



PATIENT

Risa Winborne

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

3.4 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

36165

DATE

3/14/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for projectile vomiting, lethargic, foaming at mouth, and not eating or drinking. O recently got a new kitten and on Wednesday, P got into kitten's food (IAMs). O stated that kitten has diarrhea as well, but they just changed food from Purina to IAMs for the kitten. By Friday, P started sleeping more and being more lethargic overall, and also became irritable that then lead to vomiting that evening. Saturday, P began having some diarrhea., but has been going to the litterbox less and less. Now dh is straight liquid. Previous Health Concerns: Asthma, Declawed x4 Appetite/When did they eat last: yesterday 2:30pm; ate only small amount

Abnormal PE/Chem/CBC/UA Results: Temp LOW Respiratory: mild inc. Bilateral BV sounds Abdominal: Painful on abdominal palpation Integument: >12% dehydration; maintains skin tent Radiographs – severe stomach dilation, GIT distention and bunching; bronchial lung pattern CBC- RBC (10.28) CHEM – BUN (37) Phos (7.9) ALT (121) glucose (171) EPOC – K (3.5) iCa (1.12) Gluc (165) lactate (3.69)

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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.3 cm. The right kidney measured 3.38 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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

A minor amount of fluid was present in the **stomach**. Excessive gastric gas noted, likely owing to nasogastric tube placement. The distal small intestine revealed variable thickening with reactive mesentery. Variable fluid filled colon noted. No evidence of obstruction.



PATIENT

Pancreas

Risa Winborne

The right limb of the **pancreas** was mildly hypoechoic and irregular. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

SPECIES

ULTRASONOGRAPHIC FINDINGS

Feline

- Gastroenteritis/pancreatitis presentation

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DSH

Supportive care should prove effective. No evidence of foreign body or neoplasia.

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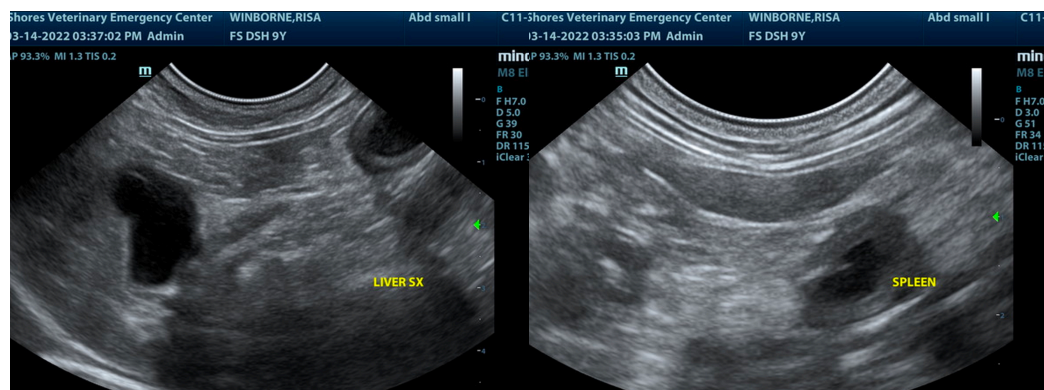
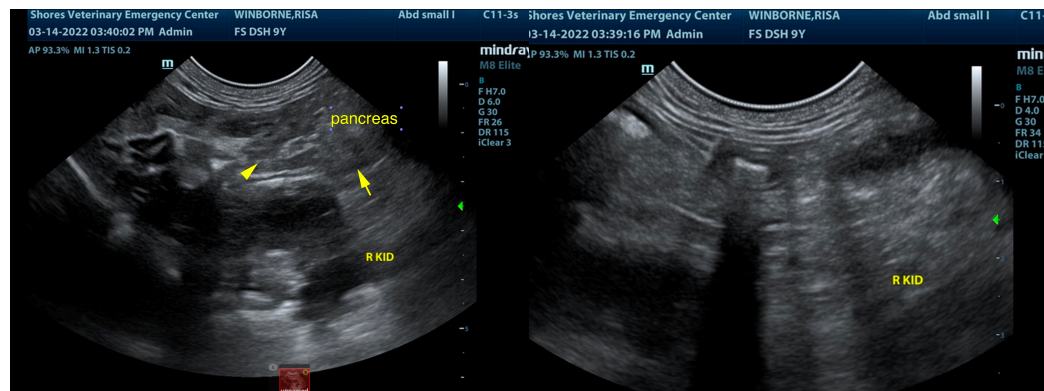
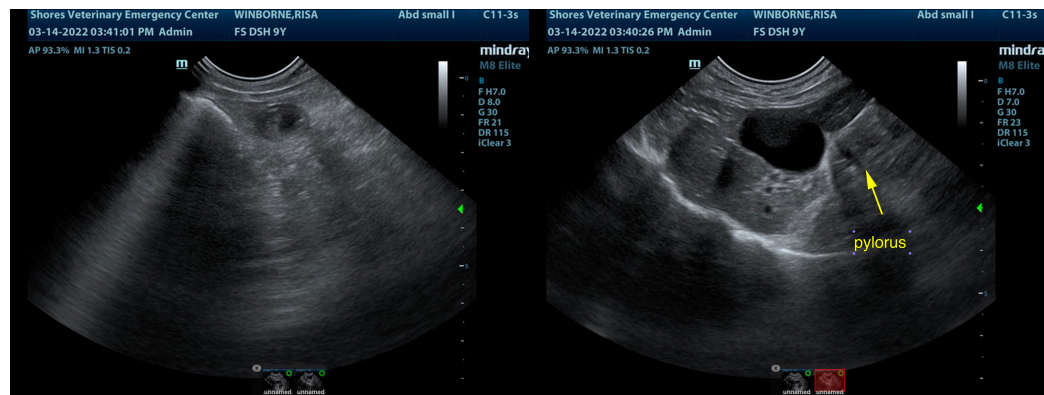
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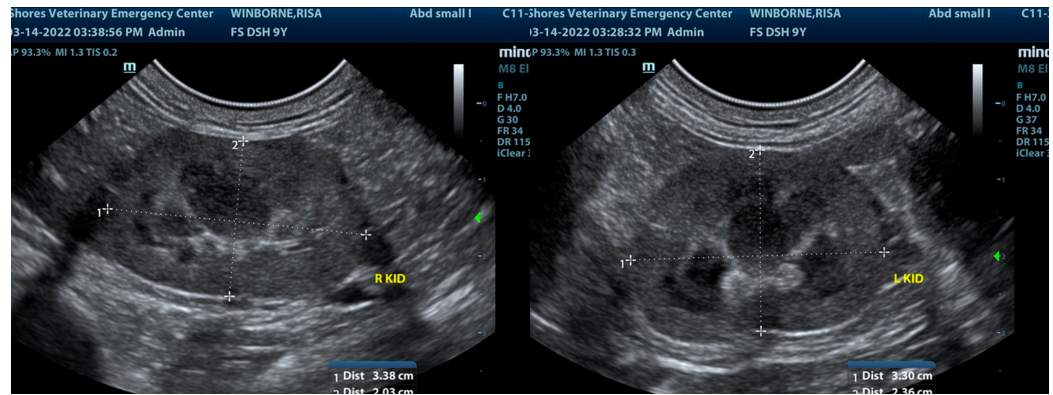
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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