



PATIENT

Klinger Dawson

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

13 years

WEIGHT

15 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Adrienne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Waffle

INVOICE

30324

DATE

5/12/22

PRESENTING CLINICAL SIGNS

History: Hx of anorexia and lethargy of 1 days duration. Vomited dark vomitus this am. Hx of pancreatitis in past.

Abnormal PE/Chem/CBC/UA Results: Abdominal rads - minimal ingesta in GI tract. No evidence of obstruction. Bright (suspect prolonged retention) feces in colon. CBC - HCT 39% NEU - 0.64 Lymph - 0.53 Mono - 1.35 Eos - 0.01 nRBC - suspected Bands - suspected SDMA- 28 CREA - 3.0 BUN - 94 T bili - 1.1 (plasma appears mildly icteric) NA - 162; CL - 125 Tacky MM Possible pain in cranial abdomen T - 103.6 HR - 170 No murmurs

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. A minor amount of suspended debris was noted. No evidence of inflammatory or neoplastic changes was 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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.77 cm. The right kidney measured 4.34 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** was uniform. The gallbladder and common bile duct were unremarkable. There was no evidence of post hepatic disease.



PATIENT

Gastrointestinal

Klinger Dawson

The **gastrointestinal tract** revealed variable intestinal thickening with areas of luminal dilation and reactive mesentery. At the end of the luminal and small intestinal dilation a 1.0 cm shadowing structure was noted. This is consistent with transiting of soft foreign matter such as hair or similar. Partial obstructive pattern was noted followed by empty small intestine. Reactive mesentery was noted associated with the affected small intestine. The stomach was empty. The colon was unremarkable.

SPECIES

Feline

BREED

Pancreas

Domestic Longhair

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.

SEX

Neutered male

Free Abdomen

AGE

13 years

A large amount of falciform fat was noted in this patient.

WEIGHT

15 lbs

ULTRASONOGRAPHIC FINDINGS

Enteritis pattern with probable hairball density.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

This is likely acute on chronic inflammatory bowel with large prerenal issue. The liver structurally appears normal; however, given the bilirubin elevation underlying acute inflammation or neoplasia cannot be ruled out. Exploratory surgery would be valid in this patient with expectations of liberating the small intestinal partial obstructed pattern as well as obtaining biopsies of the intestinal tract and liver. Otherwise, medical management could be considered with reassessment in 24 hours with a new sonogram. Aggressive IV fluid support to hydrate the GI tract, broad spectrum antibiotics and GI protectants are all indicated as well as potential GI lubricants to help transit the small intestinal foreign matter, which is small, but creatinine a partial obstructed pattern. The partial obstructive pattern may also be owing to reactive mesentery. There was no overt evidence of neoplasia; however, emerging intestinal and hepatic neoplasia such as lymphoma cannot be completely ruled out.

IMAGING PERFORMED BY

Adrienne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

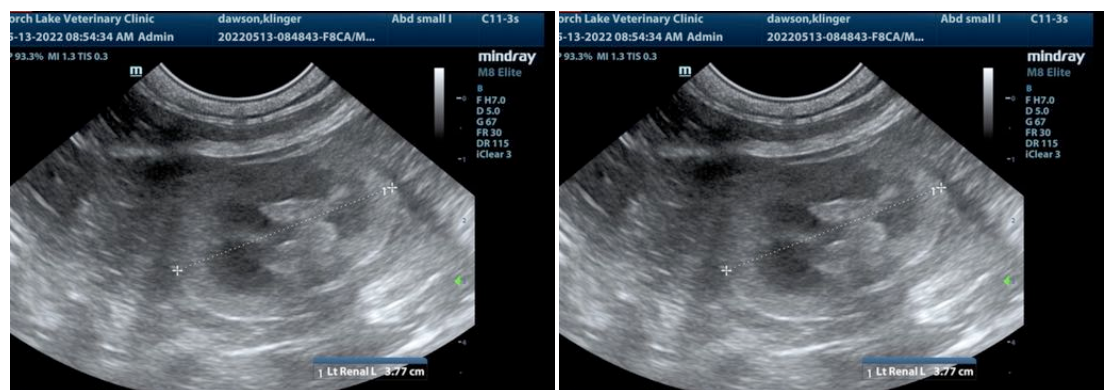
Dr. Waffle

INVOICE

30324

DATE

5/12/22





PATIENT

Klinger Dawson

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

13 years

WEIGHT

15 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Adrienne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

