



PATIENT

Lucy Goodlett

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

7.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Dorris

HOSPITAL NAME

County Line VC

REFERRING VET

Dr. Dorris

INVOICE

43732

DATE

4/6/23

PRESENTING CLINICAL SIGNS

History: P presented for acute bloody diarrhea and straining to defecate within the last 24 hours. O also reported howling at home at random times. P has history of chronic diarrhea/GI issues that previously were well controlled on prednisolone (O weaned P off ~3 weeks ago). P is currently on a hydrolyzed protein diet but does get OTC food mixed in to stimulate appetite. Previous ultrasounds revealed a potential stomach mass at one point that seemingly resolved at a recheck ultrasound, but we do not have those records or images. PE was normal with mild sensitivity upon abdominal palpation. Last blood work (CBC, CHEM17) performed in 11/2022 and was all WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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 uterine stump was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 3.0 cm with mineralization. The right kidney measured 3.7 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.

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 normal volume with no evidence of congestion. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. Debris measured approximately 1.0 cm. No adjunctive inflammation was noted.



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Gastrointestinal

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The **gastrointestinal tract** revealed a minor amount of fluid filled gastric lumen. Minor areas of intestinal thickening and slight reactive mesentery in the distal small intestine consistent with inflammatory bowel.

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Pancreas

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The **pancreas** revealed undulating contour with hypoechoic parenchyma and a dilated pancreatic duct. The pancreas measured 0.6 cm.

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ULTRASONOGRAPHIC FINDINGS

Bladder debris.

Chronic pancreatic changes.

AGE

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Geriatric abdomen.

WEIGHT

7.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of straining to defecate is not evident. The Prednisolone may be suppressing a more significant presentation. Fecal exam is recommended as well as treatment for occult parasitism and enterotoxins/colitis would be appropriate. Given the Prednisolone therapy I cannot rule out underlying suppressed neoplasia such as lymphoma or mast cell disease.

