



**PATIENT**

Mittens Close

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

3.43

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gardner

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Gardner

**INVOICE**

14352

**DATE**

3/19/22

**PRESENTING CLINICAL SIGNS**

History: Mittens presented for decrease appetite, vomiting and lethargy. For the last week has had a decrease appetite, eating only a few bites of food. Vomited last night and today. Had diarrhea out of the litter box today. No known dietary indiscretion. May have had exposure to ant poison but its self-contained unit and O does think she got into it. Also, may have drank water from a rusted pipe. Adopted in 2015 after she was abandoned from her previous owner. Hx of hyperthyroid that was difficult to control and elevated liver enzymes. Recheck thyroid levels 6 months ago were normal.

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 30.1 WBC 6.99 neut 5.54 Plts 371 Chem 17: Creat 7.0 BUN 71 Phos 11.4 EPOC: Creat 8.28 BUN 67 HCT 26 iCa 1.54 Na 135 K 3.4 Cl 108

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal contour and size with minor increased cortical echogenicity. No evidence of specific disease. Acute insult from a toxin based or infectious agent should be considered. Both kidneys measured approximately 3.0 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**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**

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.

**Pancreas**



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The **pancreas** revealed slight coarse architecture and hypoechoic parenchyma. Minor duct dilation was present.

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**SPECIES**

- Hypoechoic pancreas with minor duct dilation
- Minor increased cortical echogenicity noted in the kidneys

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

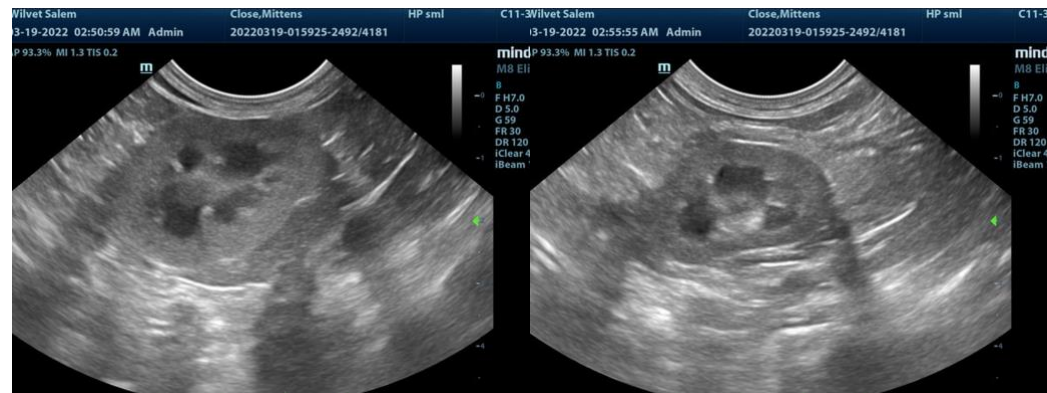
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

DSH

Assessment of the patient history for exposure to toxin or infectious disease should be considered. 72-hour IV fluid protocol warranted and reassessment of the clinical signs. Degenerative changes in the kidneys appeared to be very minor and definitely not end stage, therefore, acute insult suspected.

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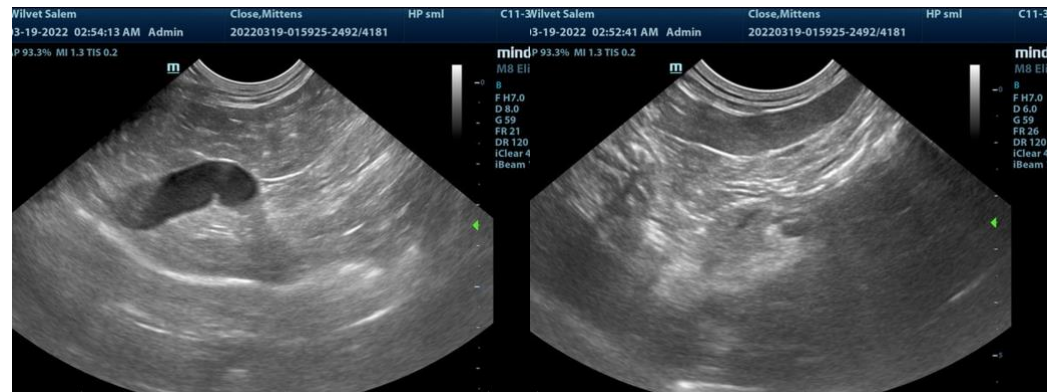
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

**SPECIES**

Feline

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.

**BREED**

DSH

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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