



PATIENT

Boots Fider

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

4.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Slenbaker

INVOICE

33269

DATE

12/5/21

PRESENTING CLINICAL SIGNS

Presented at our hospital for not eating or drinking. O is also unsure the last time P used litter box. O stated P has not eaten in at least two days, and has vomited three times both today and yesterday. Previous Health Concerns: liver issues, OU discharge since a kitten Current Medications: Denamarin, neopolydex
Abnormal PE/Chem/CBC/UA Results: Eyes: bilateral mucoid discharge with scleral erythema Cardiovascular: Grade 2-3/6 sternal heart murmur, est 5% dehydration Respiratory: mucoid bilateral nasal discharge Abdominal: ropey intestinal feel, tense cranial abdomen Radiographs: empty stomach, small stool in colon, no obvious mass noted or signs of obstruction Chemistry: Creat 0.7 L, Total protein 8.1 H, Globulin 5.2 H, Glucose 164 H, ALT too high to read, ALP 113, Total bilirubin 1.3 H, Amylase 1684 H CBC: PMN 13.65 H, RBC 10.77 H, MCV 26.7 L, MCH 9.1 L, HCT 28.8 N, MPV 8.1 H EPOC: Lactate 4.13 H, BUN H, Glucose 149 H fPL: normal rDVM 10/12/21 Bloodwork: ALT 614 rDVM 3/25/19 Bloodwork: ALT 283

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 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 right kidney measured 4.3 cm. The left kidney measured 4.0 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** was diffusely hyperechoic to falciform fat and presented coarse architecture, consistent with inflammatory component. The gallbladder and common bile duct were unremarkable. No evidence of post-hepatic obstruction.

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. 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

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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.

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ULTRASONOGRAPHIC FINDINGS

- Non-specific inflammatory hepatopathy/lipidosis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and 25-gauge FNA indicated. Infectious or toxin exposure should be considered. No suspicion of neoplasia.

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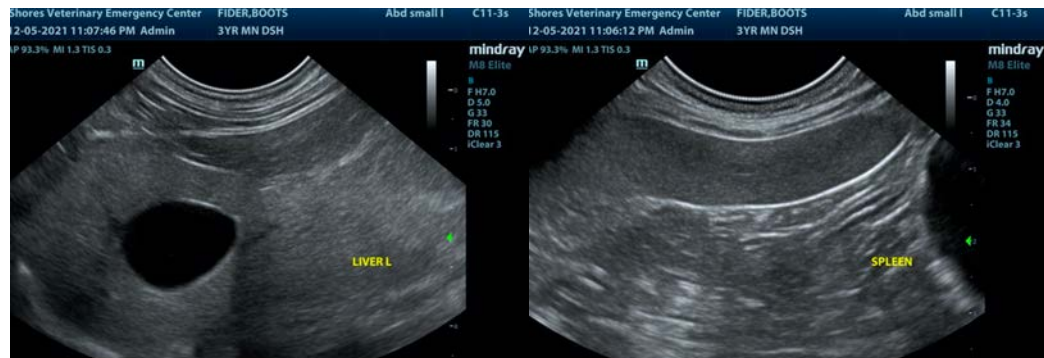
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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