



**PATIENT**

Charlie Lewis

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Male

**AGE**

6 Years

**WEIGHT**

18.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Hudgins

**HOSPITAL NAME**

Petvacx AH

**REFERRING VET**

Dr. Wiley

**INVOICE**

36114

**DATE**

3/11/22

**PRESENTING CLINICAL SIGNS**

Initial exam findings and history demonstrated concern for constipation. Radiographs revealed minimal stool in colon. Irregular gas distribution within SI may indicate GI obstruction (partial vs complete) or SI inflammation like IBD.

**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 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 3.0 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.

**Gastrointestinal**

Minor **gastric** stasis noted. The distal small intestine was thickened with reactive mesentery. No loss of mural detail. This is most consistent with enteritis.

**Pancreas**

The **pancreas** was enlarged, hypoechoic and irregular with enhanced mesentery.

**ULTRASONOGRAPHIC FINDINGS**

- Pancreatitis occupying the right and left base
- Enteritis pattern



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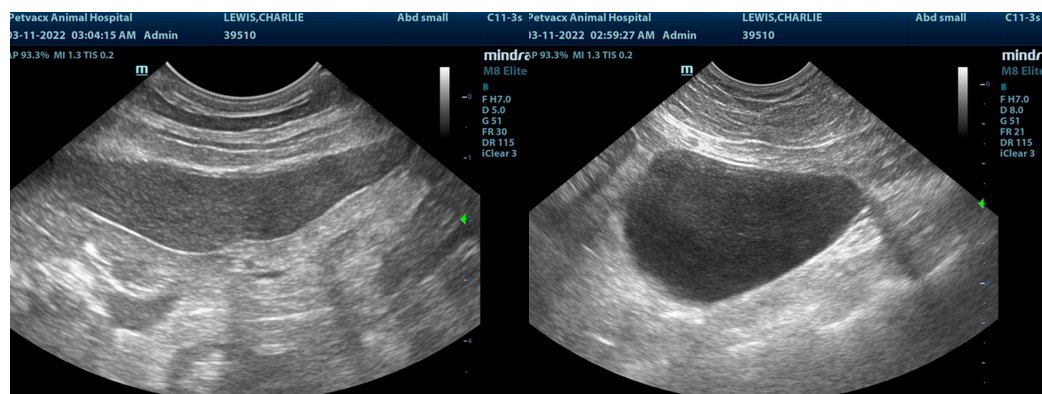
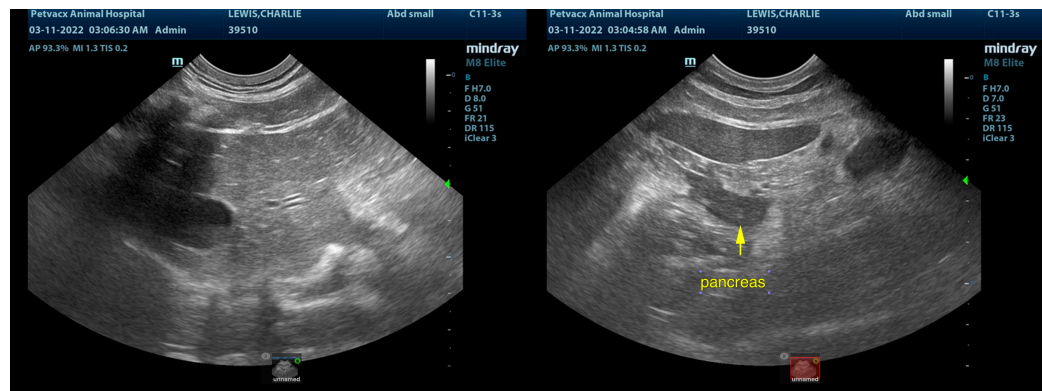
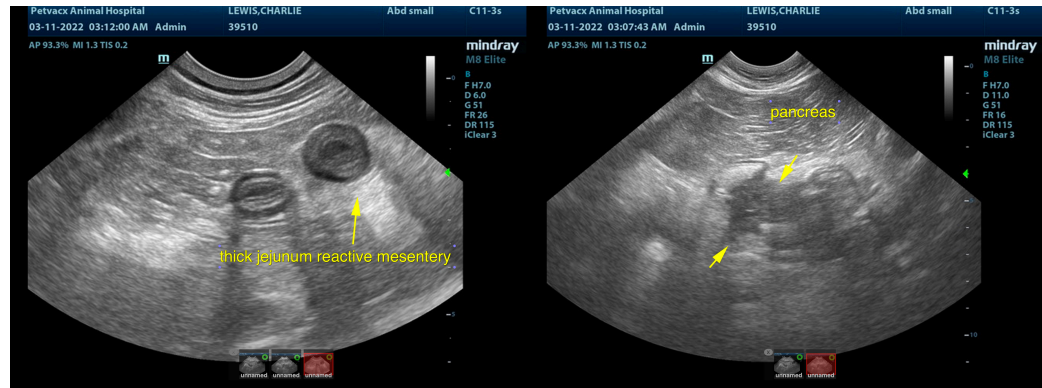
Petvax AH

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

IV fluid support, GI protectants, plasma expanders, broad-spectrum antibiotics, pain management all indicated. Recheck sonogram in 48-72 hours. No evidence of neoplasia or foreign bodies. Minor potential for pre-neoplastic state such as mast cell disease or lymphoma. If clinical signs persist or are refractive to medical management, then recheck sonogram indicated over the next 3-5 days.



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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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com [info@SonoPath.com](mailto:info@SonoPath.com)