



PATIENT

Molly Ayre

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15 Years

WEIGHT

3.27 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Alejandro Vargas
Lumbreras

HOSPITAL NAME

Central Island VEH

REFERRING VET

Dr. Catherine Daniel

INVOICE

14989

DATE

4/30/22

PRESENTING CLINICAL SIGNS

History: Anorexic, hematemesis, black stool. 1.5 days ago, noticed had stopped eating, then started vomiting blood and stools appear darker than normal. looks like she wants to eat, but then turns her nose up at it. 3months ago had surgery to remove a calcified hairball from stomach - has been fine since then. on Rx GI diet, hairball remedy. Otherwise, no meds. indoor/outdoor - no known access to rat bait, but does have free access outside so can't guarantee.

Abnormal PE/Chem/CBC/UA Results: PE Comments: light pink mm, tachypenic. abdomen mildly uncomfortable on palpation but no abnormal structures identified. kidneys feel small on palpation. increased skin turgor. Dfdx - GI ulceration vs. infectious gastroenteritis vs. toxin vs. coagulopathy vs. other? CBC: HCT mildly high (52.6%; consistent w/ dehydration), monocytosis and eosinopenia, thrombocytosis on procyte but noted to have aggregates on smear/adequate PLTs Biochemistry: Crea 60 (L), CoAgs: PT low (1 point below normal), PTT normal FeLV/FIV: Negative for both Sedate w/ 0.1ml each of ketamine 100mg/ml, dexmedetomidine 500mcg/ml and 0.2ml buprenorphine 0.3mg/ml IM (spicye!)

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 minor 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 3.5 cm. The right kidney measured 3.5 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 0.3 cm. The right adrenal gland measured 0.3 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild to moderate age-related parenchymal remodeling was



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noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** was filled with gas accumulation. Some hair density was noted in the stomach and gastric fundus. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** was mildly heterogeneous and partially ill-defined. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

Free Abdomen

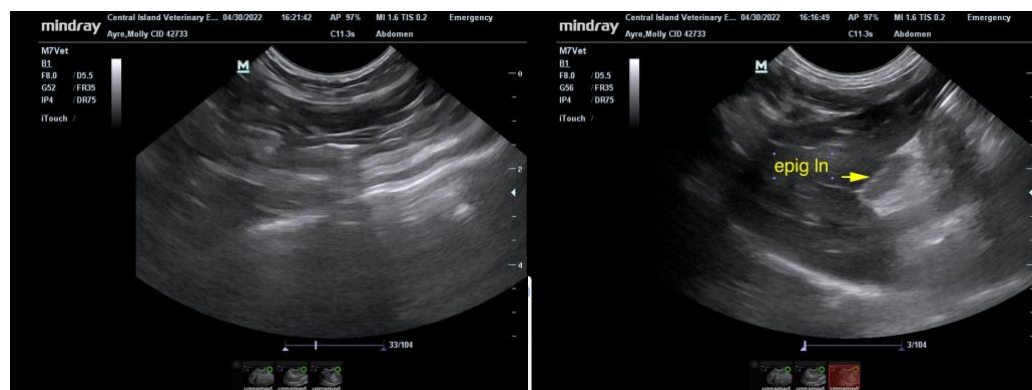
The epigastric **lymph nodes** were slightly enlarged, reactive, measuring 5.0 cm x 3.0 mm.

ULTRASONOGRAPHIC FINDINGS

- Minor heterogeneous pancreatic changes
- Structurally unremarkable GI tract with minor excessive gas and minor hair density in the stomach
- Age-related renal and hepatic changes
- Slightly enlarged, reactive epigastric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the clinical signs persist, then endoscopy would be indicated. No evidence or suspicion of neoplasia. Medical management for hairballs and supportive GI care should prove effective yet there is only a minor density in the stomach. This is not surgical.



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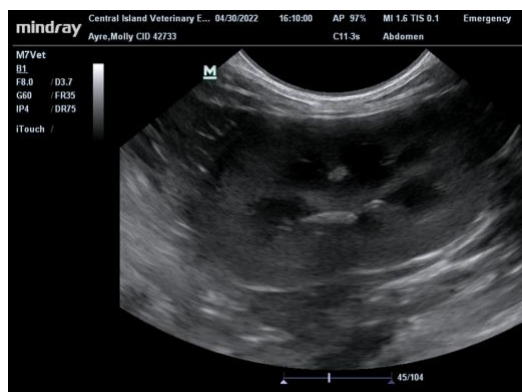
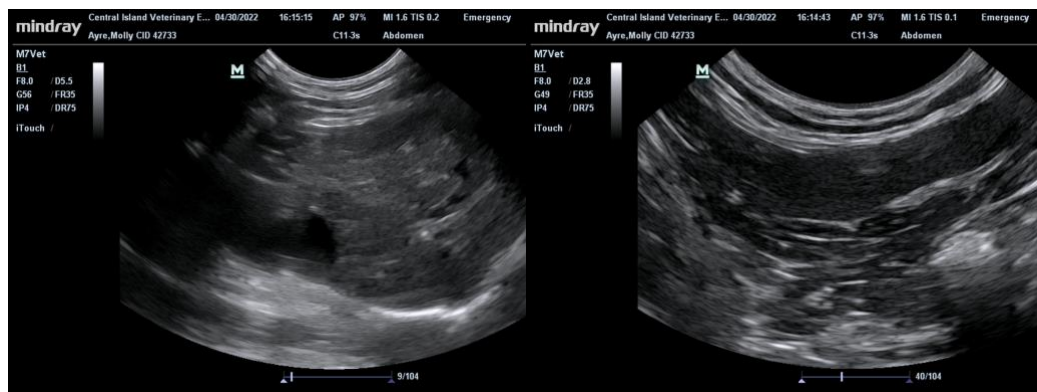
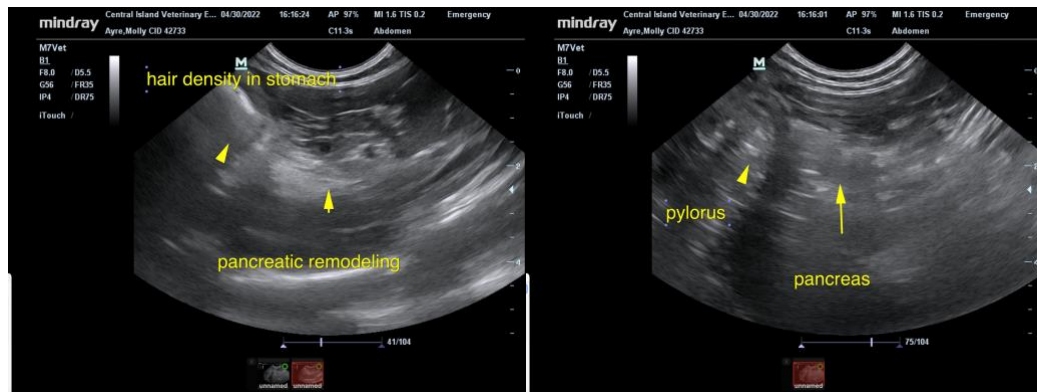
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com