



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Lex Durr

SPECIES
Feline

History of vomiting daily for the past several weeks. On C/D science diet for previous history of FUS. Abdomen palpates thick and ropey-concern for IBD/PLE. Plan to check status of kidneys to R/O PLN. Told O to start Royal Canine HP multifunction/urinary diet. Rule out GI infiltrate diet. Neoplasia, FB, obstruction.

Abnormal PE/Chem/CBC/UA Results: TP 4.3 (6.3-8.8) Globulins 2.4 (3.0-5.9) Albumin 1.9 (2.6-3.9) ALT 16 (27-158) Monocytes 0.39 (0.04-0.53) high normal

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

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.

AGE

9 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.65 cm. The right kidney measured 4.23cm.

WEIGHT

12.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

A Murphy CVT

Spleen

HOSPITAL NAME

Wauwautosa Vet

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.

REFERRING VET

Dr. Binor

INVOICE

95784

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,

DATE

2/1/22



PATIENT

Lex Durr

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.

SPECIES

Feline

Gastrointestinal

The stomach presented a dilated gastric lumen. Minor areas of muscularis hypertrophy were noted in the small intestine. There were no obvious ulcers or neoplasia.

BREED

Domestic Shorthair

Pancreas

Hypochoic, irregular tissue was noted in the region of the pancreas.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Variable small intestinal thickening. Inflammatory bowel with probable protein losing enteropathy.

AGE

9 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

12.1 lbs

GI protectant protocol is recommended. IV fluid support +/- low-dose Prednisolone trial can all be considered. There was no evidence of foreign bodies. Enterotoxin ingestion is possible. Neoplastic criteria was not met in any of the visible GI tract.

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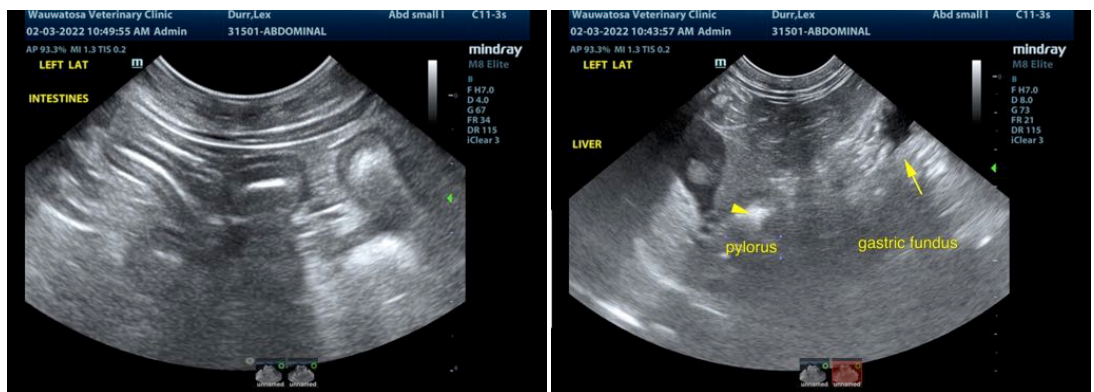
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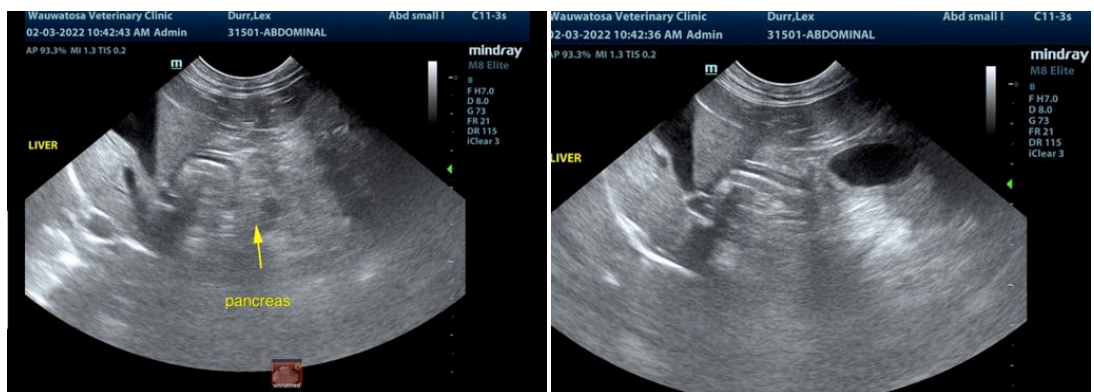
HOSPITAL NAME

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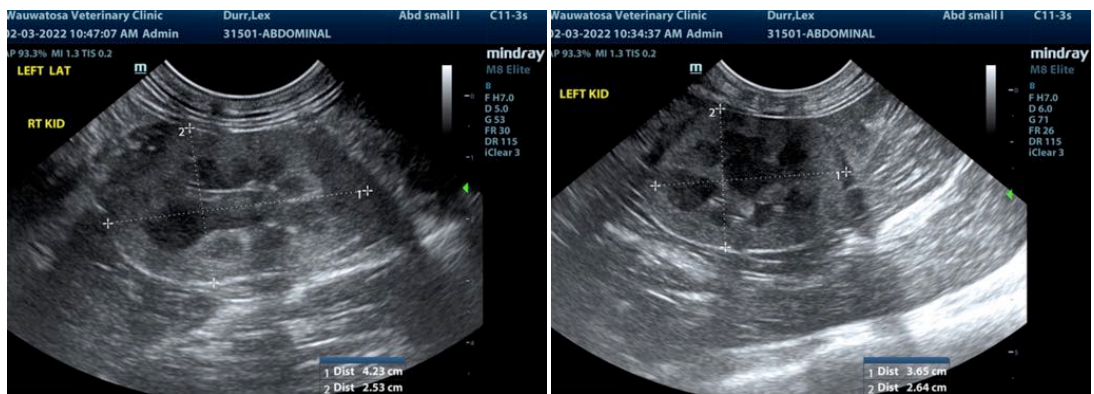
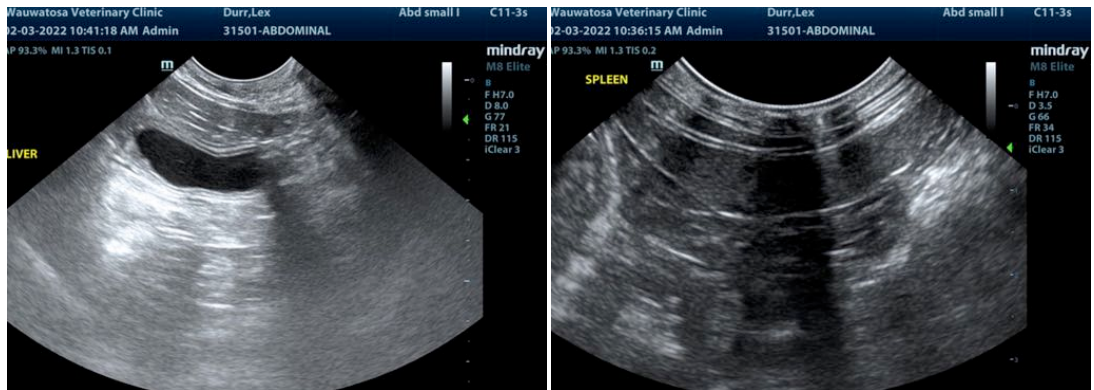
Neutered male

AGE

9 years

WEIGHT

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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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