



**PATIENT**

Opee Krummel

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11

**WEIGHT**

7.99

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Crystal Ebert

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Crystal Ebert

**INVOICE**

47212

**DATE**

5/6/23

**PRESENTING CLINICAL SIGNS**

Patient was diagnosed with Lymphoma in December after weight loss & vomiting, treated with chemotherapy at OSU. Owner noted patient becoming aggressive with treatment at rDVM appointment and elected to d/c chemotherapy. Pt has been gaining weight and asymptomatic on prednisolone. Vomited 8x yesterday and then ate this morning and vomited continuously 13x until all food was evacuated from stomach and continuing to vomit bile. Patient growling/hissing in carrier. Owner has 100mg gabapentin to give pt prior to veterinary visits, but pt was not swallowing so O did not administer. Advised owner that we would likely administer anxiolytic previous to exam. Taking 2.5mg Prednisolone BID

Abnormal PE/Chem/CBC/UA Results: Sedated Exam WNL CBC- initial values were off need to re-run sample as I believe that sample was not mixed all values within normal reference range Lymphocytes 1.57 K/uL Chem17- all values within normal reference range EPOC- all values within normal reference range creatinine 1.45 mg/dL on upper end of reference range.

**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 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 4.5 cm. The right kidney measured 4.6 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.



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**Gastrointestinal**

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.

**Pancreas**

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.

**Free Abdomen**

Large amount of abdominal fat noted in this patient.

**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable abdomen with age related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant disease. The cause of weight loss is not evident in the abdomen. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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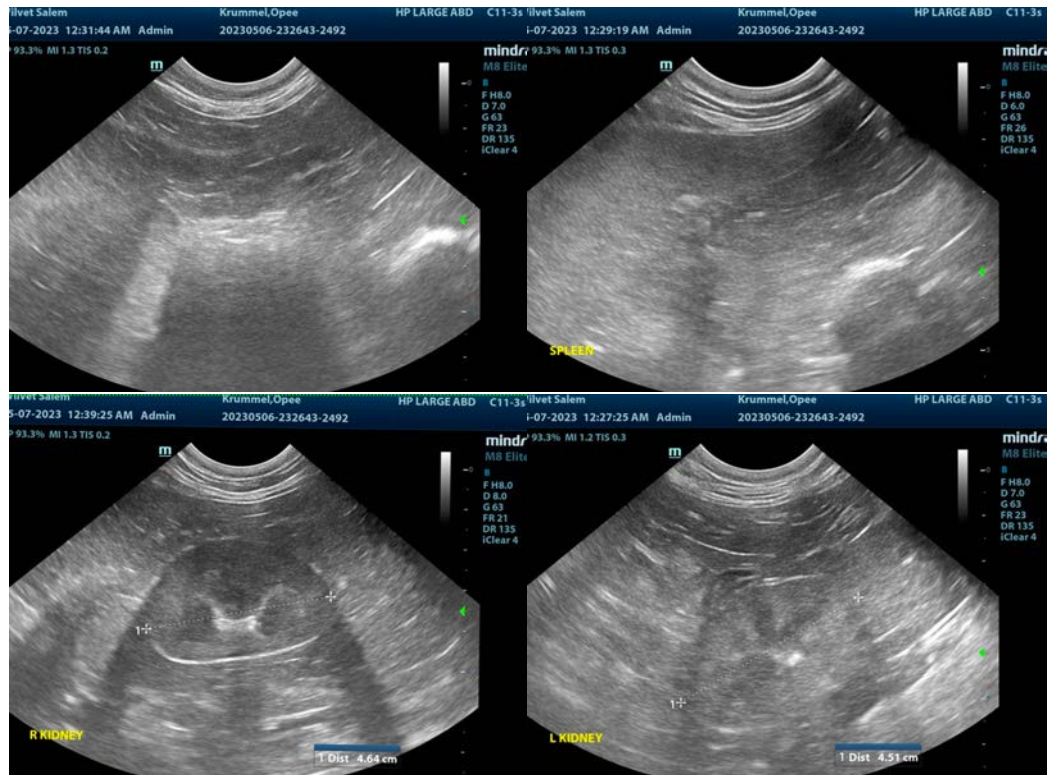
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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