



**PATIENT**

Aria Davis

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

4.42

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Harmon

**HOSPITAL NAME**

Wilvet South

**REFERRING VET**

Dr. Alcantar

**INVOICE**

45046

**DATE**

2/10/23

**PRESENTING CLINICAL SIGNS**

2 day HX of vomiting, and poor appetite, indoor/outdoor. 1 month ago seen at another ER for FUO, has unremarkable abd u/s at that time.

Abnormal PE/Chem/CBC/UA Results: CBC-HCT 49.8, Eos 0.11L CHEM 17- ALT 131 H (12-130), GGT 6 H (0-4)

Rads: CONCLUSIONS: 1. A definitive cause of the patient's reported clinical signs is not determined from this exam. The variability in small intestinal segments raises concern for a possible mechanical obstruction. The angular gas opacity identified in the loop of small bowel in the right abdomen may represent foreign material. A segmental gastroenteritis as a cause of the patient's reported clinical signs is not excluded. 2. Suspect bronchial lung pattern. Some of this may be accentuated by patient positioning and variations in radiographic technique. In the absence of any reported respiratory signs, nonactive asthma or chronic irritant inhalation are not ruled out. 3. Questionable generalized cardiomegaly. RECOMMENDATIONS: Abdominal ultrasound is recommended for further evaluation. If ultrasound is unavailable, consider a barium study. If neither ultrasound or a barium study are feasible, consider diagnostic laparotomy. Echocardiography is recommended. 3 view thoracic radiographs are recommended.

**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 kidneys measured 3.5 cm each.

**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.



**PATIENT**

Aria Davis

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

4.42

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Harmon

**HOSPITAL NAME**

Wilvet South

**REFERRING VET**

Dr. Alcantar

**INVOICE**

45046

**DATE**

2/10/23

**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. The distal small intestine appeared mildly thickened. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

**Pancreas**

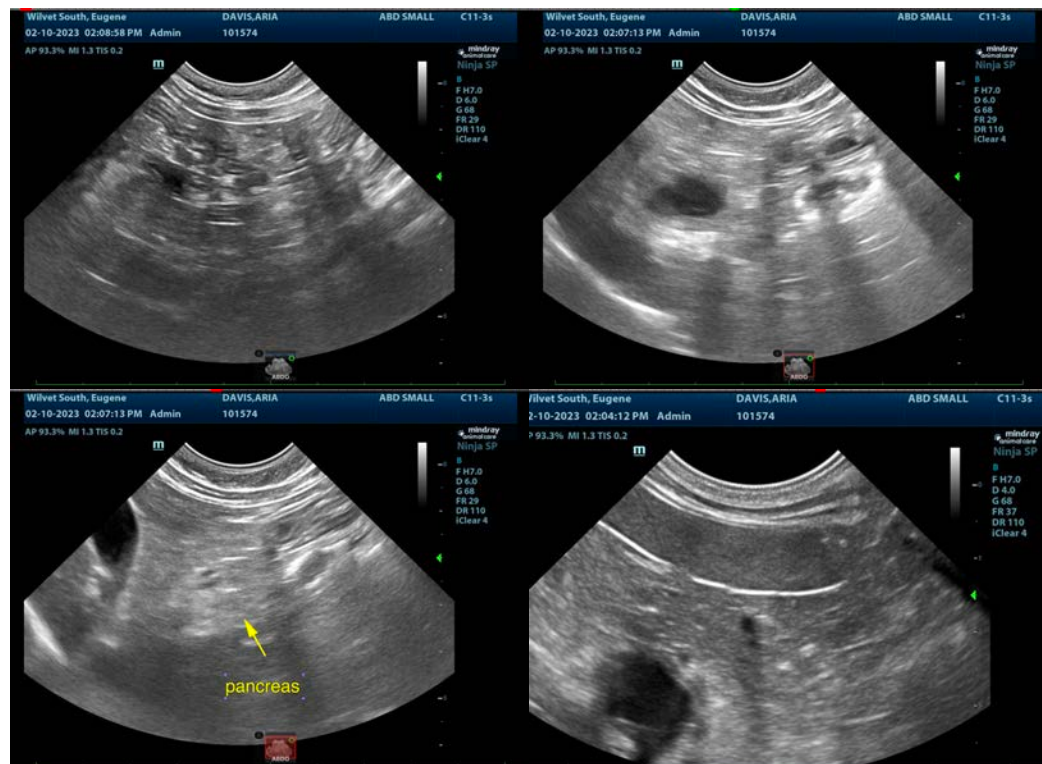
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Non-specific gastroenteritis presentation, no evidence of obstruction

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

12-24 hour NPO should prove effective. Acute on chronic inflammatory bowel possible. Fecal test, broad-spectrum antiparasitic protocol, management for enterotoxins all indicated.





**PATIENT**

Aria Davis

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

4.42

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Harmon

**HOSPITAL NAME**

Wilvet South

**REFERRING VET**

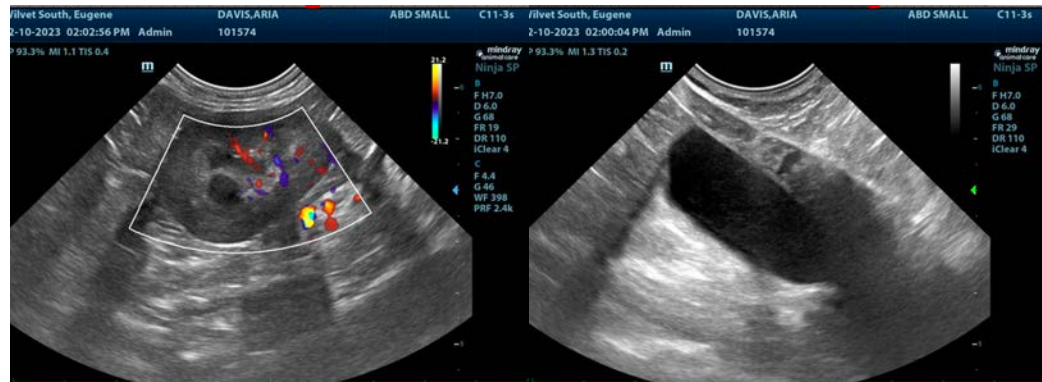
Dr. Alcantar

**INVOICE**

45046

**DATE**

2/10/23



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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)