



**PATIENT**

Graham Pipes

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 Years 5 Months

**WEIGHT**

8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

M. Kermendy, CVT

**HOSPITAL NAME**

Wauwatosa VC

**REFERRING VET**

Dr. Elaine Binor, DVM

**INVOICE**

14176

**DATE**

3/4/22

**PRESENTING CLINICAL SIGNS**

History of weight loss for the past several months. History of diarrhea, sometimes there is blood in the stool. Vomiting off and on. Likes canned diet but when he eats too much, he vomits. Concern for possible infiltrative GI disease such as IBD or GI LSA. Imaging to check for cause of vomiting--FB obstruction, IBD, LSA, or other neoplasia.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4 was largely unremarkable on 2/12/22

**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. Minor bladder debris noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** 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 measured 3.51 cm. The right kidney measured 3.68 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** revealed coarse architecture and minor increased portal markings. A history of cholangitis is likely. The gallbladder revealed minor echogenic wall.

**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**

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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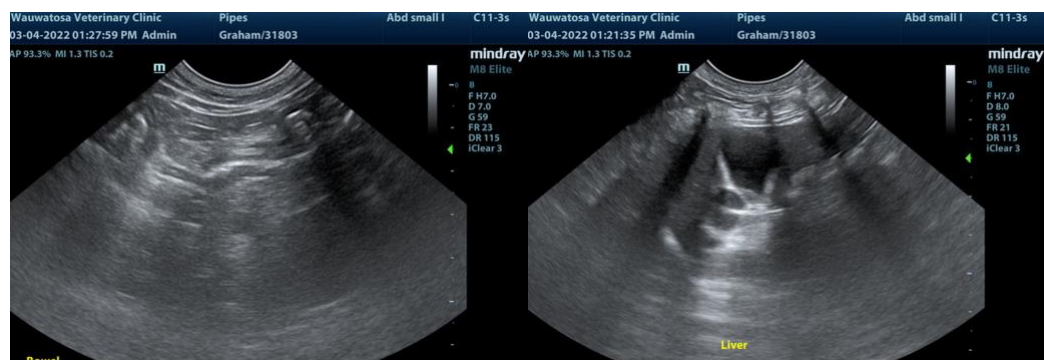
3/4/22

**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable abdomen
- Liver, minor increased portal markings and coarse architecture
- Minor urinary bladder debris

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant of structural disease in the viscera. Underlying dietary intolerance, structurally insignificant inflammatory bowel suspected. Weight loss may be malassimilation. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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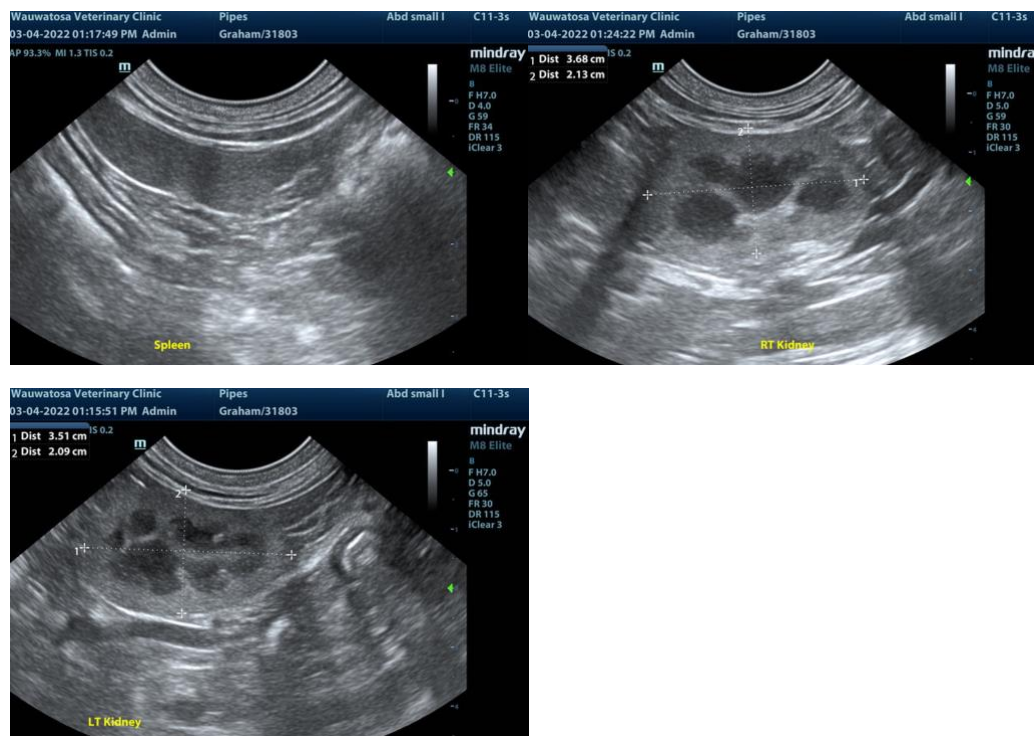
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com