

PATIENT

Remi Steffe

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

3 kg

INTERPRETED BY

Eric Lindquist,
DMV, DABVP,
Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Reed

DATE

2/3/23

Invoice
20973

PRESENTING CLINICAL SIGNS

History: Ddx: constipation with diarrhea around constipation vs true diarrhea, r/o renal disease, gastroenteritis, pancreatitis, other diseases that may cause dehydration and constipation - OPEN

Abnormal PE/Chem/CBC/UA Results: 1. The appearance of the gastrointestinal tract is consistent with the reported gastroenteritis. The definitive cause for this patient's vomiting and diarrhea is not determined by this examination. There is no evidence of constipation, segmental small intestinal dilation or intestinal plication. 2. Failure for the pylorus to fill with gas in the left lateral image could be an artifact of the stomach volume and contents, gastric peristalsis, or less likely, an outflow obstruction). Additional investigation is warranted. 3. Hepatomegaly. Differential diagnoses include vacuolar hepatopathy (i.e. secondary to endocrine disease or exogenous steroid administration), nodular regeneration, or extramedullary hematopoiesis. Passive congestion is considered less likely in the absence of a history of heart disease. Round cell or metastatic neoplasia are not excluded by imaging findings alone. 4. Thin body condition. This could be consistent with a chronic disease process including advanced metabolic disease, intestinal parasitism, malabsorptive enteritis, or neoplasia. Consider whether additional investigation should be considered. 5. Transitional lumbosacral junction, incidental to the current clinical signs. 6. Right coxofemoral osteoarthritis. Likely a consequence of #4.

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 3.36 cm.

Adrenal Glands

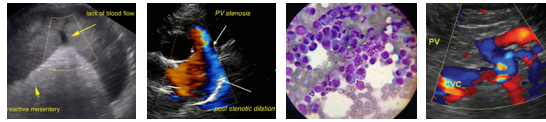
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.36 cm. The left adrenal gland measured 0.44 cm.

Spleen

The **spleen** was mildly enlarged (up to 1.2 cm in width). Cranial folding of the spleen was 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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

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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

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

- Minor splenic enlargement
- Age-related abdominal changes otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

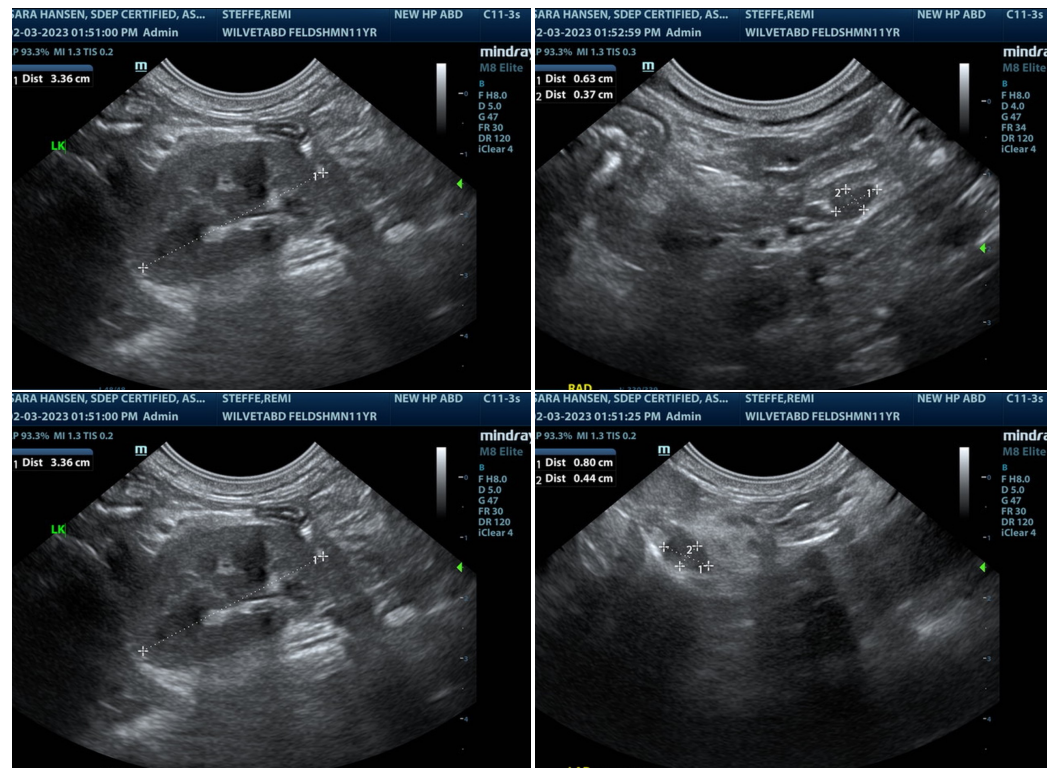
No evidence of significant disease. Supportive care should prove effective.

