



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Carl Brito
Not eating for just over 48 hours (last ate Friday morning), vomited twice on Friday and Saturday. No diarrhea. Fever on presentation 104F. No significant abdominal pain. Owner pulled a large length of ribbon out of his mouth Tuesday 11/29. Indoor only

SPECIES

Feline
Abnormal PE/Chem/CBC/UA Results: CBC - low normal neut 2.8k chem - wnl venous blood gas - K 3.5 rest nsf Radiographs - possible area of plication in one view, not seen in other views

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DLH

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.

SEX

Neutered Male

AGE

2 Years

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 kidneys measured 4.0 cm each.

WEIGHT

5 kg

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 0.50 cm.

INTERPRETED BY

Eric Lindquist, DMV

Spleen

The **spleen** was mildly enlarged, uniform, likely reactive.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anna Wepprich

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.

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Anna Weppich

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

INVOICE

43174

Reactive mesenteric lymph nodes noted, example measured 1.0 cm.

DATE

12/4/22



PATIENT

Carl Brito

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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Enteritis pattern with mesenteric lymphadenopathy
- Slightly enlarged spleen

BREED

DLH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any weight loss is an issue, splenic FNA would be indicated.

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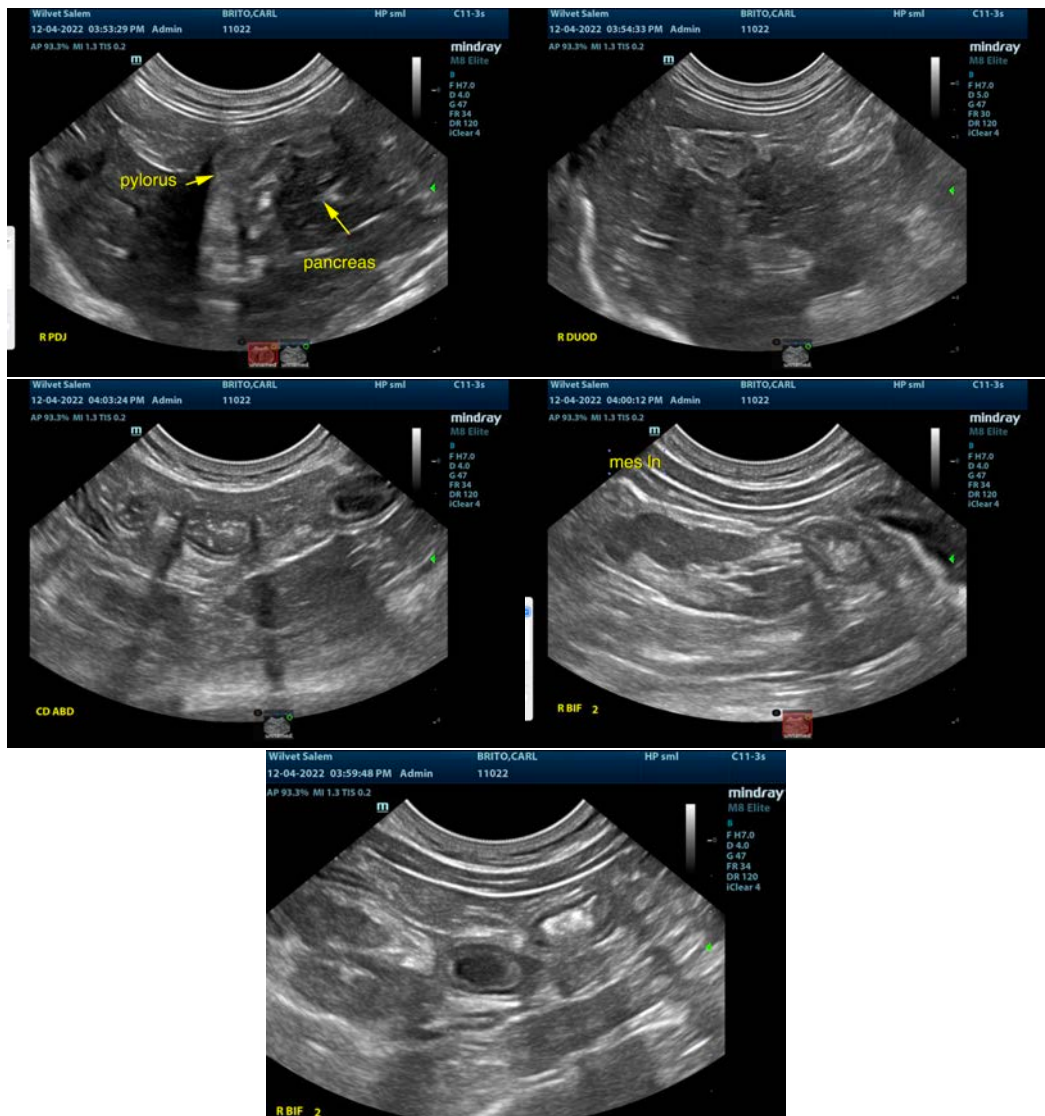
Dr. Anna Weppich

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PATIENT

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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.

SPECIES

Feline

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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