



PATIENT

Silas Woodard

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

4.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Kalsbeek

INVOICE

22049

DATE

4/18/23

PRESENTING CLINICAL SIGNS

History: Pt got into garbage on Sat, could have ingested some plastic wrapping material; was seen yesterday (Sun) for vomiting, radiographs inconclusive, treated with supportive outpatient care but actively vomited through Cerenia. Returns to ER tonight with temp of 106

Abnormal PE/Chem/CBC/UA Results: Fractious, abd pain reported; BCS 6/9; temp 106 minimal labs done but normal bytes, BUN, Cr, HCT; mild elev TP 8.9.

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** were mildly enlarged in this patient yet corticomedullary definition was structurally unremarkable. Minor increased cortical echogenicity was noted. The left kidney measured 4.85 cm. The right kidney measured 5.26 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 0.85 cm x 0.4 cm. The right adrenal gland measured 1.12 cm x 0.4 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 were noted.

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

The **stomach** was overdistended with fluid and suspended and dependent mucus. The pylorus was patent. The pyloric antrum revealed a double lined shadowing structure with acoustic interference, along with the stasis. Given the patient history, I recommend either endoscopy or gastrotomy. The gastric wall was mildly thickened. Gastric biopsies are indicated. The small intestine was empty.

Pancreas



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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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ULTRASONOGRAPHIC FINDINGS

- Suspect plastic material in the stomach with gastric stasis, possible artifact with ileus
- Enlarged kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history, endoscopy is warranted once fever can be somewhat stabilized with supportive care. Gastric biopsies are warranted to rule out underlying disease. If any inflammatory sediment is present in the urine, then renal biopsy is warranted given the convenience of the procedure given the abnormal size, yet if this is a large size patient, then this may be a normal variant.

