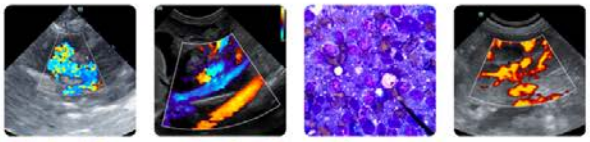

PATIENT

Smokie Wagner

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10 Years

WEIGHT

11.87 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Valley Green Veterinary Hospital

REFERRING VET

Dr. Oberer-Gerber

INVOICE

73407

DATE

3/5/26

PRESENTING CLINICAL SIGNS

Presented yesterday for leaking from rectum, not eating, and v+. Not drinking as much but still seems to be urinating a lot. Hx of FB ingestion in the past. Hx RH trauma and on chronic miralax. O declined transfer to 24h facility and returned today for supportive care and additional work-up. O DECLINED ECHO. PE: ~10% dehydrated -- skin tent, semi tacky mm. QAR/lethargic. Moderate pain on ABD palpation especially in cranial ABD. Gr 1 murmur w/ regular pulses and synchronous pulses -- stable from yesterday -- r/o secondary to hypovolemia. Owner declined echo today. +/- increased lung sounds, especially left lateral. generalized muscle wasting. Coat appears generally unkept; Patient has large amounts of fecal material on coat from Diarrhea in carrier. Moderate ddz, tacky mm, slightly pale. LN = NSF. External rectum appears mildly raw - hind end covered in fecal material

Abnormal PE/Chem/CBC/UA Results: 3/4/26 CXR to IDX: CONCLUSIONS: The gastric contents may represent normal ingested, foreign material, or combination thereof. There is no evidence of a gastrointestinal obstruction. Other possible causes for the patient's clinical signs include pancreatitis, nonspecific gastroenteritis, or dietary indiscretion. The small cardiac silhouette may be due to hypovolemia. Otherwise normal thorax. Suspect chronic right femoral neck fracture with severe right hip osteoarthritis. CBC: Lymph 0.23 LOW Baso 0.0 LOW Chem: BG NSF KES including SDMA NSF Elytes WNL proteins NSF ALT elevated = 231 (12-130) w/out changes in ALT/GGT/bili PL elevated >50 (ref 0-4.4) T4 = 1.7 normal Fecal/Giardia = NEG x2 PT/PTT = NSF BP = 143mmHg

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 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. Slight mineralizations noted. Left kidney measured 4.2 cm. Right kidney measured 4.36 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 adrenals measured 0.40 cm each in width.

Spleen

The **spleen** measured 0.80 cm. It 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.

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Liver

The **liver** was mildly swollen with non-specific hypoechoic, irregular contour. The gallbladder was unremarkable other than a small biliary calculus. Enhanced mesentery noted and increased portal markings. The distal common bile duct was not visible yet the cystic duct and proximal common bile duct were normal.

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 right limb of the **pancreas** was nebulous and mildly heterogeneous.

Free Abdomen

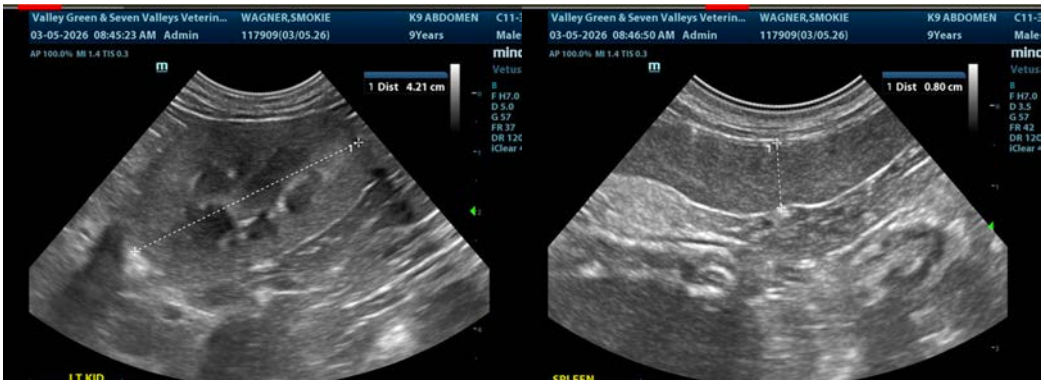
A pancreatic lymph node was mildly enlarged and rounded at 0.88 cm.

