



PATIENT **PRESENTING CLINICAL SIGNS**

Rascal Kammler History: Weight loss and recently not eating as much. January 2023 had normal BW, was 12#; had a bout of high Tbili and suspected hepatic lipidosis JAN 2022, had an u/s with unsure of the results; but started on steroid and after a while did improve.

SPECIES Abnormal PE/Chem/CBC/UA Results: Upon PE, QAR, BCS 5/9; clear OU, horizontal nystagmus, clean AU, mm pink, moist; mild-mod tartar, no HM today (hx of HM), lung sounds clear; painful upon palpation of cranial abdomen, nice coat.

Feline

BREED **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Siamese Mix

Urinary System

SEX 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.

Neutered male

AGE

11 years

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 left kidney measured 3.8 cm. The right kidney measured 3.6 cm.

WEIGHT

11 lbs

INTERPRETED BY **Adrenal Glands**

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Julie Vezzetti

Spleen

HOSPITAL NAME

Stuga North VC

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.

REFERRING VET

Dr Vezzetti

Liver

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The **liver** was diffusely hyperechoic to the falciform fat and mild coarse architecture. The gallbladder and common bile duct were unremarkable. This is most consistent with lipidosis, yet only clinically significant if ALKP elevation is an issue. Slight, heterogenous parenchymal changes were noted.

DATE

4/4/23



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

ULTRASONOGRAPHIC FINDINGS

Age related changes.

Mild, hepatic lipidosis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no other evidence of disease. Given the clinical signs of nystagmus skull CT with contrast would be ideal in this patient.

INTERPRETED BY

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DABVP, Cert. IVUSS

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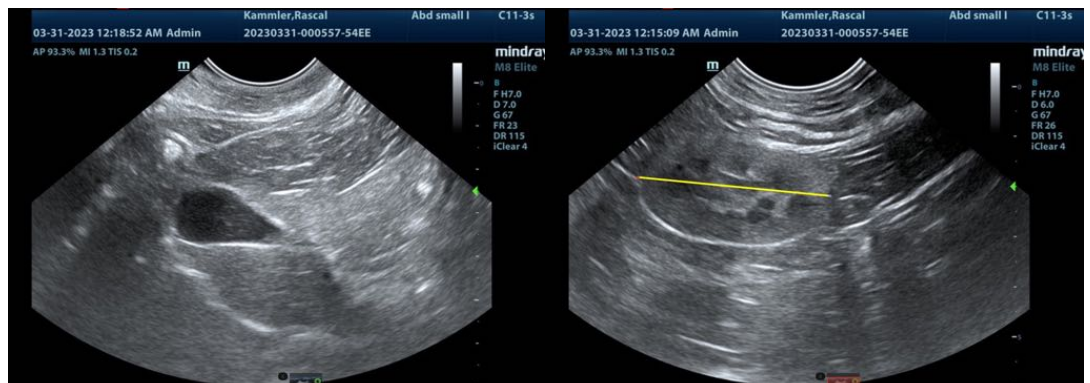
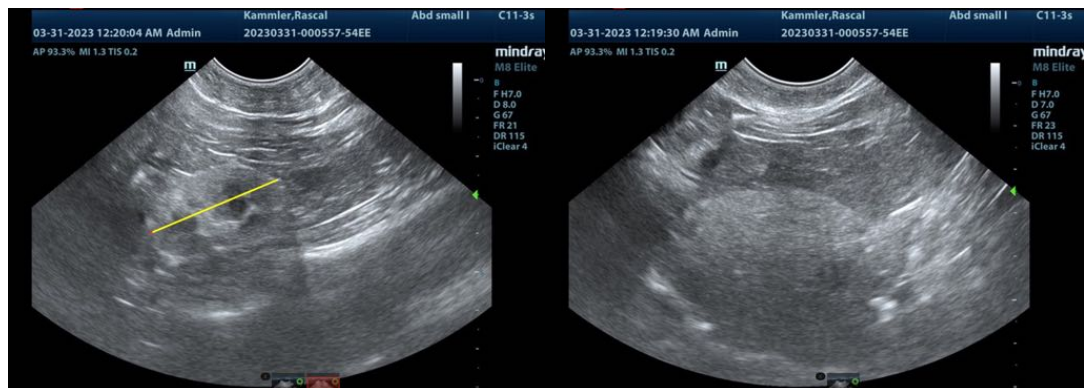
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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