



PATIENT

Winnie Tomlinson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes, DVM

HOSPITAL NAME

Byrnes Veterinary
Relief Services PC

REFERRING VET

AEC of High Country

INVOICE

22076

DATE

4/18/23

PRESENTING CLINICAL SIGNS

History: P presented on 4/17/23 for ataxia and lethargy following vomiting. P vomited 4/17 and sometime shortly after collapsed and would not get up. P not wanting to stand up or walk. P vocalizing. owner did not report any other signs (did not seem like seizure) 4/17 am p playing and acting normally. no trauma or toxin exposure, PE BCS 4/9, MM pink and moist, H/L- Grade 3/6 left side murmur, lungs clear, neuro- severely dull/disoriented, minimally interactive, no ataxia, no pain elicited, P treated with SQ fluids, and Cerenia. P returned today 4/18 for abdominal ultrasound possible echo, dehydrated, otherwise normal

Abnormal PE/Chem/CBC/UA Results: 4/17 CBC HCT 20 (30-52), Neutrophils 13.65 (2.3-10.2) Chem17 Crea 3.4 (0.8-2.4), BUN 92 (16-36), Phos 12 (3.1-7.5), Amy 1503 (500-1500) Lytes wnl 4/18 usg 1.012 (Fluids given 4/17 @ 8pm, usg 4/18 10 am)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed minor micropolypoid changes.

The **kidneys** were enlarged with some loss of corticomedullary definition and irregular contour, suggestive for infarcts. Minor pyelectasia was noted. The left kidney measured 4.46 cm. The right kidney measured 4.95 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 0.26 cm at the cranial pole and 0.24 cm at the caudal pole. The right adrenal gland measured 0.27 cm at the cranial pole and 0.27 cm at the caudal pole.

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** revealed coarse architecture and increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastric** mucosa was slightly irregular with hypoechoic changes, suggestive for possible ulcerative disease. Hyperperistalsis was noted in the gastrointestinal tract yet curvilinear patterns were maintained. No evidence of obstruction or neoplasia.

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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Feline

ULTRASONOGRAPHIC FINDINGS

BREED

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Spayed Female

- Minor micropolypoid changes in the urinary bladder
- Enlarged kidneys with some loss of corticomedullary definition, irregular contour and mild pyelectasia
- Coarse architecture and increased portal markings in the liver
- Slightly irregular, hypoechoic gastric mucosa and hyperperistalsis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

3 Years

No obvious neoplasia was noted, yet emerging renal lymphoma cannot be completely ruled out. Underlying dry form FIP is a strong potential in this patient. Toxin exposure with acute on chronic renal insult is also possible. GI protectant protocol and treatment for acute on chronic renal failure is indicated. Blood pressure measurements, urine culture, coagulation panel and cortical renal FNA +/- hepatic FNA are indicated for further definition.

