



PATIENT

Asta Petersone

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

11.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Maggiulli

HOSPITAL NAME

Willamette VH

REFERRING VET

Maggiulli

INVOICE

15193

DATE

5/14/22

PRESENTING CLINICAL SIGNS

History: Brief History: Presented 5/9 on MPE for bloody diarrhea, fever, post ex lap for GI biopsies. Concern for IBD. Initially seen 5/7 for v+/d+. Outpt care was done and sent home with orals. On 5/7 she ate well when she came home. 5/8 she ate a small amount of her normal kibble not the bland diet. No sign of D+ yesterday but is having bloody D+ in LB today Indoor only. Lives with 1 other cat. History of bloody diarrhea in the past (a couple of times). A couple of those times the other cat had it. She does vomit a good amount. Appears to happen after eating. A couple times a month. 5/10/22 5am EPOC = iCa 1.13, K 3.5, low BUN 14 Ex lap performed for GI biopsies. 5/11/22 1pm EPOC = Glu 181, K 4.1, BUN 13, HCT 30% CBC - HCT 36.4%, WBC 18.41k, Neut 1.14k, Lym 15.26k (suspect bands), Mono 0.93k, PLT 294k Temp 103.4 @1pm, 104.1 @ 3pm and not eating Overnight added Dex-SP injection and pet started eating Tuna, temp still elevated but trending down 5/12/22 discharged home. See discharge instructions. Client has only given buprenex.. ongoing anorexia -Intestinal biopsies on 5/10/22 - r/o IBD v. lymphoma or other -FUO r/o as narcotics post op, intestinal inflammation (IBD), less likely infectious, open

Abnormal PE/Chem/CBC/UA Results: CBC- Hct wnl 50.5%, Retic 111.7, Neu 10.64 (stress leukogram suspected) Chem 10- Glu 206 (stress hyperglycemia), Crea 1.8 (pre-renal vs renal), BUN wnl 24, TS wnl 6.9, ALP 12 EPOC- Ca 1.08, Crea 2.0, Glu 218, K 3.3, PO2 56.2, HCT 42% UA NSF , fPL- abnormal

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 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 3.0 cm. The right kidney measured 3.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

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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.

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Pancreas

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The area of the left base of the **pancreas** and left cranial abdomen revealed reactive mesentery or steatitis type presentation, suggestive for pancreatitis/steatitis in a region of approximately 3.0 cm. Deep left cranial subxiphoid palpation recommended to assess for any discomfort. The steatitis pattern extended laterally to the spleen.

ULTRASONOGRAPHIC FINDINGS

AGE

6 Years

- Pancreatitis/steatitis pattern
- Structurally unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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IV fluid support, broad spectrum antibiotics (such as enrofloxacin/metronidazole combination) and pain management all indicated. No evidence of neoplasia. Underlying infectious agents should be considered as potentials. Recheck sonogram in 3-5 days to ensure resolution.

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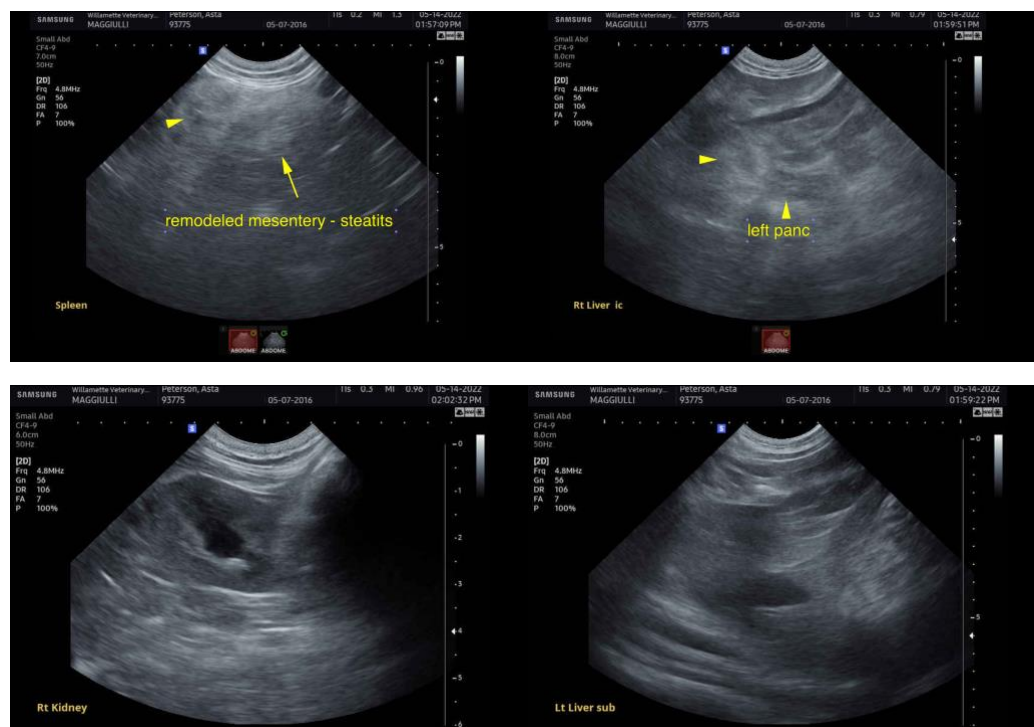
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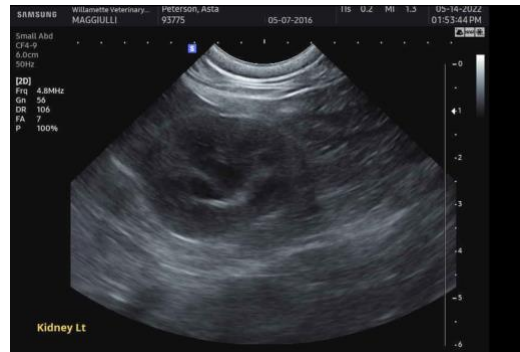
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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