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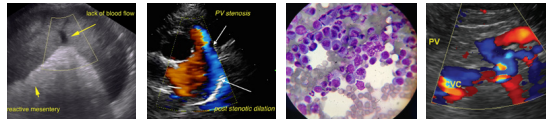
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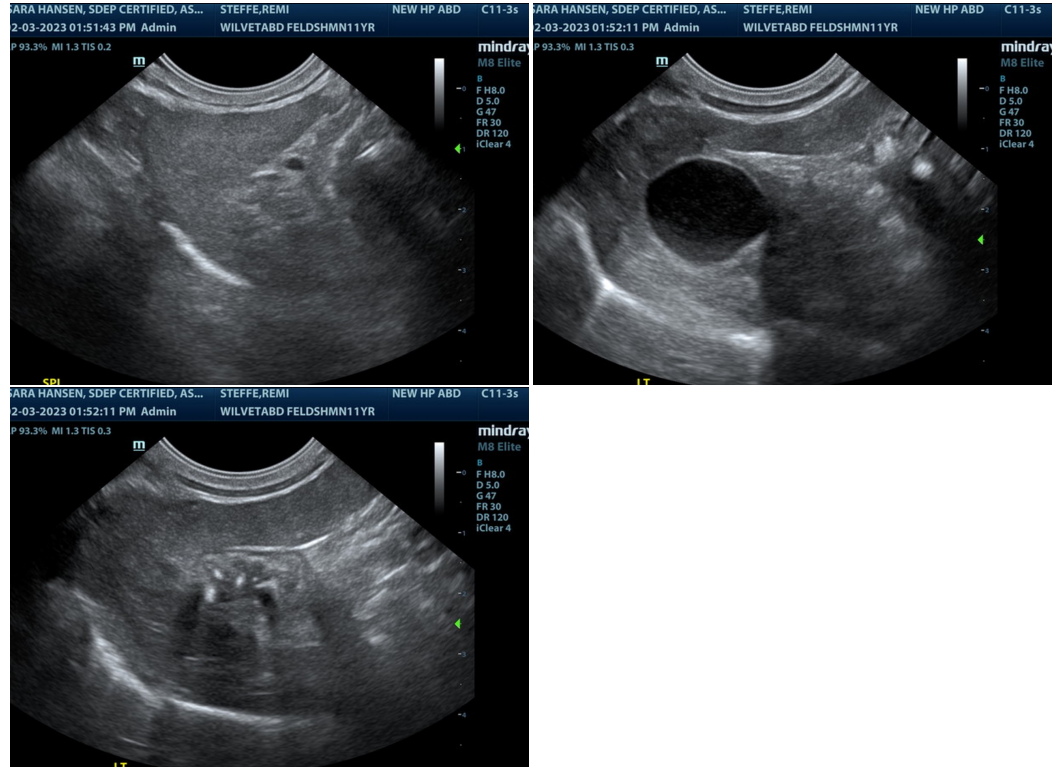
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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