



PATIENT PRESENTING CLINICAL SIGNS

Moe Brunner
Acute onset of vomiting large amounts of fluid and anorexia Dull, hypothermic and markedly dehydrated on presentation History of hyperthyroidism and recent history of weight loss Current Medications maropitant, famotidine, ampicillin

SPECIES

Feline
Abnormal PE/Chem/CBC/UA Results: Marked neutropenia and eosinopenia Mild hyperglycemia, mild electrolyte abnormalities and mildly elevated TT4 (66 nmoml/L) Radiographic Findings Gas distended stomach and suspected mixed population of SI tract

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

MN

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

14 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 right kidney measured 4.88 cm length. The left kidney measured 4.65 cm length. Blood flow to the kidneys appeared to be adequate to slightly subnormal on Power Doppler assessment.

WEIGHT

5.5 kg

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.32 cm width. The right adrenal gland measured 0.27 cm width.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

HOSPITAL NAME

Downtown AH

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.

REFERRING VET

Dr. Fernandes

Liver

The **liver** exhibited coarse architecture. The liver was heterogeneous and hypoechoic to the falciform fat with increased portal markings. The gallbladder and common bile duct were unremarkable. Minor free fluid was noted.

INVOICE

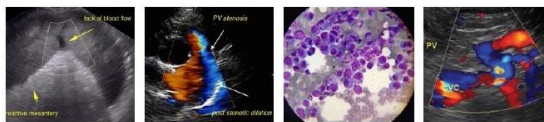
17098

Gastrointestinal

DATE

6/16/23

The stomach revealed progressively shadowing luminal material suggestive of likely hairball accumulation. If the patient was not NPO, this may be post prandial. However, minimal peristalsis was present which would suggest hairball accumulation. Some small intestinal thickening is noted in the mid-abdomen with areas of loss detail and reactive mesentery associated with the intestine. The colon was unremarkable.



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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.

SPECIES

Feline

Free abdomen

BREED

Slight free fluid was noted between the pylorus and liver. The cause of the free fluid is unclear.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

MN

- Variable intestinal thickening with reactive mesentery
- Hairball density in the stomach
- Age-related renal changes

AGE

14 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

5.5 kg

Strong concern for emerging round cell neoplasia of the intestine, yet full-thickness biopsies are necessary for a definitive diagnosis.

If any liver enzyme elevations are present, FNA is indicated. Exploratory surgery could be considered in this patient with the objective of obtaining full-thickness gastrointestinal biopsies, as well as evacuating the stomach of any potential hair accumulation.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Otherwise, supportive care with dissolution protocol for hairballs, treatment for enteritis, and IV-fluid support could be considered. Recheck sonogram is recommended in 3-5 days. However, there is a strong concern for emerging round-cell neoplasia of the intestinal tract. Treatment for enterotoxins and parasites are all indicated.

IMAGING PERFORMED BY

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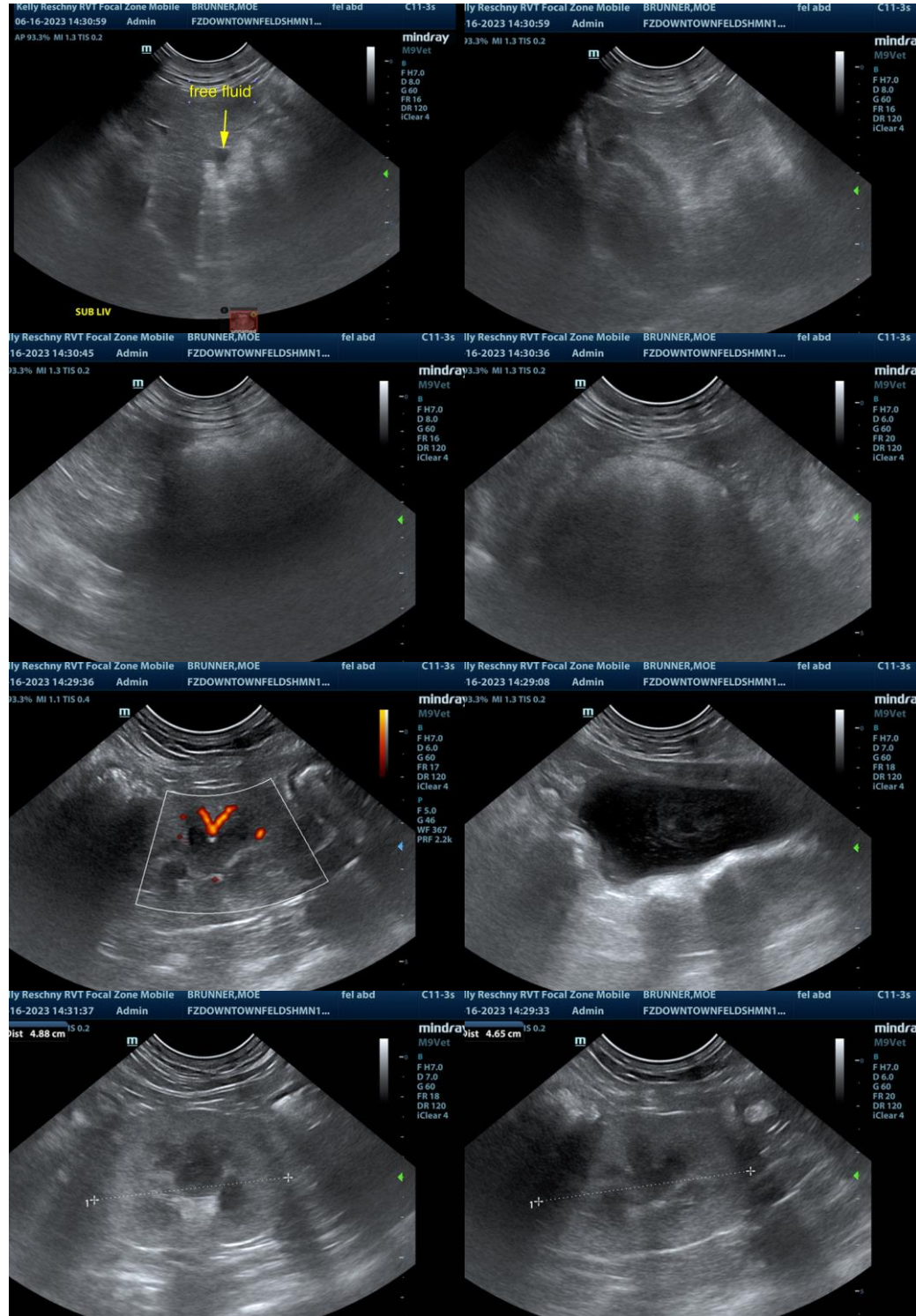
Dr. Fernandes

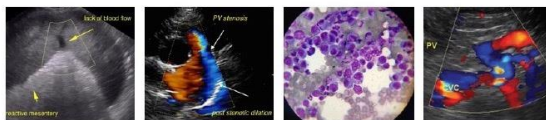
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

DSH

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WEIGHT

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