



PATIENT

Cherry Bigbie

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years

WEIGHT

8

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Reser

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Reser

INVOICE

46067

DATE

3/22/23

PRESENTING CLINICAL SIGNS

Cat was missing for a few days, came back with eye infection that was treated by another vet. Last night very lethargic and would not eat.

Abnormal PE/Chem/CBC/UA Results: Mild fever 102.7, mild pain in cranial abdomen. BW showed mild WBC elevations (17100), and high ALT (424). Rest of chem normal. Rads showed moderate amount of opaque material in colon and some of small intestine, seems diffuse, no obvious ileus or other FB. Also found a bruise on cats right abdomen, no puncture.

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 **left kidney** 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 left kidney measures 3.3 cm.

The **right kidney** revealed normal size and contour. However, enhanced fat noted around the right kidney, suggestive of inflammation. Palpation of the right kidney indicated to assess for pain.

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 0.50 cm.

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



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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 **pancreas** presented mildly undulating contour with mixed echogenic parenchymal changes. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Suspect low-grade chronic active pancreatitis.

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ULTRASONOGRAPHIC FINDINGS

- Suspect subacute on chronic pancreatitis and possible right renal nephritis
- Steatitis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Infectious agents such as toxoplasmosis and bartonella should be considered. Full urinary workup warranted. Abdominal palpation around the right pancreatic limb and right kidney recommended to assess for discomfort. No evidence or suspicion of neoplasia.

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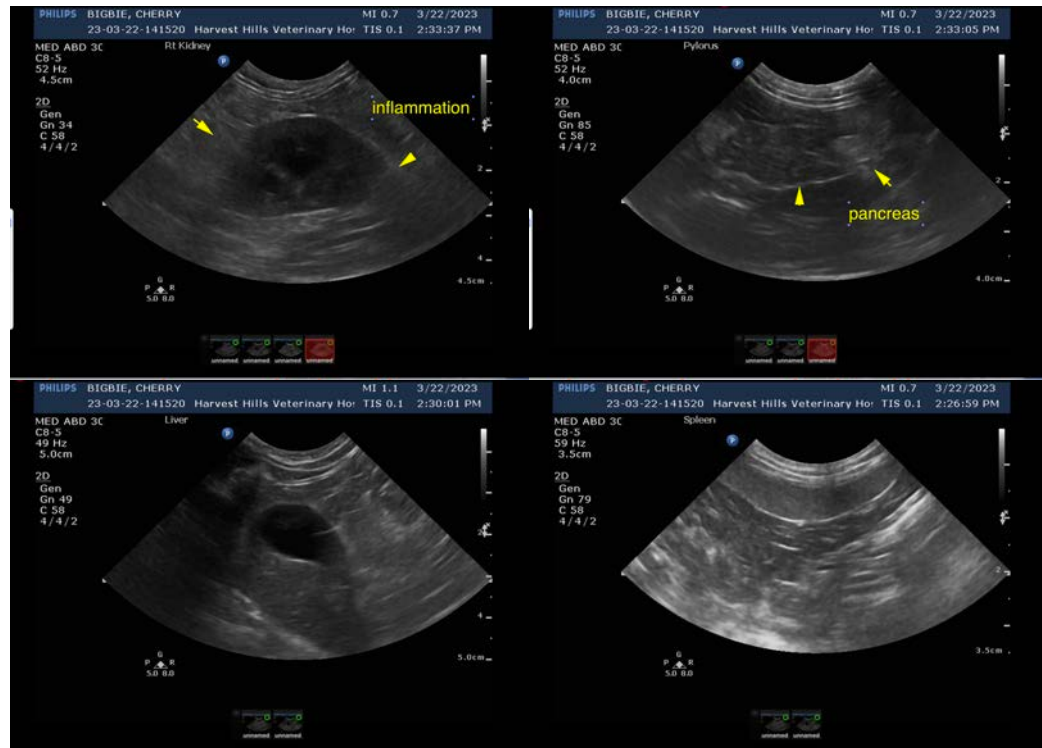
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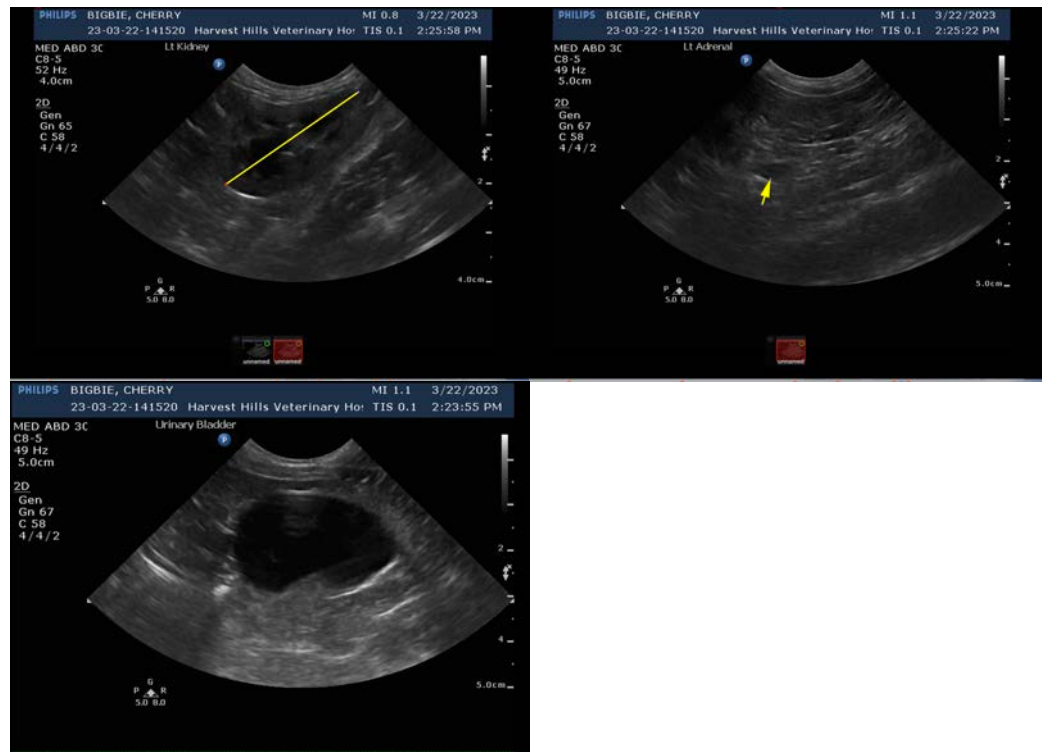
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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