

**PATIENT**

Frankie Dunlap

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

6 years

WEIGHT

9 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Mitten AH

INVOICE

96603

DATE

3/7/22

PRESENTING CLINICAL SIGNS

History: Patient has had chronic diarrhea for 3 years per owner. No improvement on probiotics, metronidazole and variety of diets. Patient will defecate 8 to 10 times per day. Owner reports ongoing vomiting - now daily. Patient eats both canned food and dry and will vomit either (currently eating Purina Pro Plan and Fancy Feast combo). In morning vomit tends to be bilious, in evening it is usually food. Patient vomits both varieties of food.

Abnormal PE/Chem/CBC/UA Results: Exam findings and abnormal lab values: Patient had infectious diarrhea panel performed in 01/2020 that was positive for coronavirus. Fecal and Total Health with T4 to Idexx performed on 03/19/2021 revealed: - Fecal NPS - Mildly elevated MCH - r/o artifact (hemolysis vs other) vs other - Mildly decreased AST - not clinically significant - Mild hypertriglyceridemia - r/o postprandial, pancreatitis, other GI Panel to Texas A&M on 03/19/2021 was all WNL. Most recent PE from 03/04/2022: Alertness - BAR Pain Level (0-4): 0 Hydration - WNL, euhydrated MM=pk, moist CRT=<2sec EENT - E - clear OU, E - clean AU, N - NSF, T - NSF ORAL - 2/4 calc. Possible FORL 307 with sensitive red spot on buccal crown. Possible supranumerary 308 and 408. In 300 arcade distal more 308 is angled rostrally leading to exposure of distal root. In 400 arcade mesial more 408 is turned sideways. CV/RESP - NSF, no murmur auscultated, pulses wnl, lungs clear. GI/GU - nsf, no organomegaly. Soft, non-painful abdomen. Integ - nsf, no fleas or flea dirt, no dander. Ms/Neuro - Ambulatory x 4. Mentation WNL. LN - NSF, no enlargement.

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 was noted. Ureteral papillae were normal.

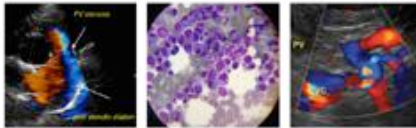
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.78 cm. The left kidney measured 3.79 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 left adrenal gland measured 0.44 cm. The right adrenal gland measured 0.36 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 was noted.

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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 demonstrated normal luminal chyme and stool consistency respectively. The descending colon revealed soft stool and a slightly thickened wall. The mesenteric lymph nodes are enlarged and measured up to 0.95 x 1.5 cm.

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.

ULTRASONOGRAPHIC FINDINGS

Structurally the gastrointestinal tract was unremarkable with normal curvilinear patterns in the small intestine.

No evidence of foreign bodies.

Structurally unremarkable abdomen with mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history I recommend FNA of the mesenteric lymph nodes with cytology and culture to assess for resistant bacterial infection that may be playing a role. Neoplasia is not suspected; however, this should be ruled out. Hydrolyzed diet trial is recommended. I recommend a clinical trial of Zithromax and Metronidazole for variable infectious agents could be considered +/- Prednisolone trial if necessary.

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svsimagingmi@gmail.com



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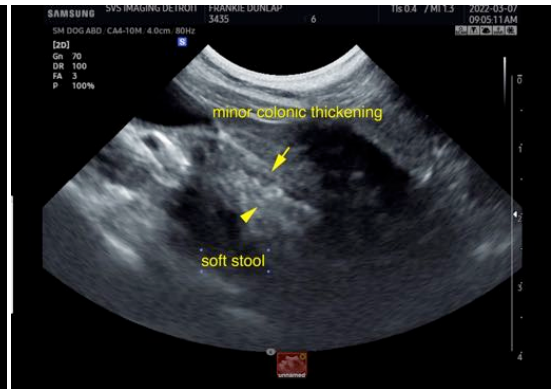
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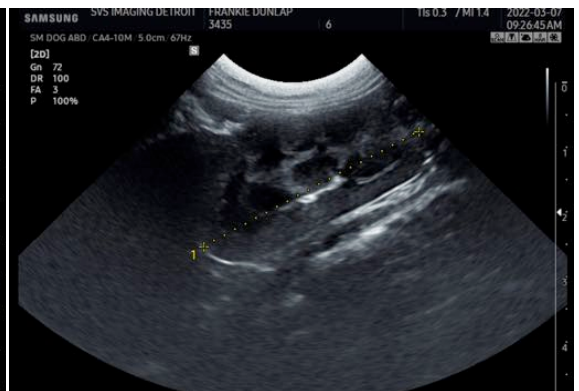
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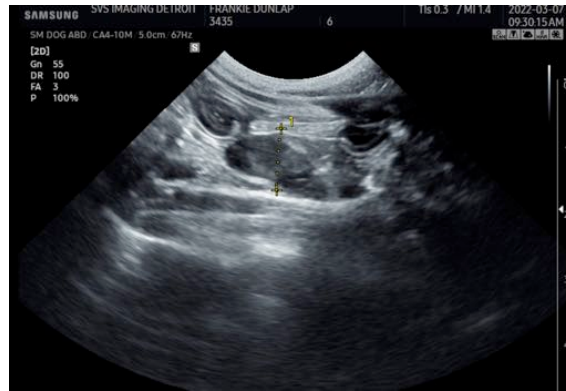
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com