



PATIENT

Buddy Campbell

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15.5 Years

WEIGHT

14.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Meghan Myers, VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Erika Gallisdorfer

INVOICE

21465

DATE

3/6/23

PRESENTING CLINICAL SIGNS

History: Pt presents for 5 day history of change in stool and episode of vomiting today - Pets historical medications: felimazole, denamarin, cerenia, miralax, renal diet; Stools started to be soft 5 days ago so had stopped miralax, stools started to be firm up so owner restarted miralax but pet then vomited this AM with no stool produced today - initial concern for constipation - radiographs revealed abnormal stomach axis with linear striations vs ingesta material in stomach, gas in SI, some stool present distal colon; Previous medical history - diagnosed hyperthyroid 8mths ago - well regulated. Radiographs revealed excessive body score, gastric thickening and minor irregular renal contour.

Abnormal PE/Chem/CBC/UA Results: diagnosed stage 2 renal disease 2mths ago, chronic mild increase in fPL over the last 12 months, chronic ALT,AST increase several years ago - all liver values normal over last 18mths

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. The left kidney measured 2.99 cm. The right kidney revealed a cortical infarct at the caudal pole. The right kidney measured 3.47 cm in length.

Adrenal Glands

The **left adrenal gland** was 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 0.4 cm.

The region of the **right adrenal gland** revealed no evidence of 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but



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likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** revealed shadowing material, measuring 4.6 cm. Mild gastric wall thickening was noted without loss of mural detail. The submucosal layer was mildly thickened. The pylorus was patent. The foreign matter appeared to be in the. Gastric fundus. The small intestine and colon were unremarkable. Some transit of chyme appeared to be occurring.

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.

Free Abdomen

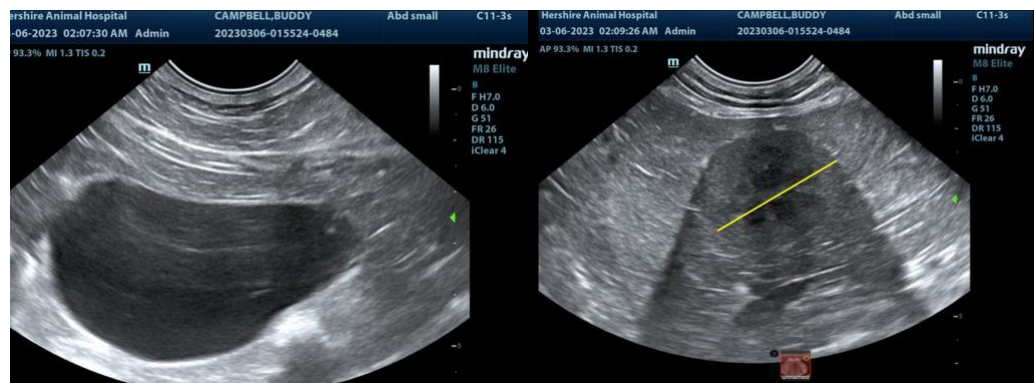
A large amount of **abdominal fat** was noted in this patient. Regional inflammation was present.

ULTRASONOGRAPHIC FINDINGS

- Shadowing gastric foreign matter and mild gastritis pattern
- Age-related hepatic changes
- Moderate degenerative renal changes with right renal infarct

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying inflammatory bowel is possible. Dense hairball or similar material is suspected yet surgical objective would be to obtain GI biopsies, as well as evacuate the gastric fundus and obtain hepatic biopsies.





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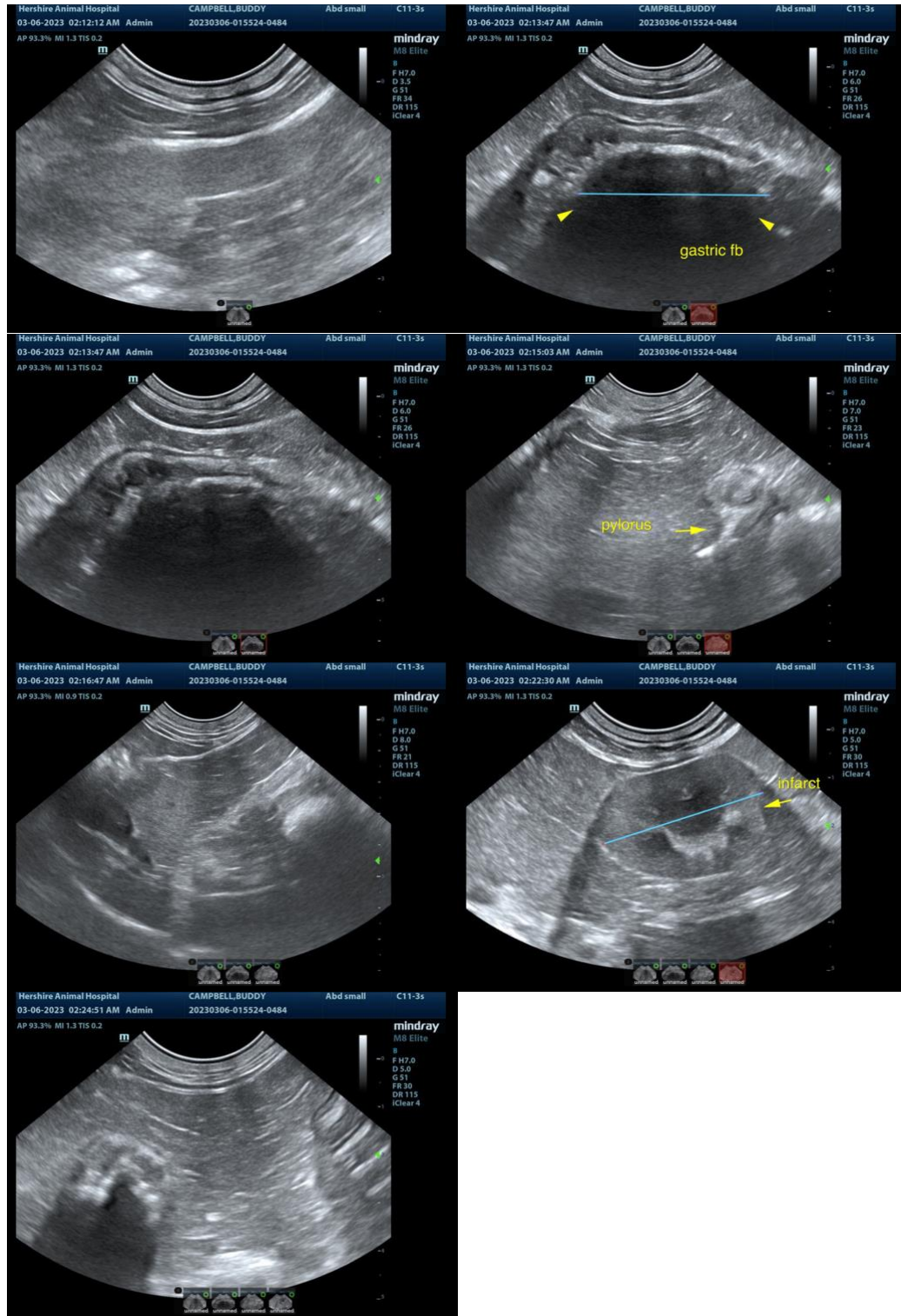
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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