



PATIENT

Kohler Seifried

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

12.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Arnold

INVOICE

96975

DATE

3/17/22

PRESENTING CLINICAL SIGNS

History: Presented in December 2021 for week long history of vomiting, hypersalivation, and hyporexia. Work-up was unremarkable. Initially responded well to a diet transition to Hills GI Biome. Presented today with a 2-day history of vomiting all ingesta, hyporexia, and lethargy.

Abnormal PE/Chem/CBC/UA Results: December - Labwork - CBC WNL, Chemistry - GGT 5, T4 - WNL - Radiographs - unremarkable. Today - Palpably thickened intestinal loops. Remainder of PE unremarkable. - Labwork - CBC - WNL, Chemistry - Mild hypokalemia, remainder WNL - Radiographs - mildly enlarged spleen, remainder unremarkable.

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 was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Patchy, hyperechoic, cortical remodeling was noted. The right kidney measured 4.4 cm. The left kidney measured 4.5 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 left adrenal gland measured 0.37 cm. The right adrenal gland measured 0.43 cm.

Spleen

The **spleen** was slight, irregular swelling measuring up to 1.0 cm. The spleen revealed uniform parenchyma and no evidence of pathology.

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.



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Gastrointestinal

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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. Intestinal wall thickness measured up to 0.21 cm. 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.

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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 intestinal thickening, consistent with inflammatory bowel.

WEIGHT

12.3 lbs

Interstitial nephrosis renal pattern.

Mild splenic enlargement.

INTERPRETED BY

Eric Lindquist, DMV
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

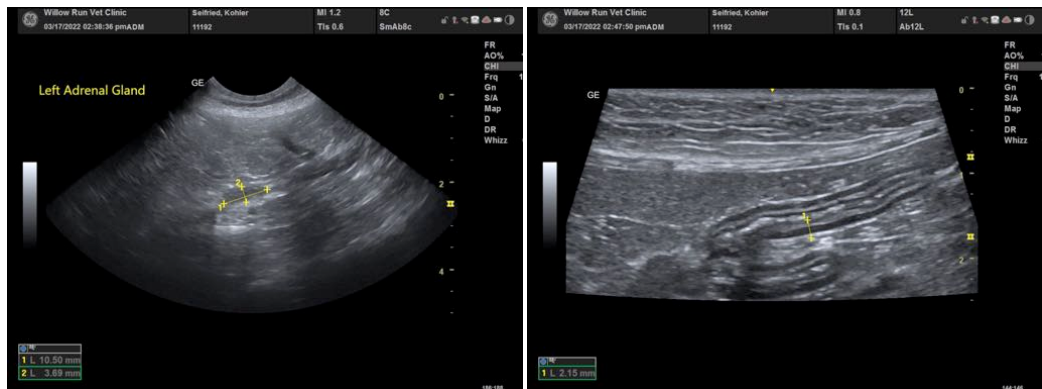
There was no evidence of masses. Empirical treatment for inflammatory bowel should prove effective with GI protectants, diet change to a hydrolyzed diet and endoscopy would be warranted if the clinical signs persist.

