



**PATIENT**

Max Greager

**SPECIES**

Feline

**BREED**

Manx

**SEX**

Neutered Male

**AGE**

12 Months

**WEIGHT**

9.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Couser

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Couser

**INVOICE**

15199

**DATE**

5/16/22

**PRESENTING CLINICAL SIGNS**

History: Anorexia & vomiting x 1 week. Was being treated at rDVM throughout the past week with combination of outpatient treatment & hospitalization, reportedly blood work was unremarkable other than hypokalemia. Presented to Wilvet 5/15 laterally recumbent, obtunded, severely dehydrated.

Abnormal PE/Chem/CBC/UA Results: 5/15/22 @ wilvet: CBC - HCT 60.8%, WBC 11.74k (wnl), suspect bands, Eos 0.02k, rest wnl Chem17 - Glu 186, Creat 5.5, BUN 281, Phos 18.9, TBIL 1.5, Lipa 4450, rest wnl Lytes - Na 150, K 3.5, Cl 100 UA - USG 1.022, pH .5, Pro 100, Glu 50, UBG 8, BIL 3, BLD 50. Sedivue: WBC 3/hpf, RBC 2/hpf, suspect rods & cocci, >1/LPF non-hyaline casts. Bacterial confirmation = NEG

**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** were mildly swollen with slight increased cortical echogenicity yet nonspecific. Both kidneys measured 3.5 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.

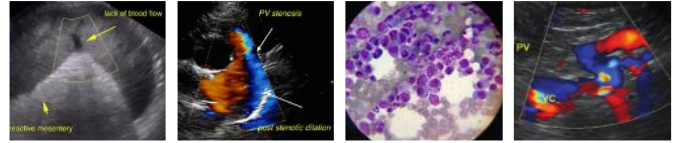
**Liver**

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

**Gastrointestinal**

The **gastrointestinal tract** revealed significant upper gastrointestinal stasis, reaching to the level of the mid jejunum, where empty small intestine was present, creating an obstructive pattern. In one view, soft shadowing material appeared to be present in the small intestine, consistent with obstructive hair or similar material.

**Pancreas**



**PATIENT**

The **pancreas** revealed mild mixed inflammatory pattern and minor heterogeneous changes, yet not a primary issue.

Max Greager

**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

- Swollen kidneys
- Soft shadowing material in the GI tract, consistent with obstructive hair or similar material
- Heterogeneous pancreas with inflammatory pattern

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**BREED**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Manx

I recommend immediate exploratory surgery after correction of the azotemia. Structurally, the liver appears unremarkable. Bilirubin elevations should be reevaluated, as this may be artifactual.

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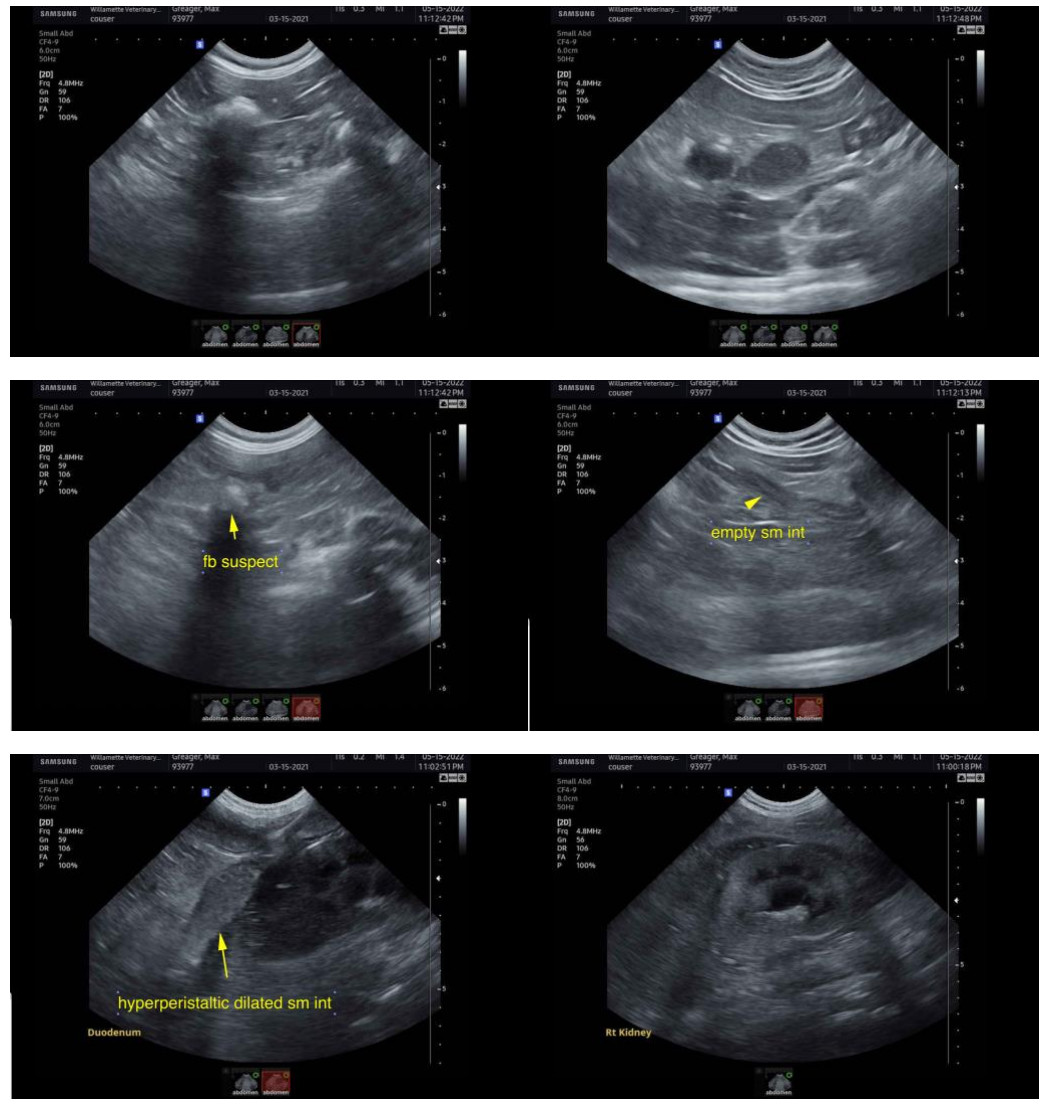
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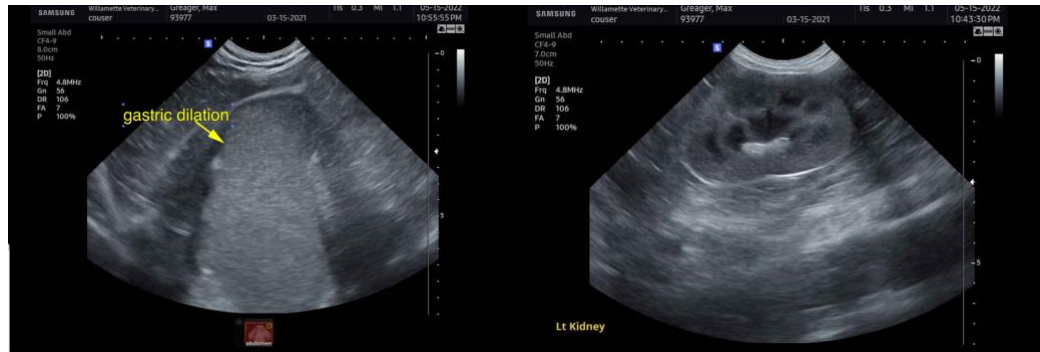
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com