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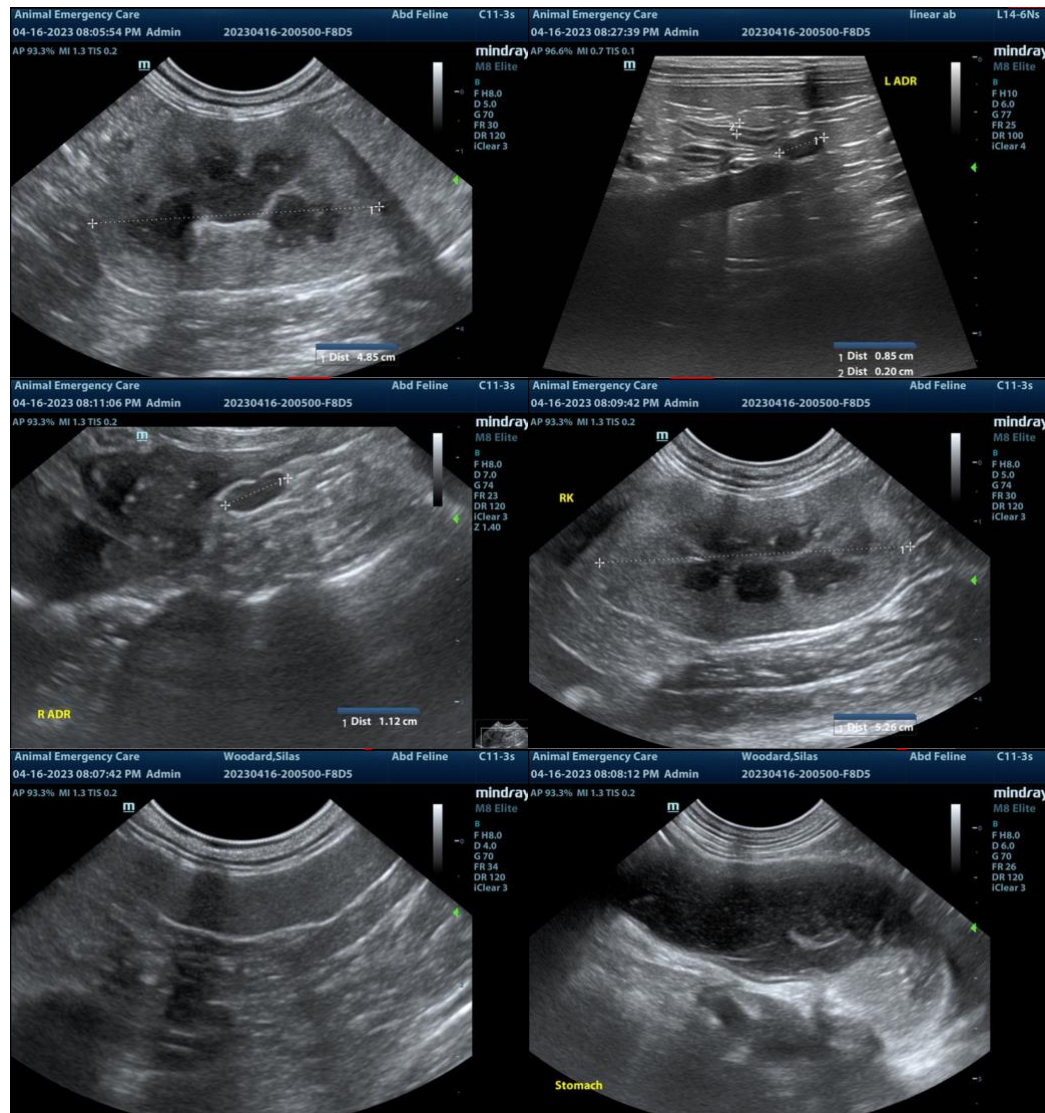
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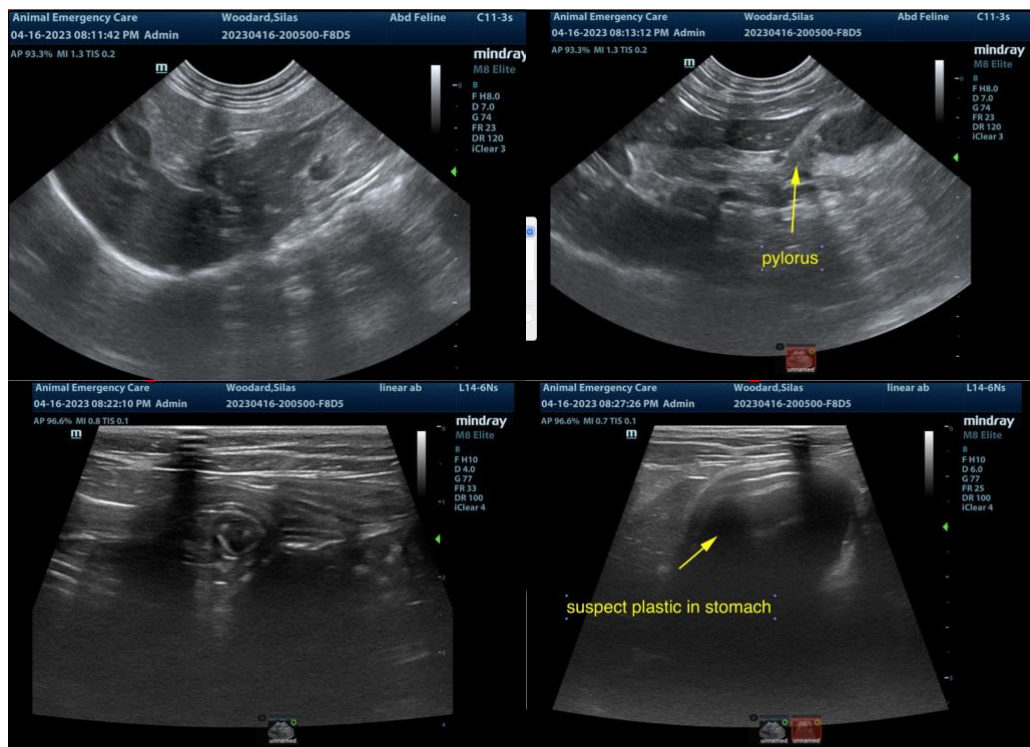
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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