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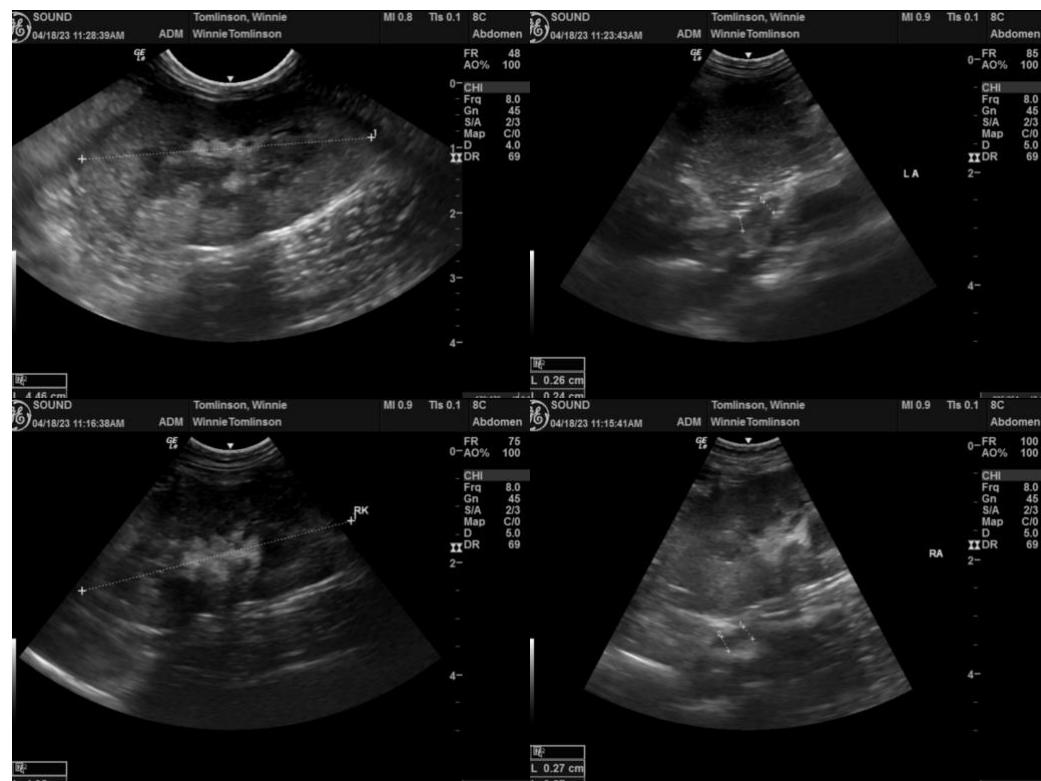
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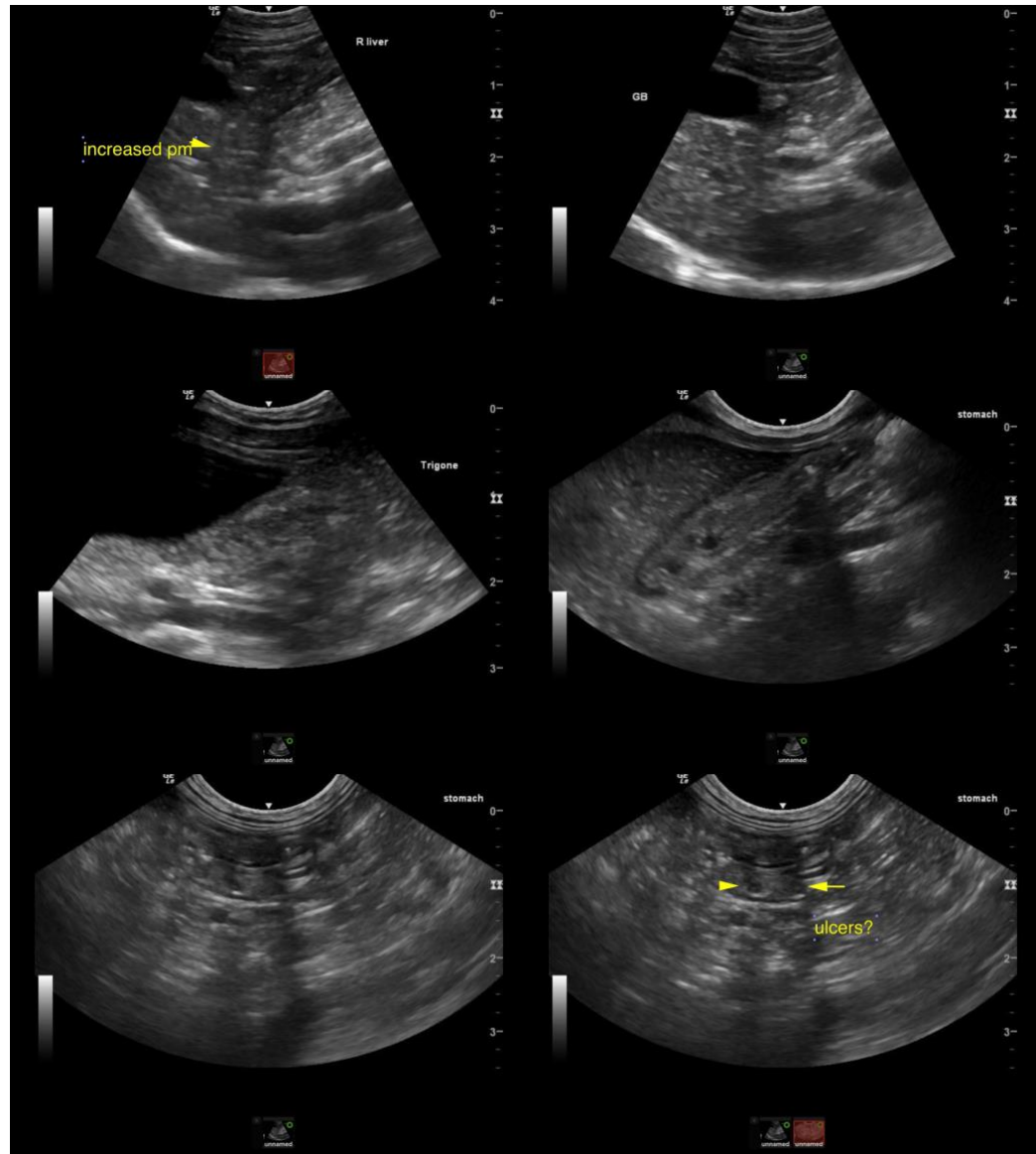
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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