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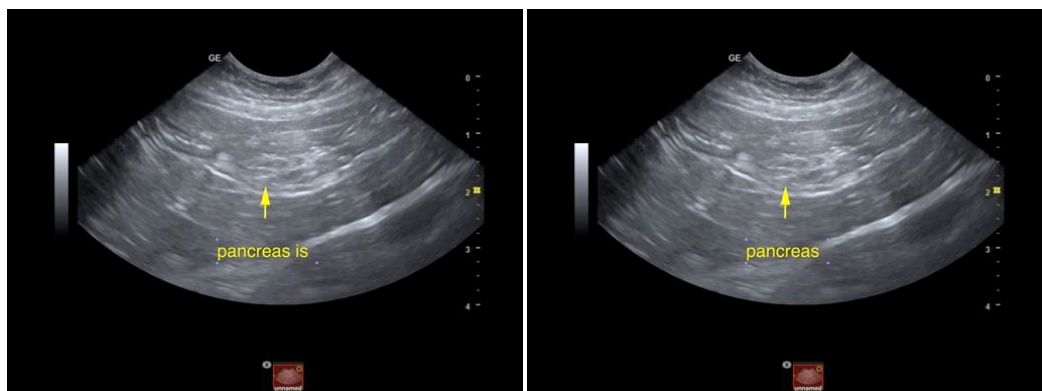
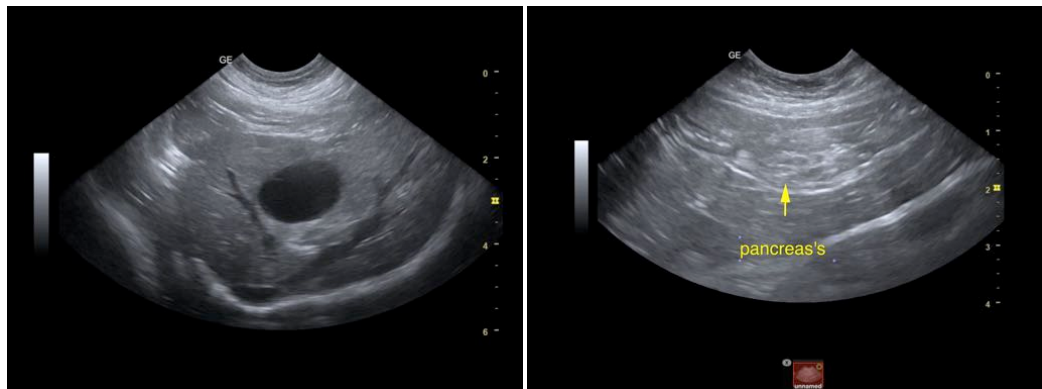
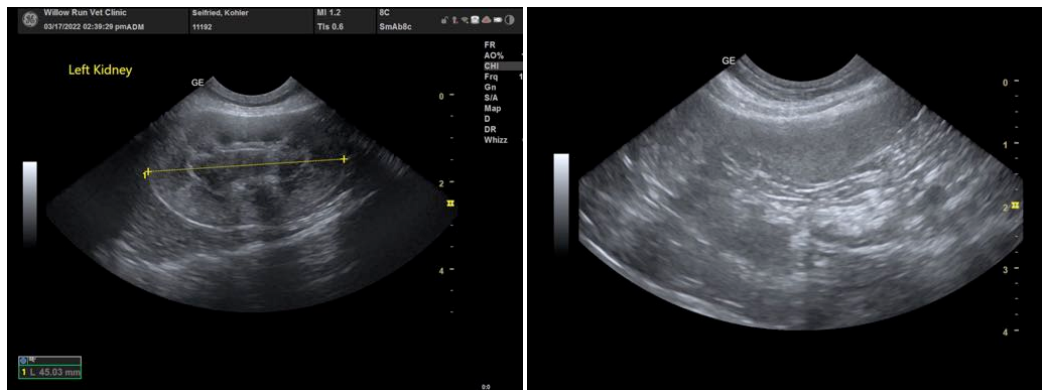
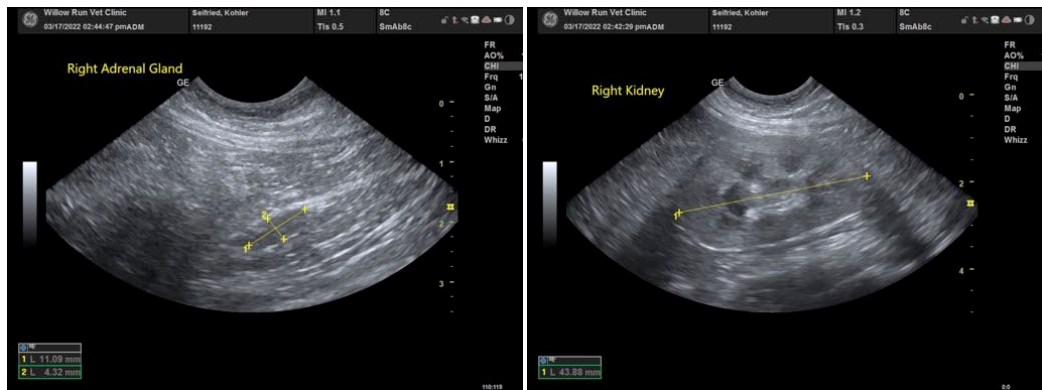
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com

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