



PATIENT

Danny Noll

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

4 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

47209

DATE

5/7/23

PRESENTING CLINICAL SIGNS

Presented at our hospital for started Thursday eating less, RDVM Friday for bloodwork, and has been hiding a lot. Owner is not seeing patient drink or urinate. Previous Health Concerns: Anxiety Appetite/When did they eat last: Today

Abnormal PE/Chem/CBC/UA Results: CBC: WNL EPOC: pO2 81.3(H), O2SAT 94.3(H), mTCO2 15.2(L), Lact 4.18(H), BUN 74(H), Crea 2.70(H), Glu 139(H) CHEM: BUN 75.9(H), CRE 2.2(H), GLOB 5.0(H), GLU 136(H), ALT 122(H), GGT <10, TBIL <0.1 Rads: stomach very distended with fluid and gas, no obvious foreign objects noted, moderate stool accumulation.

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** presented thickened cortices and swollen contours. The left kidney measured 4.11 cm. The right kidney measured 3.82 cm. Idiopathic hyperechoic medullary rim sign noted in both kidneys. Minor degenerative changes noted in both kidneys. Blood flow appeared to be adequate on color flow assessment.

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** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. Minor retention of ingesta. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.



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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.

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ULTRASONOGRAPHIC FINDINGS

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- Non-specific mild degenerative renal changes with suspicion of acute insult
- Minor intestinal thickening

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

72-hour IV fluid protocol recommended to treat the azotemia. Acute insult suspected. Infectious or toxin exposure should be considered.

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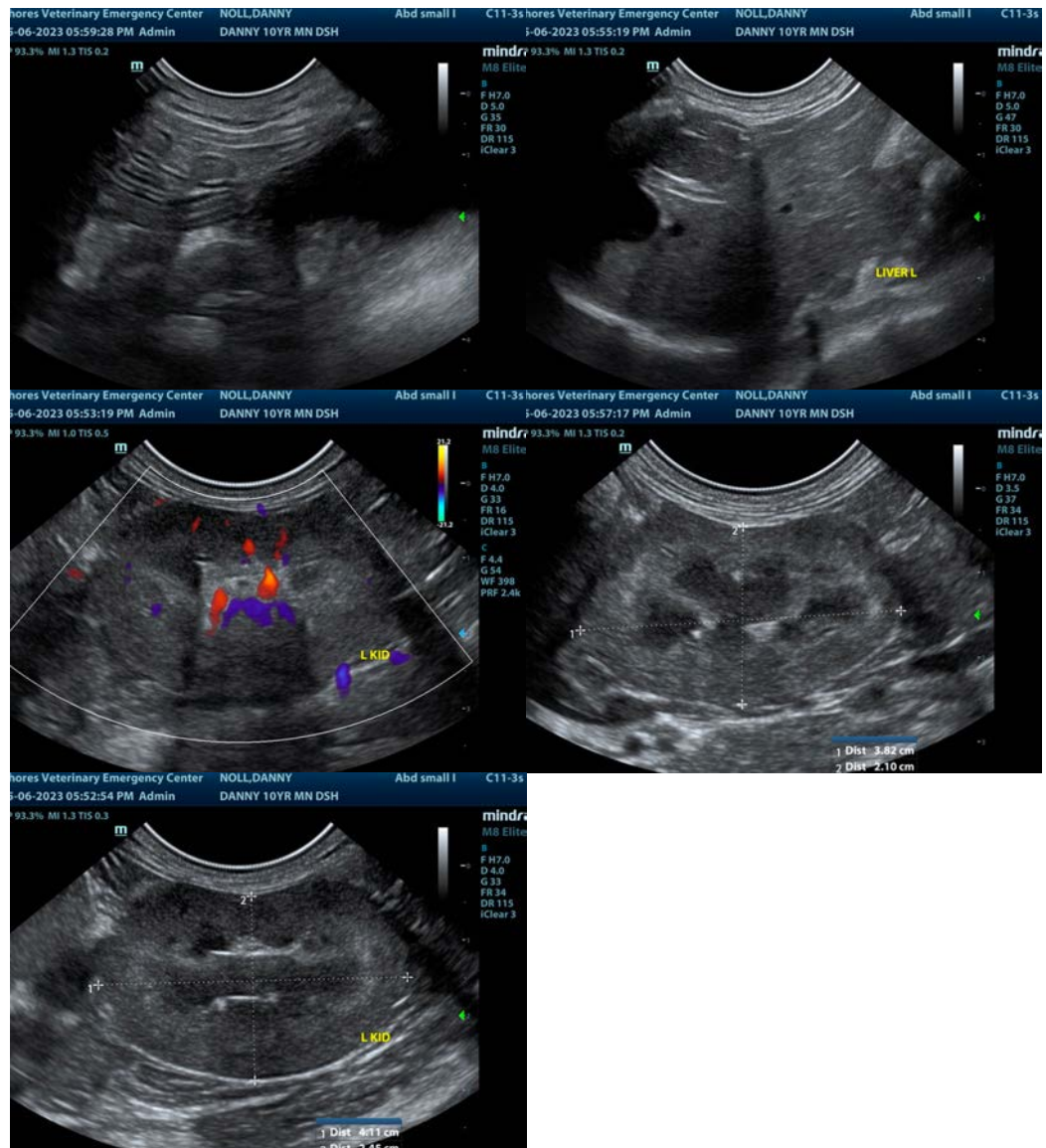
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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