ULTRASONOGRAPHIC FINDINGS

- Acute cholangiohepatitis pattern.
- Gallbladder calculi.
- Potential low-grade pancreatitis.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I cannot rule out the patient recently passing a calculus, yet no obstructive calculi noted at the time of the sonogram. Coagulation panel and ultrasound guided FNA of the liver indicated to assess inflammatory cell type. Infectious agents should be considered such as toxoplasmosis, if exposed. IV fluid support, liver support, antibiotics based on regional infectious agents such as Enrofloxacin/Clindamycin recommended. Pain management also indicated. Recheck sonogram in 48-72 hours. Eventual Ursodiol therapy could be considered to help dissolve the remaining gallbladder calculi and treat as a nutraceutical. Hepatic neoplasia is not suspected yet cannot be completely ruled out without FNA. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.



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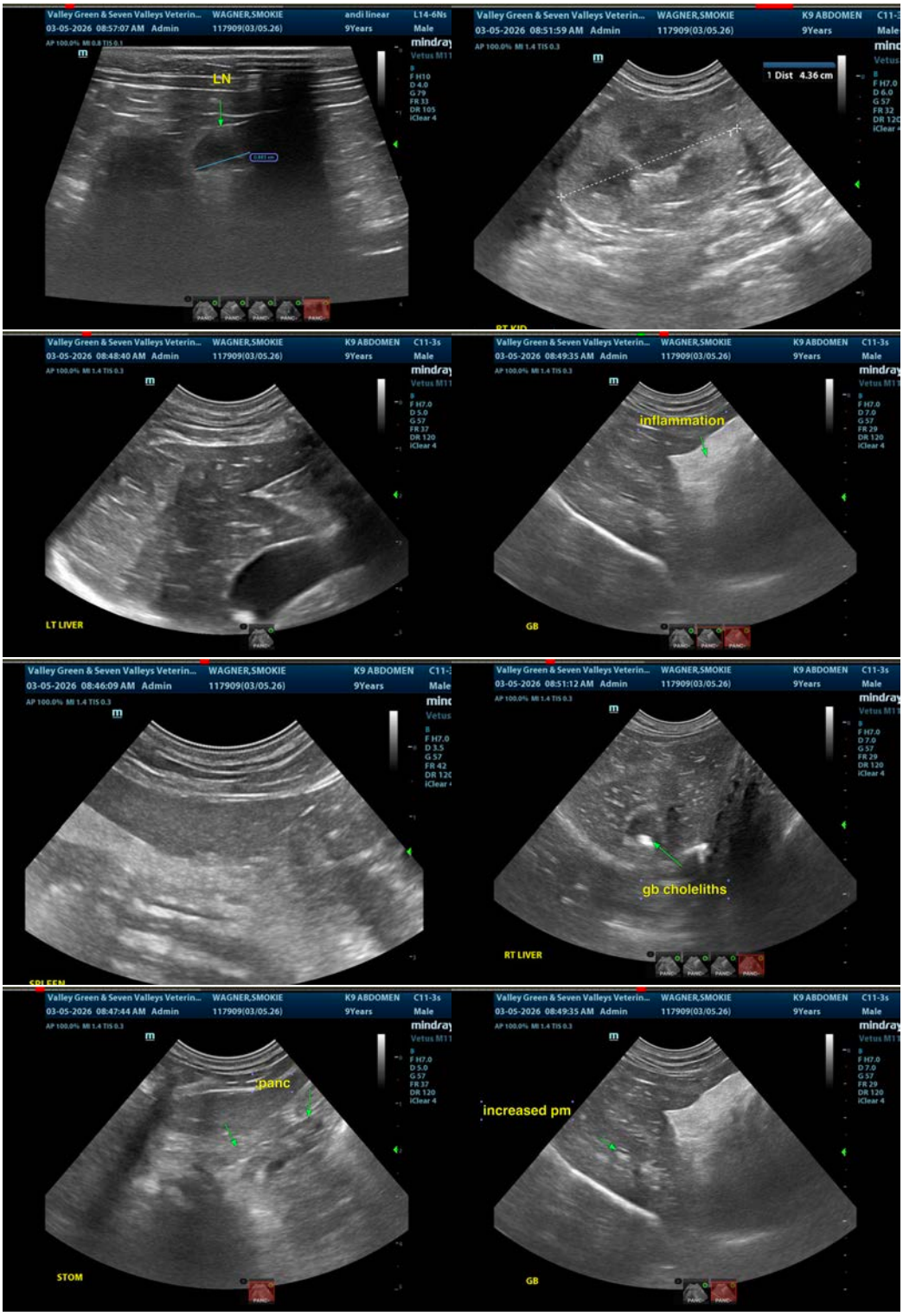

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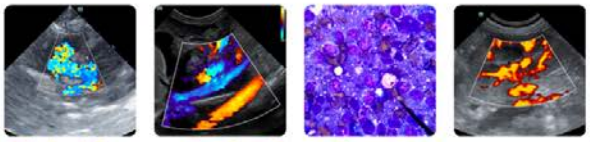

Clinical Sonography & Telecytology
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video 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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com