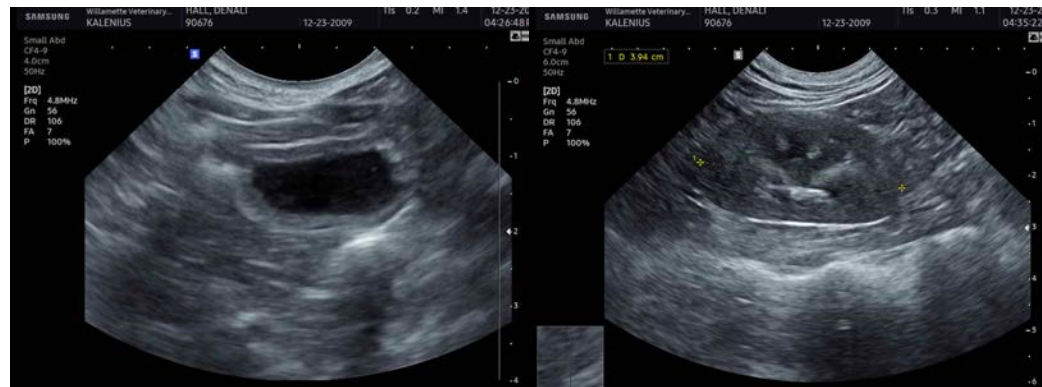
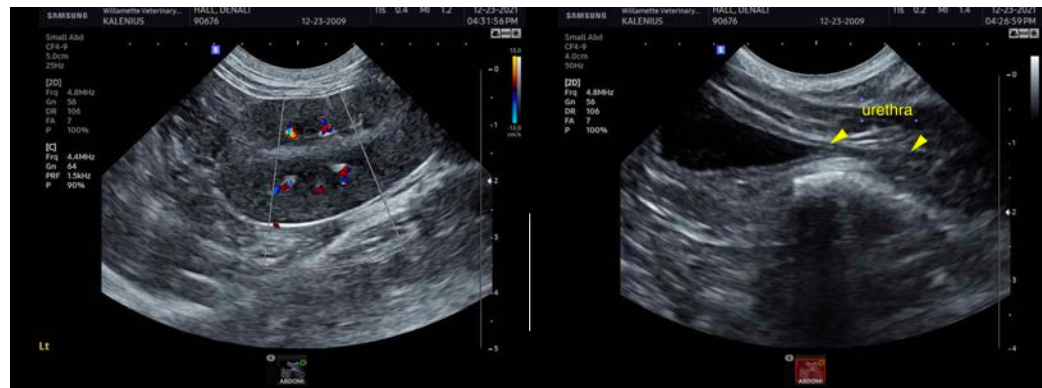
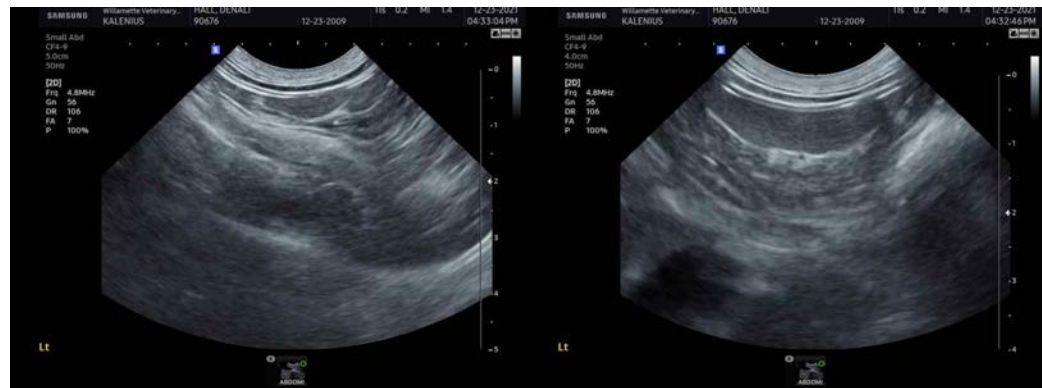
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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