



PATIENT PRESENTING CLINICAL SIGNS

Jojo COEL

History: 10 yo MN DSH 10# Rescue patient. Needed to be sedated with butorphanol to allow for US
Hx: Patient was pulled from shelter. Was on Doxy for URI and methimazole for hx hyperthyroidism. Thyroid is currently well controlled. Grade I HM. PE - mm wasted, ropey GI tract noted. Senior b/w NSF. triple snap neg x 3. Fecal NOS. Had two bouts of diarrhea that didn't not respond to probiotics, metro. Currently on GI biome and doing well - normal formed stool today. Here for AUS prior to adoption to r/o any underlying abdominal pathology. No hx of chest rads.

SPECIES

Feline

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

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.

AGE

10 years

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. Both kidneys measured 3.8 cm.

WEIGHT

10 ;bs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 and right adrenal gland measured 0.3 cm.

IMAGING PERFORMED BY

Dr. Carpenter

Spleen

HOSPITAL NAME

Pennridge AH

The **spleen** was mildly enlarged and measured 1.2 cm. The spleen was fairly uniform with subtle, micronodular parenchyma changes. Irregular splenic swelling was also noted. Reactive spleen versus splenitis.

REFERRING VET

Dr. Depew

Liver

INVOICE

43458

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. Minor gallbladder sand/debris was noted. The common bile duct measured 0.3 cm.

DATE

3/22/23



PATIENT

Gastrointestinal

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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" 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. 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.

SPECIES

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Domestic Shorthair

SEX

Neutered male

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.

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

Age related abdominal changes with splenic enlargement.

WEIGHT

10 ;bs

IBD GI pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Splenic FNA is warranted for further definition to assess for splenitis versus round cell neoplasia or reactive spleen.

IMAGING PERFORMED BY

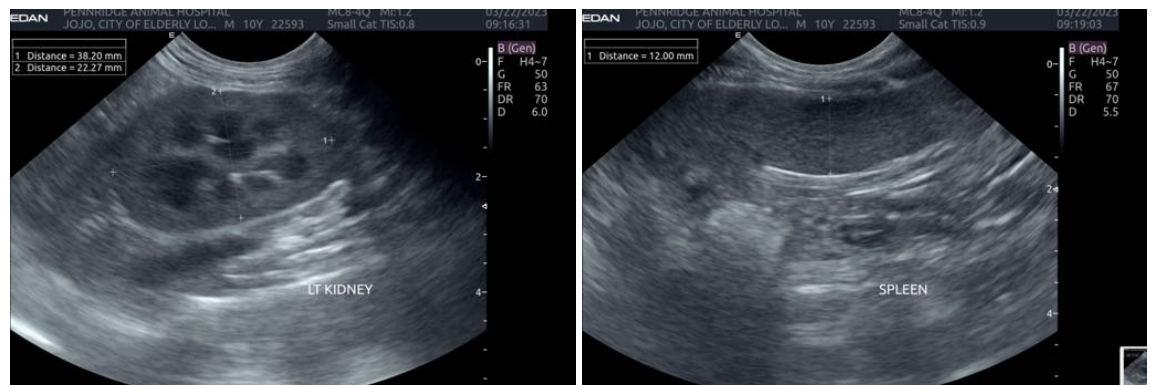
Dr. Carpenter

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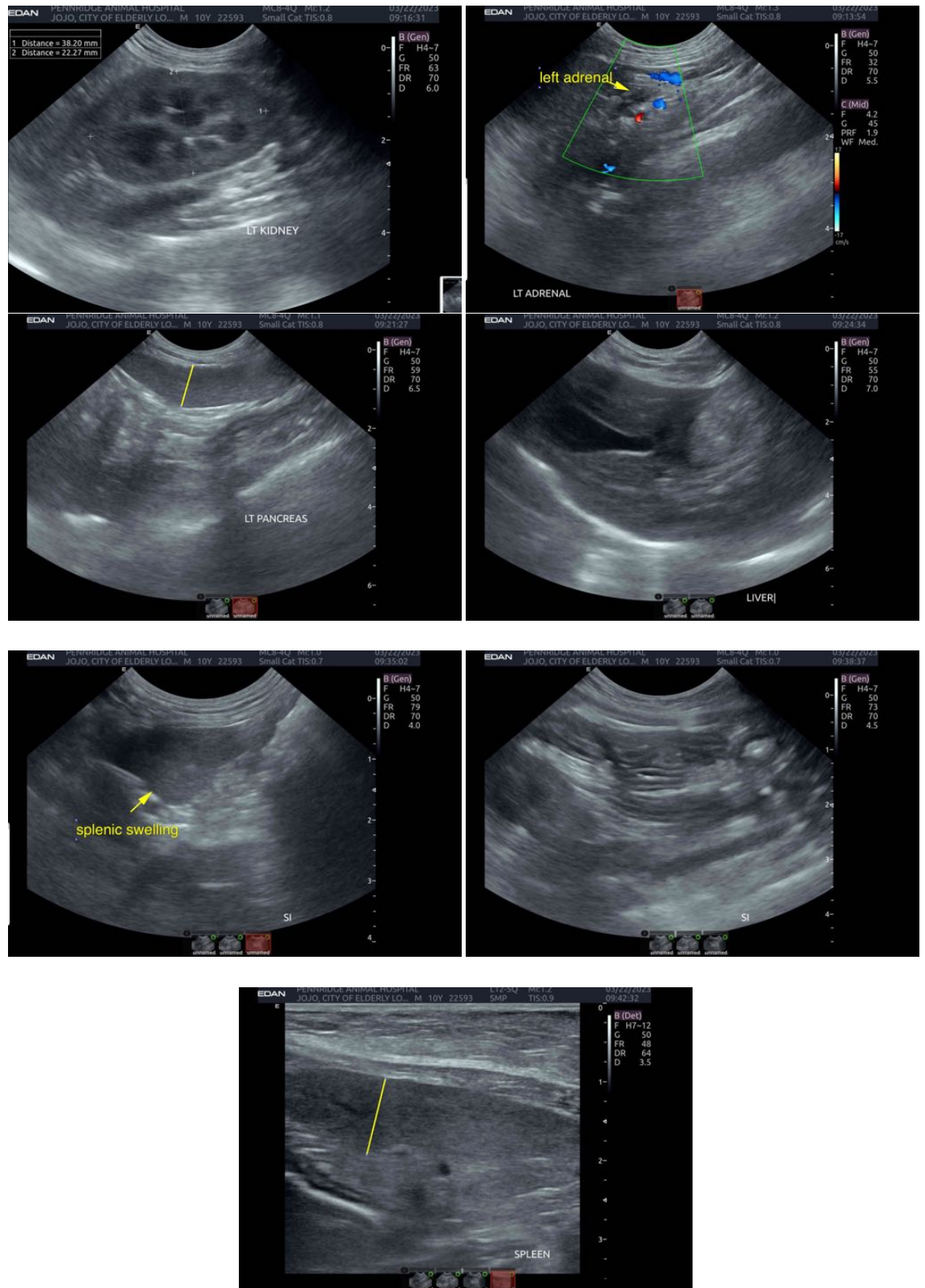
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PATIENT

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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.

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

Domestic Shorthair

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SEX

Neutered male

AGE

10 years

WEIGHT

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**IMAGING
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