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| PATIENT | PRESENTING CLINICAL SIGNS |
| Cowi Mattecheck | History: pt presented 4/9 at 1am febrile with distended abdomen, lack of defecation in 24hrs, treated with subq lrs, onsiar mirtaz, cerenia, veraflox, represents 12 hrs later for continued fever and continued lethargy, o first declines FUE panel and further imaging, after 12 hrs finally approves abd US, submitted 4/10 PM, p painful during abdominal US |
| SPECIES | Abnormal PE/Chem/CBC/UA Results: 4/9- CBC = HCT 43%, WBCs 5.51 (N), eosinopenia 0.08, neuts 3.22 (low N) chem17 = Gluc 190, all other wnl. Alb 3.1, Glob 4.9, A:G ratio 0.6 EPOC = nsf. Glu 182, pCo2 29.9, pO2 52.6 UA = USG >1.050, pH 6.0, quiet sediment, WBCs <1/hpf 3 view abdominal radiographs = soft tissue opacity in stomach without dilation, normal feces throughout colon, small pocket of gas in caudal SI without overt dilation. adequate serosal detail. EPOC (4/9): Ca 1.19, Crea 1.04, K 4.0, NA 155, LAC 0.93, BUN 21 |
| Feline | |
| BREED | |
| Domestic Shorthair | |
| SEX | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| Spayed female | Urinary System |
| AGE | 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. |
| 2 years | |
| WEIGHT | 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 3.0 cm. The right kidney measured 3.0 cm. |
| 9 lbs | |
| INTERPRETED BY | Adrenal Glands |
| Eric Lindquist, DMV DABVP, Cert. IVUSS | The adrenal glands were not visualized. |
| IMAGING PERFORMED BY | Spleen |
| Tessa Maggiulli | 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. The spleen measured 0.8 cm. |
| HOSPITAL NAME | |
| Willamette VH | |
| REFERRING VET | |
| Dr. Maggiulli | |
| INVOICE | Liver |
| 43750 | 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. |
| DATE | |
| 4/10/23 | |



PATIENT

Cowi Mattecheck

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

2 years

WEIGHT

9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

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Gastrointestinal

The gastric fundus was unremarkable; however, the pylorus presented concentric thickening with echogenic mucosal changes. This is consistent with chronic gastritis. Endoscopy is indicated to obtain mucosal biopsies. The small intestine and colon were unremarkable.

Pancreas

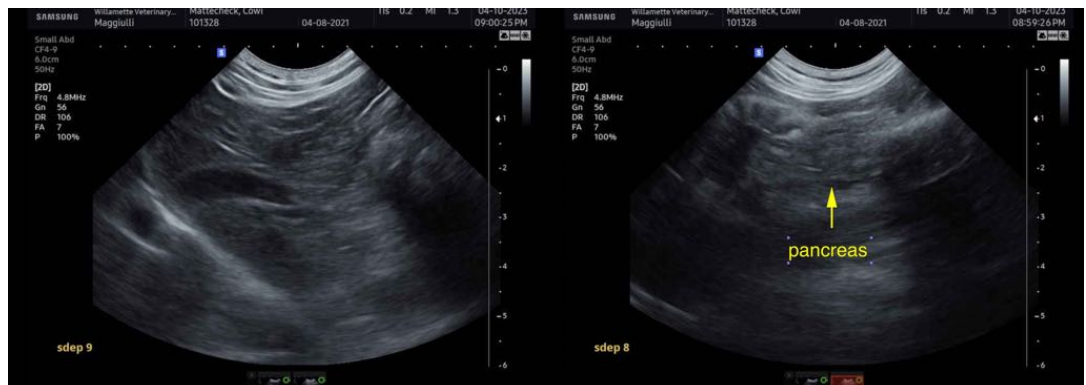
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Pyloric thickening, non-specific. Chronic gastritis is suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of foreign body. Endoscopy is warranted or supportive upper GI care with a recheck sonogram in a week. The cause of fever is unclear and the gastric presentation may be incidental depending on clinical history. The remainder of the visceral organs were unremarkable.





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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
info@SonoPath.com