



**PATIENT**

Alfie Jasper

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

5 Months

**WEIGHT**

5.06 lb

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ellen Puthoff

**HOSPITAL NAME**

Kings Vet Hospital

**REFERRING VET**

Dr. Ellen Puthoff

**INVOICE**

38818

**DATE**

6/16/22

**PRESENTING CLINICAL SIGNS**

Alfie was adopted three weeks ago and has had loose stool since adoption. His infectious diarrhea panel was negative, GI panel pending. Normal energy, appetite – gaining weight normally. Did not respond to course of metronidazole and bland diet. One week ago, developed enlarged popliteal lymph nodes bilaterally. Afebrile, FNA consistent with inflammation (no infectious/neoplastic organisms visualized), bloodwork revealed mild elevation in lymphocyte count but remainder unremarkable. Presented today for enucleation of chronically infected eye.

**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 right kidney measured 3.5 cm. The left kidney 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.

Transdiaphragmatic view revealed comet tail lung pattern.

**Gastrointestinal**

Minor **gastric** stasis noted. Minor areas of spastic small intestine 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.



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**ULTRASONOGRAPHIC FINDINGS**

- Minor gastric stasis and spastic small intestine with reactive mesenteric lymph nodes
- Comet tail lung pattern – suspect alveolar disease.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chest radiographs warranted. Anti-parasitic protocol and diet change indicated. No evidence of obstructive or significant structural GI disease.

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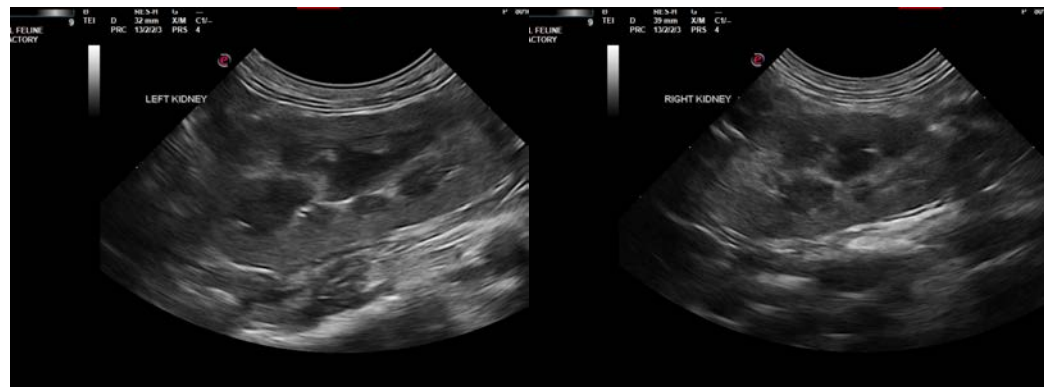
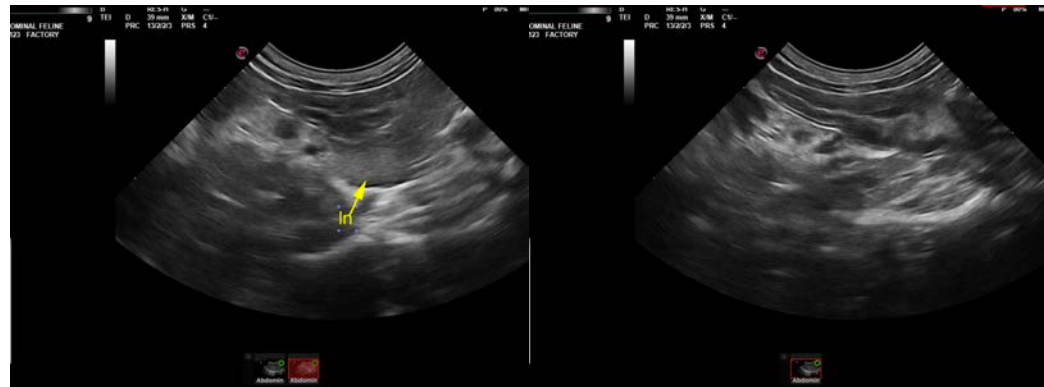
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)

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