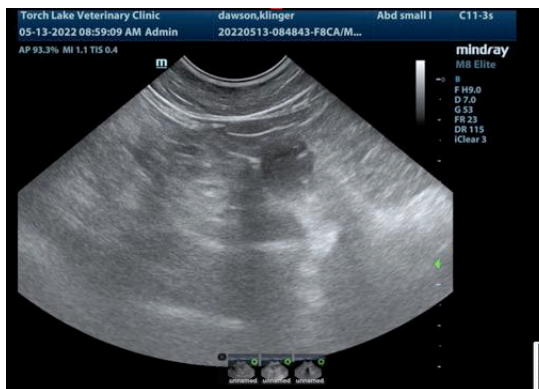
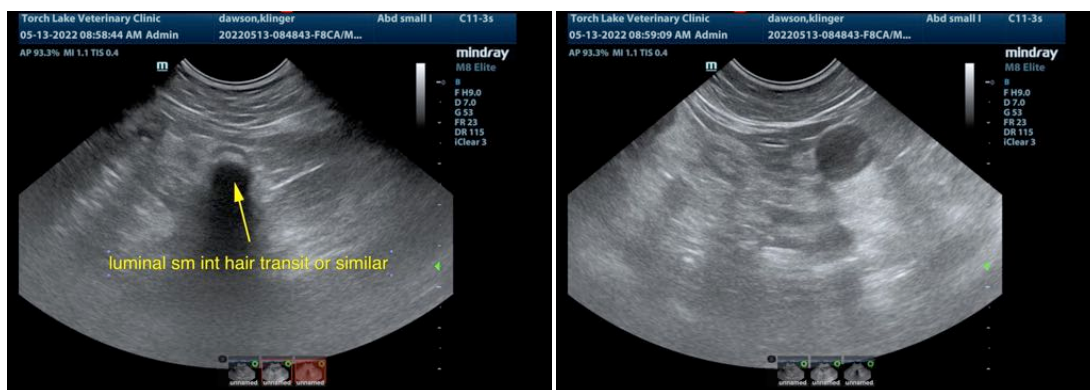
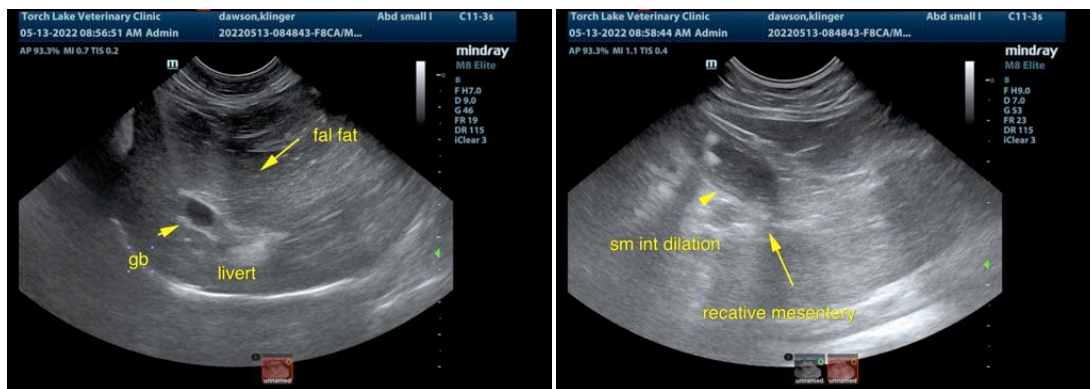
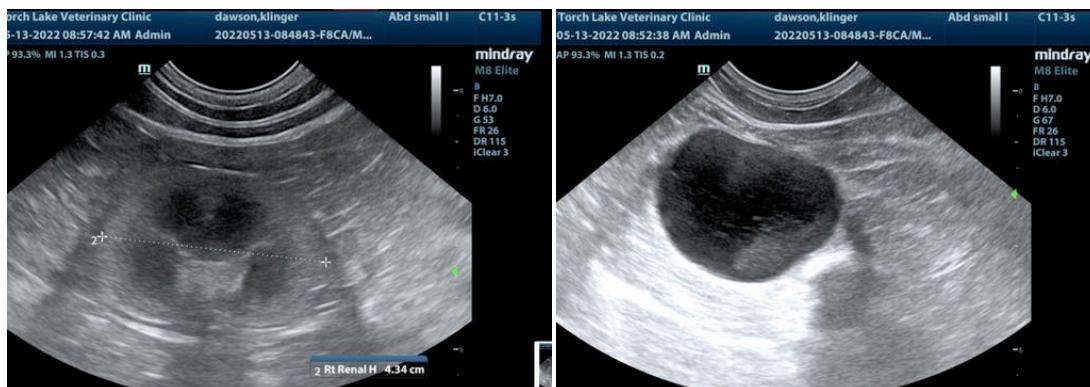
Dr. Waffle

INVOICE

30324

DATE

5/12/22





PATIENT

Klinger Dawson

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.

SPECIES

Feline

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.

BREED

Domestic Longhair

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

SEX

Neutered male

AGE

13 years

WEIGHT

15 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Adrienne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Waffle

INVOICE

30324

DATE

5/12/22