

PATIENT PRESENTING CLINICAL SIGNS

Harry Klem Vomiting and diarrhea - elevated FPL and previously diagnosed with IBD. Was on Prednisolone but was discontinued about 1 year ago. Patient was doing well up until recently. Tylosin, Omeprazole and Cerenia given.

SPECIES Abnormal PE/Chem/CBC/UA Results: Normal bloodwork FPL 28.5

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH 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.

SEX

Neutered Male The **kidneys** were irregular in contour with increased cortical echogenicity and hyperechoic surrounding fat, suggestive for inflammation. The left kidney measured 3.93 cm. The right kidney measured 3.84 cm.

AGE

11 Years

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 right adrenal gland measured 0.43 cm. The left adrenal gland measured 0.51 cm.

WEIGHT

4.3 kg

Spleen

INTERPRETED BY 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.

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Crystal Hill

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

HOSPITAL NAME

Nelson AH

REFERRING VET

Dr. Anderson

Gastrointestinal

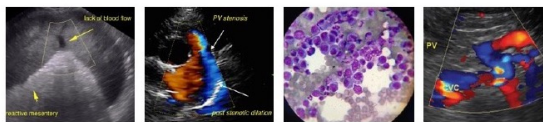
The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

INVOICE

35774

DATE

2/18/22



PATIENT *Pancreas*

Harry Klem The left limb of the **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery. The left limb was enlarged up to 2.0 cm.

SPECIES **ULTRASONOGRAPHIC FINDINGS**

- Feline
- Minor intestinal thickening
 - Left limb pancreatitis
 - Chronic nephrosis/nephritis pattern

BREED

DSH

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup warranted to assess for inflammatory sediment as well as palpation around the kidneys, particularly the left kidney and cranial to the left kidney to assess for discomfort, which is the region in question for the pancreatic inflammation. IV fluid support, pain management, broad-spectrum antibiotics, and reassessment of the clinical signs recommended. Single dose Dexamethasone could also be considered to reduce inflammation.

AGE

11 Years

WEIGHT

4.3 kg

INTERPRETED BY

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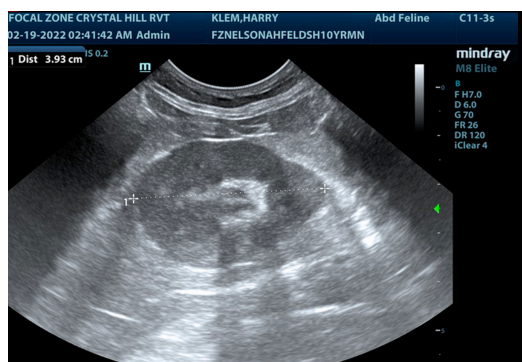
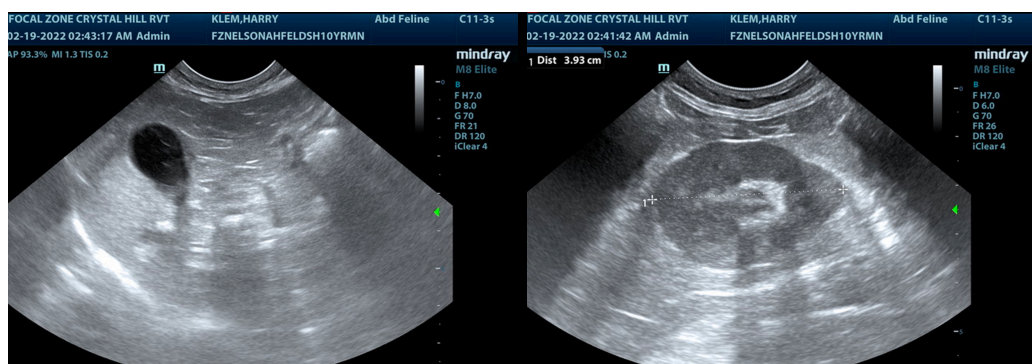
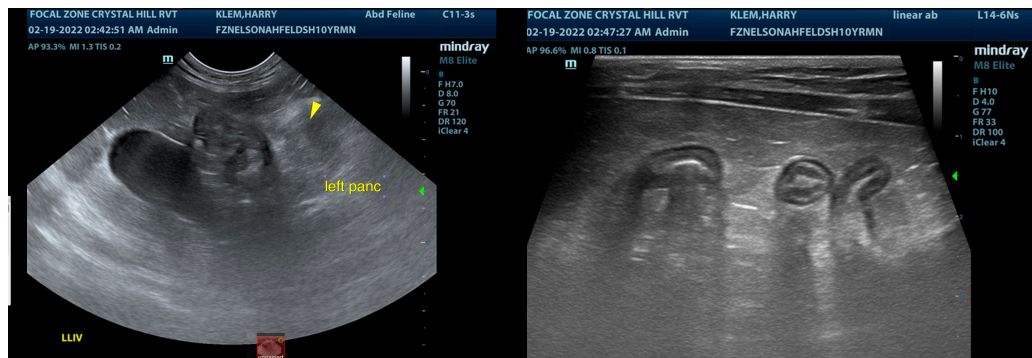
Dr. Anderson

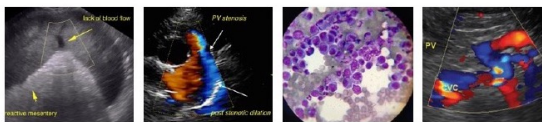
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PATIENT

Harry Klem

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.

BREED

DSH

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SEX

Neutered Male

AGE

11 Years

WEIGHT

4.3 kg

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