



PATIENT PRESENTING CLINICAL SIGNS

IO Kincade

History: Presented for vomiting and possible foreign body seen at another urgent care for vomiting radiographs had gas pattern present with ileus and potential of airway disease. Has not been coughing. Thyroid level tested at Wilvet Salem wnl. Last labs were done on 12/7. Recently had boarded at VCA Salem and had been seen by Salem ER and had labs done

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Had radiographs at VCA Salem gas dilation of small intestines on 12/3 Gas dilation of small intestine. suggestive of functional ileus. Gas dilation of small intestine. Had diffuse bronchial pulmonary pattern present similar to what was apparently noted previously. Salem ER- 12/22 Eosinophilia Glucose 213 BUN 45 Creat 1.3 (has muscle wasting) Ca 9.0 on second test TP 9.7 (H) Globulin 6.6 (H) GGT elevated at 23 12/29 Wilvet TT4 1.4 (normal) S/O:: T: 99.7F, P: 160 R: 28 BCS 2/5, pink and moist CRT < 2 seconds. Dehydration 5-7%. Eyes clean and clear and has some dark brown exudate present within ears bilaterally. Heart rate and rhythm regular. Eupneic. Has urinated on her own. Abdominal palpation non-painful and slightly doughy. Ambulatory all four limbs. Appears neurologically appropriate at this time.

BREED

Domestic Shorthair

SEX

Spayed female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

5 years

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.

WEIGHT

3.03 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **kidneys** were normal in size and contour with increased cortical echogenicity and minor pyelectasia. The left kidney measured 4.1 cm. The right kidney measured 3.65 cm.

IMAGING PERFORMED BY

Dr. Ebert

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.

HOSPITAL NAME

Wilvet Salem

Spleen

REFERRING VET

Dr. Ebert

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.

INVOICE

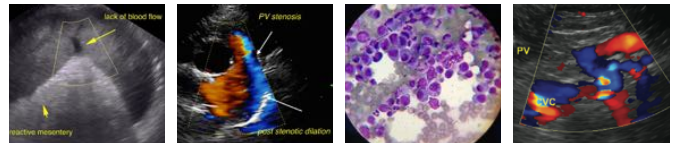
42406

Liver

DATE

12/29/22

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



PATIENT

lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

Feline

The **stomach** was empty in this patient, yet mucosal hypertrophy was noted. The submucosal, muscularis and serosal layers were unremarkable. This is most consistent with gastritis. Variable minor intestinal thickening was noted without loss of detail.

BREED

Domestic Shorthair

Pancreas

SEX

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.

Spayed female

AGE

Free Abdomen

5 years

Trace amounts of free fluid were noted.

WEIGHT

ULTRASONOGRAPHIC FINDINGS

3.03 kg

Gastritis/gastric hypertrophy. No evidence of foreign bodies.

INTERPRETED BY

Free fluid, yet the cause is unclear. May be secondary to wasting.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

There is no evidence of foreign matter. The cause of free fluid was unclear. There was no obvious neoplasia; however, occult neoplasia is a potential. Given the vomiting endoscopy with mucosal biopsies can be considered or full thickness surgical biopsies. GI protectants and correction of azotemia is indicated with full urinary work-up.

Dr. Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

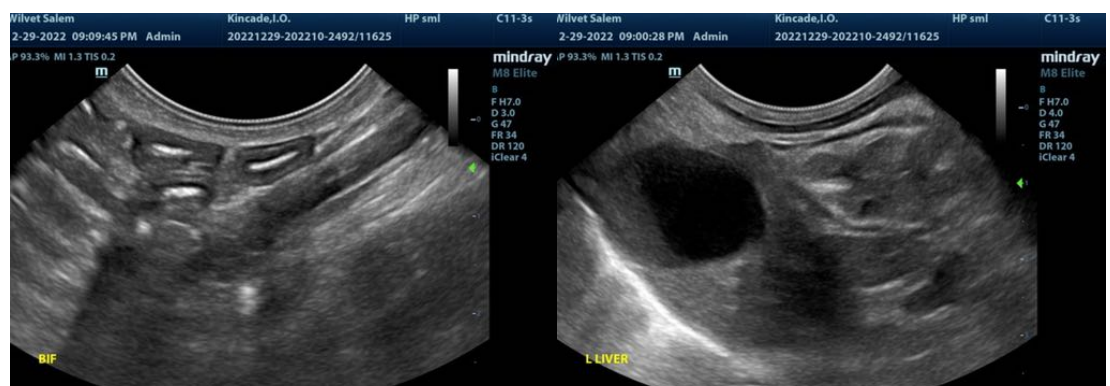
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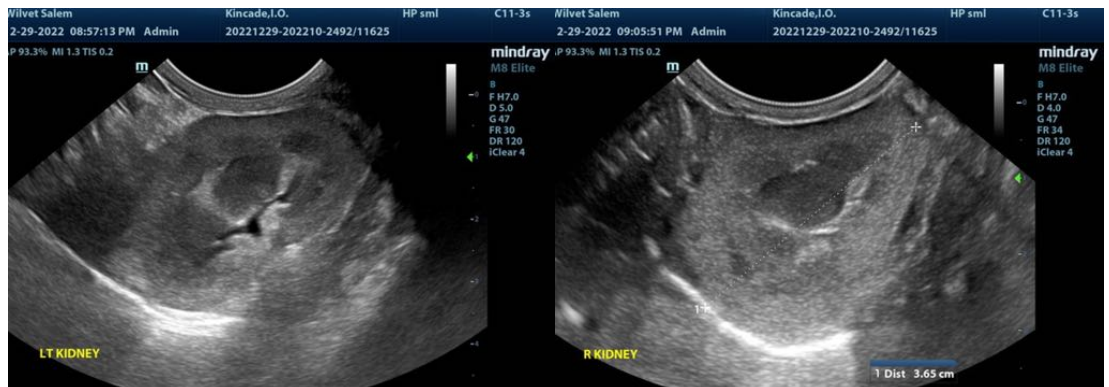
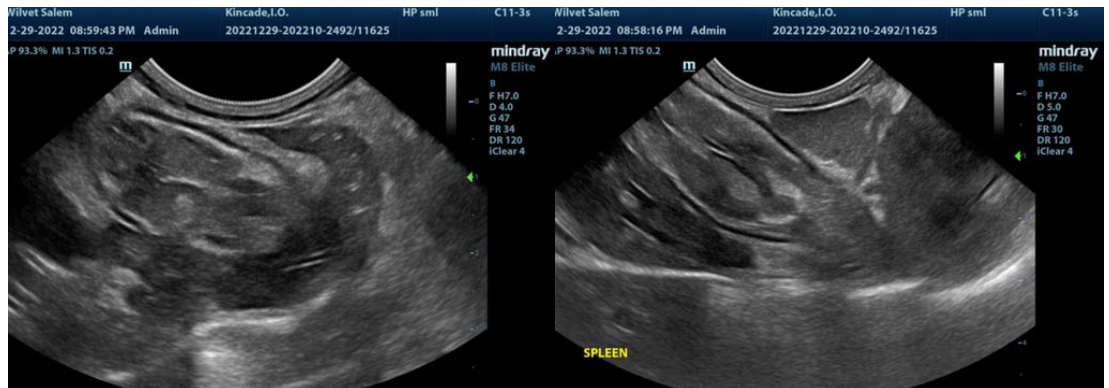
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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