



**PATIENT**

Max Weikert

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

4 years

**WEIGHT**

9.9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carpenter

**HOSPITAL NAME**

Pennridge AH

**REFERRING VET**

Dr. Depew

**INVOICE**

44010

**DATE**

4/25/23

**PRESENTING CLINICAL SIGNS**

History: Max is a 4 yo? MN DSH (may be older) 9.9# Patient is indoor/outdoor Sedated with Butorphanol IV for US Max presented on 4/19 for URI signs, lethargy and new v/d. Treated with fluids and convenia. B/w - NSF. No fecal. Max re-presented on 4/21 for progressive v/d turning into hematochezia, complete anorexia, dehydration. Whole body rads were unremarkable, No FB under tongue. Triple snap was neg/neg. Treated with SQF, B12, cerenia, pepcid. No improvement with outpatient supportive care, Max was admitted to the hospital on 4/24 with IVF, metro, cerenia, mirtazapine, B complex. Still has mild URI signs. Repeat b/w NSF except mild monocytosis, stress hyperglycemia (BG 182), BUN 37 with normal creat at 1.3 (suspect pre-renal). Patient continues to have severe diarrhea and is dehydrated, lethargic, anorexic. Minimal improvement with IV meds. Adding in empiric deworming today after US. O elects to proceed with AUS as next step.

**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 3.8 cm with slight pinpoint mineralization. The left kidney measured 3.45 cm with slight pinpoint mineralization noted.

**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 right adrenal gland measured 0.5 cm. The left adrenal gland measured 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 was 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



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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.

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**Gastrointestinal**

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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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**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.

**ULTRASONOGRAPHIC FINDINGS**

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Structurally unremarkable abdomen.  
Slight pinpoint renal mineralization.  
Minor intestinal thickening, consistent with inflammatory bowel.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of neoplasia or foreign bodies. Fecal exam is recommended. Some level of pancreatitis may be present, yet not overtly evident on the image set provided. Supportive care and dietary adjustment with coverage for parasites should prove effective.