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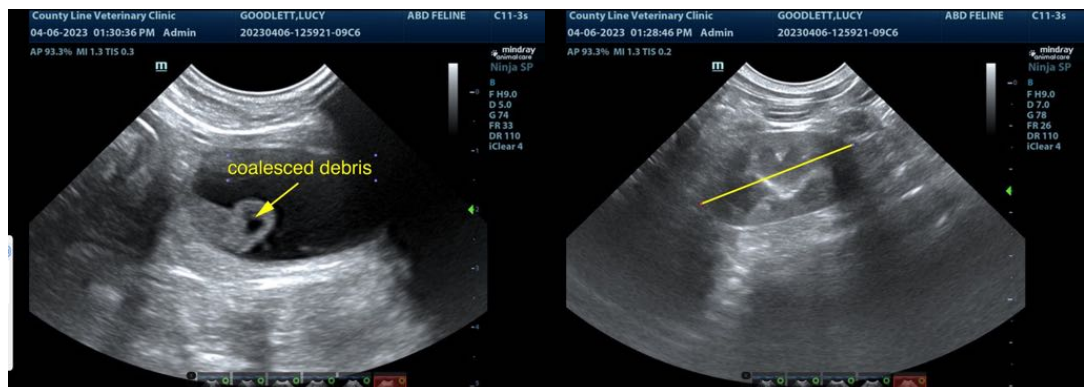
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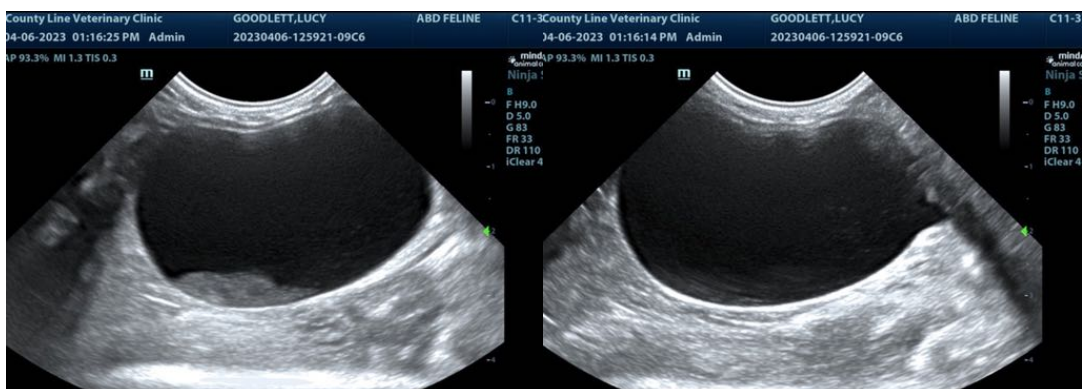
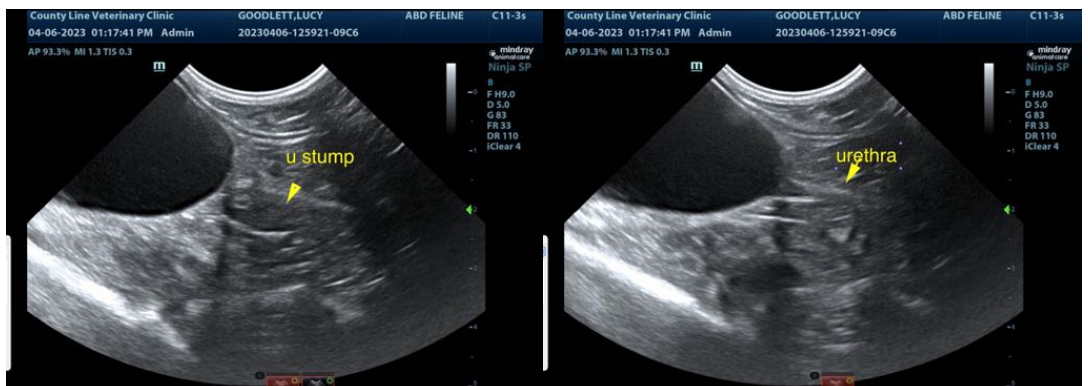
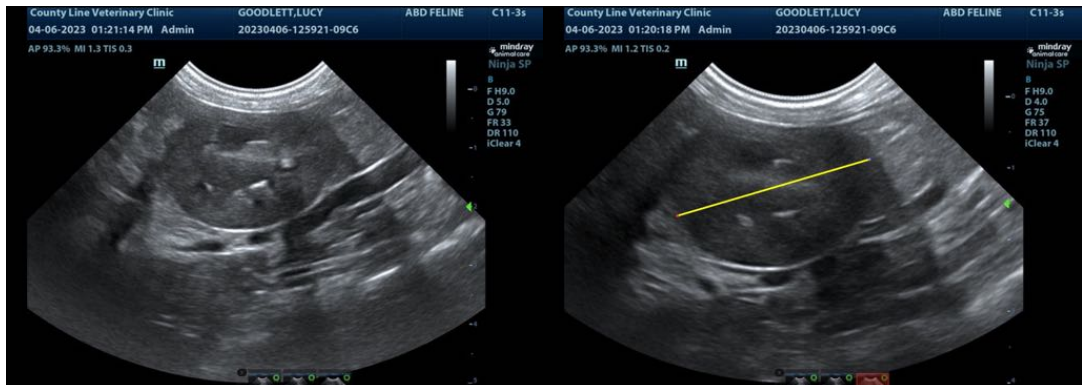
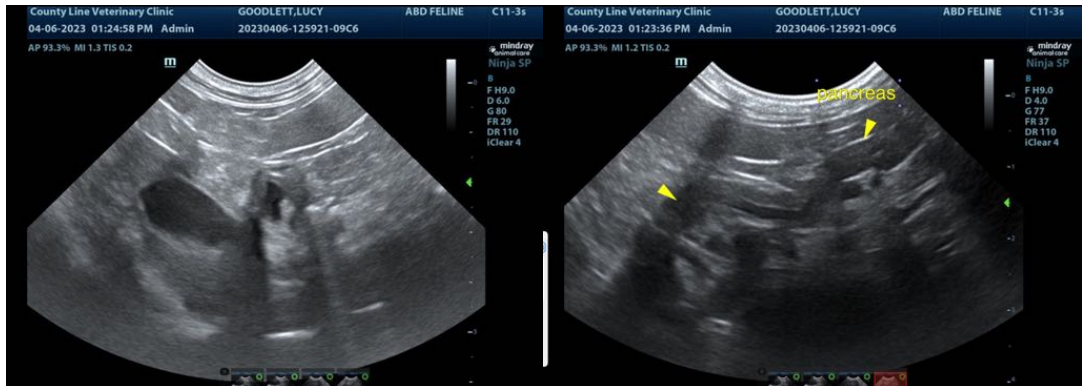
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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