



PATIENT PRESENTING CLINICAL SIGNS

Squeek Llewellyn

History: Presented May 24/22 listless, not herself, laying on her side, (last seen Aug. 1/18) eating very little; not moving; normal feces in litter and urinating normally according to owner T; 38 Wt. 10.14 HR: 170 CRT <1.5 sec; colour: N Abd: sl. tense but NSF Not spayed Rest of exam NSF M3 tartar

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CBC ;WNL except: mild monocytosis 0.6 (0.0 - 0.5) Chemistry abnormalities: Glucose 11.6 (4.0 - 9.7) SDMA 18 (0-14) calcium 2.0 (2.2 - 2.7) T. Protein 56 (63 - 88) Albumin low normal 27 (26 - 39) Globulin 29 (30 - 59) T4 is normal low 18.6 (10 - 60)

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

FI

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.

AGE

10yr

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 3.5 cm in length. The right kidney measured 3.5 cm in length.

WEIGHT

10.14 lb

Th uterus was dilated to 5 mm consistent with mucometra or pyometra.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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. The left adrenal gland measured 0.5 cm width.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

The spleen presented volume contracted with 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.

HOSPITAL NAME

Gagemount Animal
Hospital

REFERRING VET

Dr. Milliken

Liver

The liver was uniformly swollen with dilated hepatic veins consistent with passive congestion.

INVOICE

10674ag

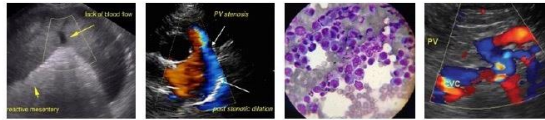
The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

DATE

05/26/2022

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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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.

BREED

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Free Abdomen

Free fluid noted in the abdomen. Pleural effusion noted as well as ascites.

SEX

FI

ULTRASONOGRAPHIC FINDINGS

- Passive congestion liver pattern with secondary ascites likely owing to right sided heart failure
- Dilated uterus, suspect pyometra

AGE

10yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

10.14 lb

Stabilization of the heart is recommended followed by medical management for metritis with eventual ovariohysterectomy.

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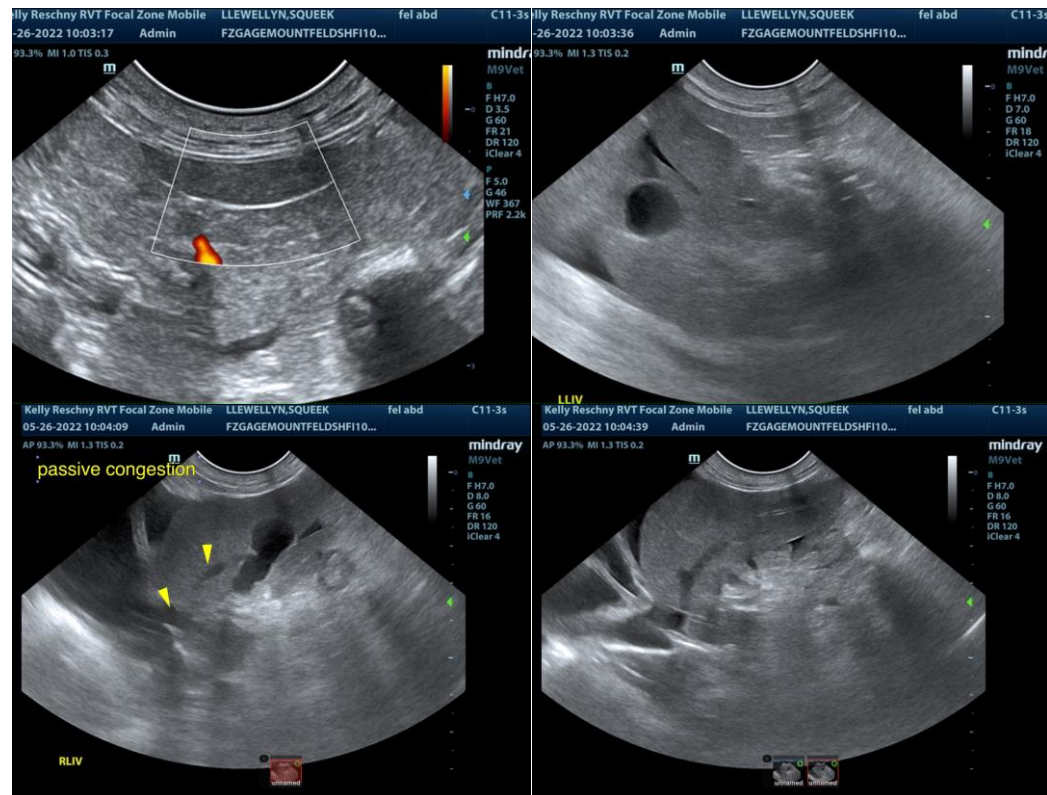
Dr. Milliken

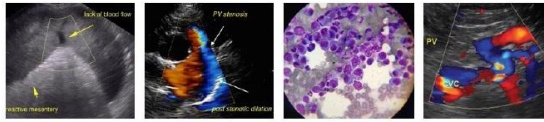
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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