**REFERRING VET**

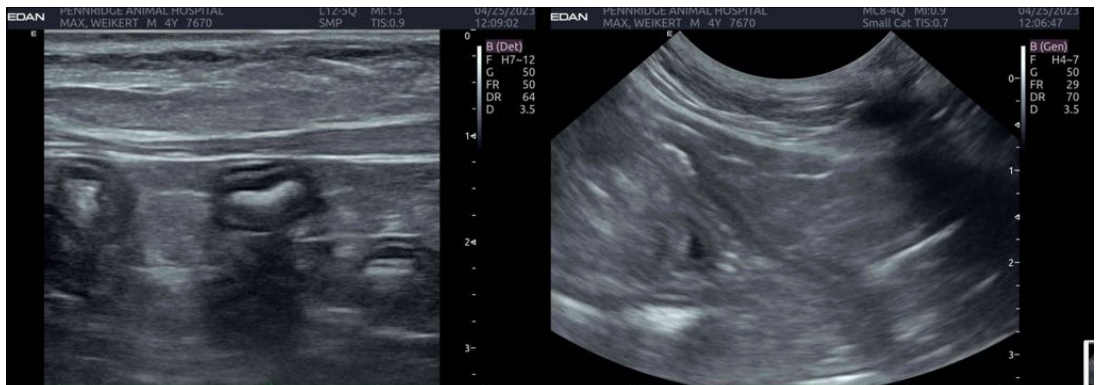
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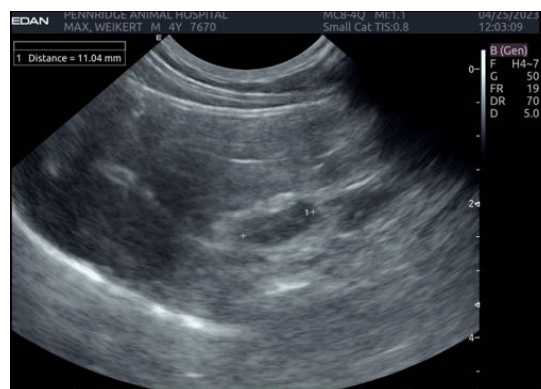
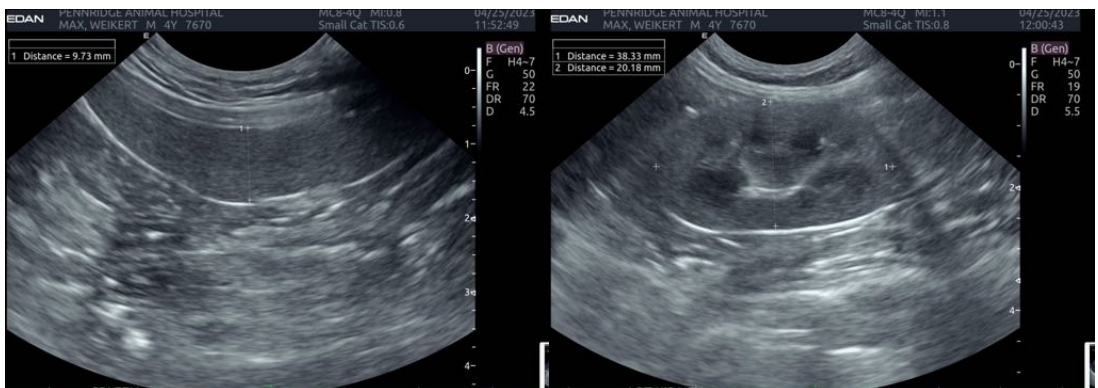
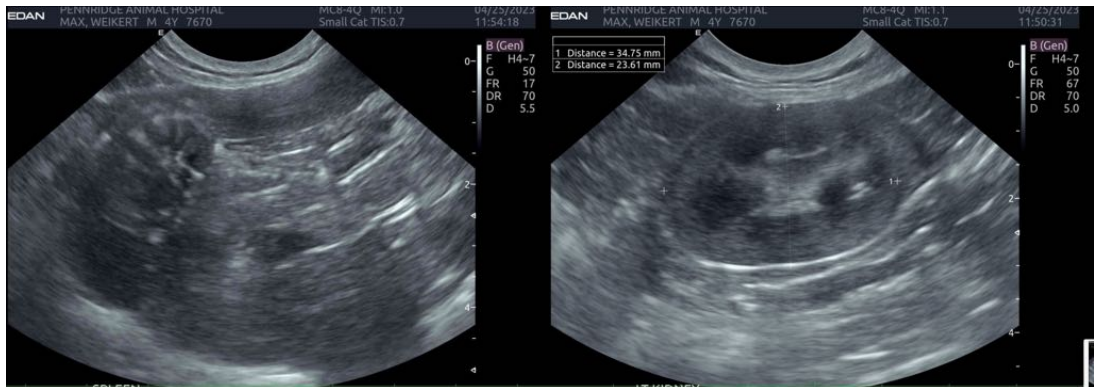
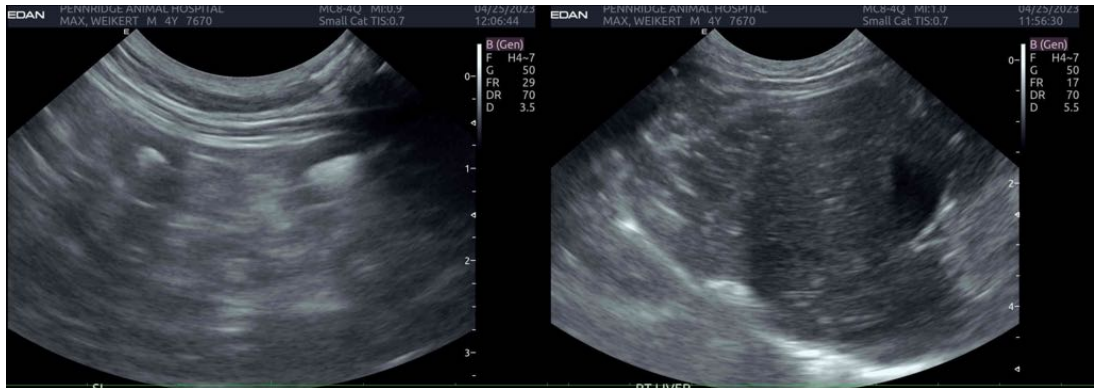
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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