



PATIENT

Benni Riedel

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

10 Years

WEIGHT

12

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Dorris

HOSPITAL NAME

County Line VC

REFERRING VET

Dr. Dorris

INVOICE

22083

DATE

4/17/23

PRESENTING CLINICAL SIGNS

History for Benni- Benni is a 10 year old male neutered DSH who presented last Thursday for large amounts of diarrhea, one episode of vomiting and not eating. His bloodwork (CBC, Chem 17 and lytes) were WNL. His radiograph report revealed: Enteropathy-gastroenteropathy: Consider enteritis-gastroenteritis [dietary indiscretion, inflammatory-infectious, toxic, related to pancreatitis or systemic diseases], inflammatory bowel disease, neoplasia such as lymphoma cannot be excluded. Prominent gastric wall: artefactual (composite shadow related to peristalsis), genuine gastric wall thickening, foreign material without causing complete mechanical obstruction is less likely. Mild hepatomegaly: Nonspecific change-differential diagnosis includes metabolic hepatopathy [including fatty infiltration], hepatitis, infiltrative neoplasia. Incidental bates body-fat necrosis. He was sent home with cerenia, metronidazole, and mirataz. He returned this morning for persistent anorexia and diarrhea. On exam, gastrointestinal sounds were audibly heard and flatulence ocured. Benni is very aggressive and was not sedated for this study. He did eat treats today in hospital.

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 mild 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 3.6 cm. Sight areas of mineralization were noted. The right kidney measured 3.6 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged and 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** itself was unremarkable. Slight nonobstructive gallbladder calculus was noted, measuring 2.0 mm. The gallbladder wall was slightly echogenic.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to



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malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. This is a minor change. The cecum was dilated with a minor amount of abnormal gas accumulation, possible low grade typhlitis.

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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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DMH

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Minor intestinal thickening with dilated cecum
- Minor gallbladder calculus- nonobstructive
- Age-related renal changes with mineralization
- Age-related abdominal changes otherwise

AGE

10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Occult parasitism, inflammatory bowel, dietary intolerance, are all potentials in this patient. Other causes of anorexia, such as orthopedic, CNS or thoracic disease should be considered with secondary stress diarrhea, as GI tract is structurally unremarkable, other than the dilated cecum. Enterotoxins are also potentials.

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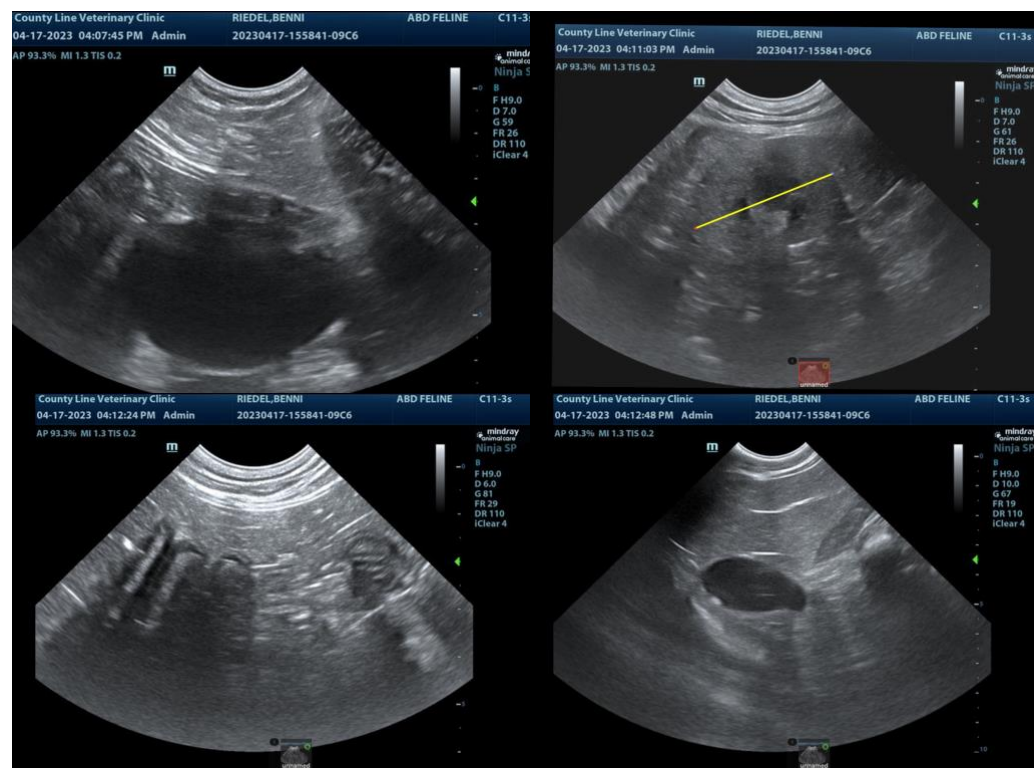
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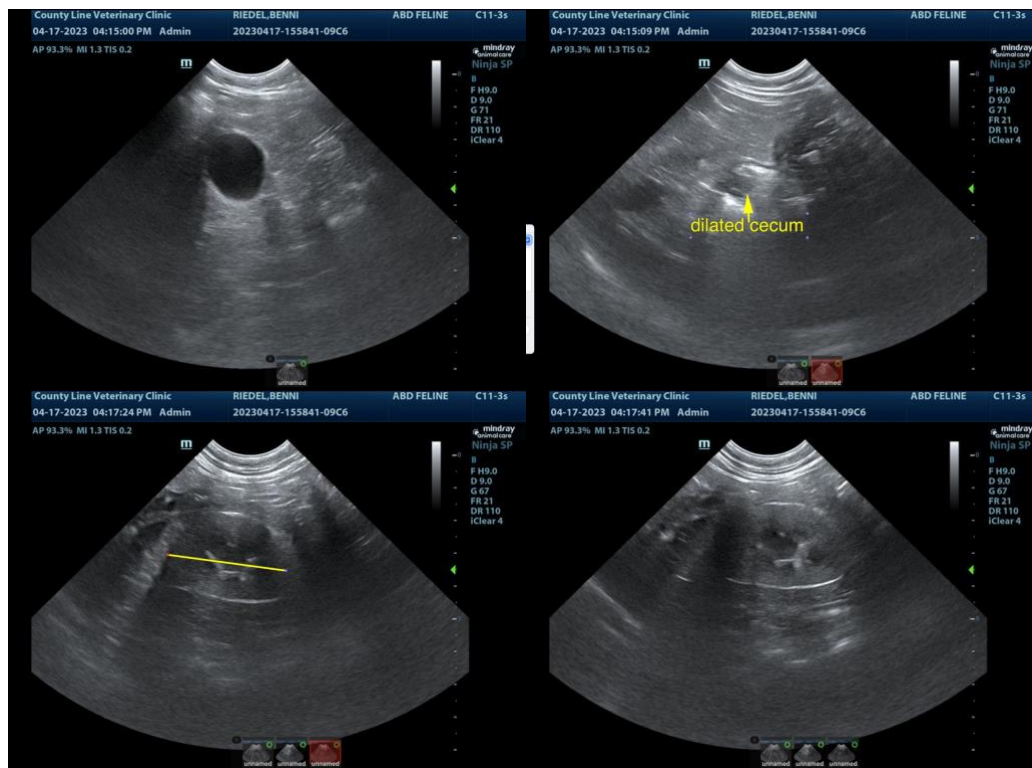
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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