



PATIENT

Melody Zulli

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years 5 Months

WEIGHT

9.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

M. Kermendy, CVT

HOSPITAL NAME

Wauwatosa VC

REFERRING VET

Elane Binor, DVM

INVOICE

15844

DATE

6/2/22

PRESENTING CLINICAL SIGNS

History of intermittent vomiting with some blood. Owner reports occasional inappropriate urination. On physical exam-moderate periodontal disease. Imaging of abdomen today to check for evidence of defects/structural disease that would cause vomiting blood. Possible IBD? Concern for soft tissue opacity in gall bladder. Neoplasia vs other structural mass. Plan to check a ua if abdomen was unremarkable. Plan to send home on sucralfate, omeprazole, I/D, and cerenia.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/Cpl was all unremarkable today

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 left kidney measured 4.11 cm. The right kidney measured 4.17 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.4 cm.

The region of the **right adrenal gland** revealed no evident pathology.

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** itself was unremarkable. Minor excessive gallbladder debris was noted with gallbladder sludge accumulation of 2.0 cm x 1.2 cm.

Gastrointestinal

The **stomach** was overdistended with fluid. Excessive GI gas was noted with reactive mesentery. The colon presented a minor amount of transit of chyme or possible hair noted in the distal small intestine.

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

- Gastroenteritis pattern with partial delayed transit- no overt obstruction
- Minor excessive gallbladder debris was noted with gallbladder sludge accumulation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Transit of hairballs or similar material suspected. I recommend IV fluid support, 24-hour NPO and recheck sonogram after rehydrating this patient in 12-24 hours. Supportive GI care indicated. This presentation is a partial obstructive pattern, however, will likely resolve medically.

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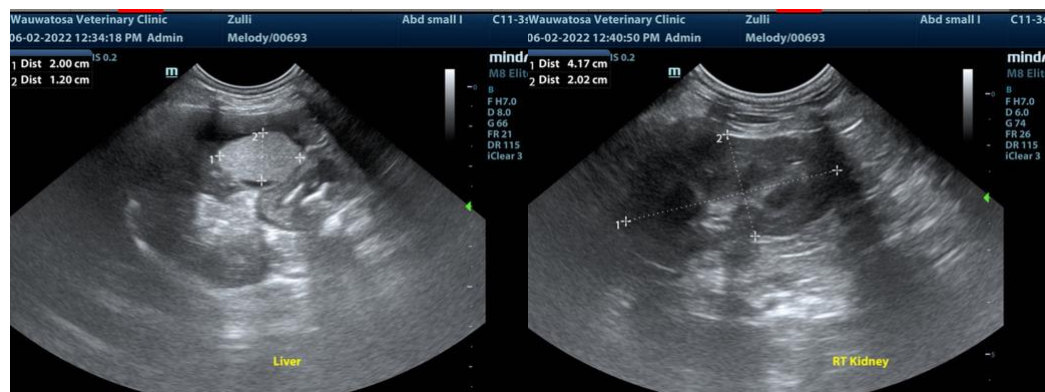
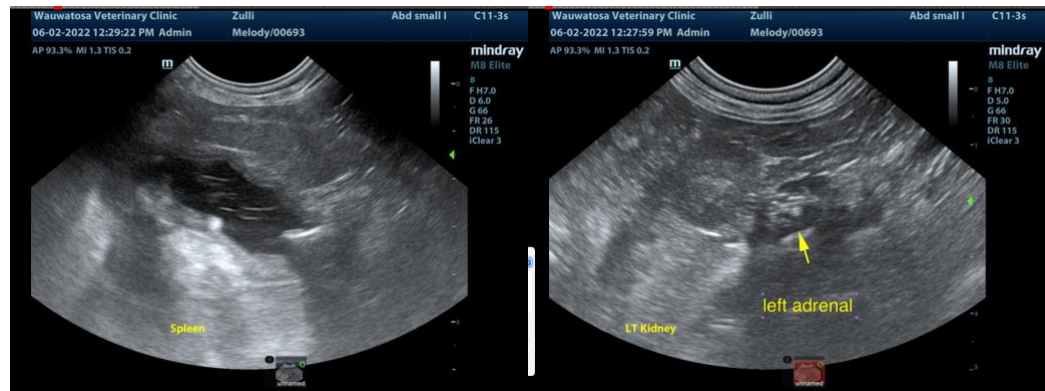
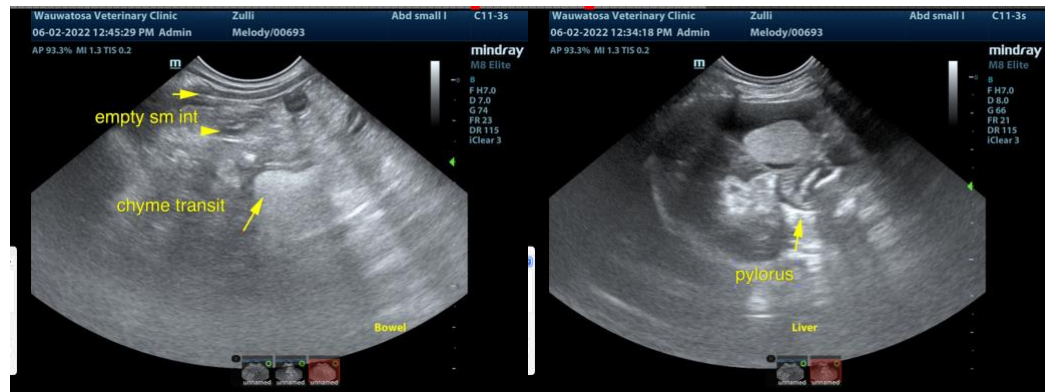
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com