



PATIENT PRESENTING CLINICAL SIGNS

Calliope Kellie

History: Calliope has an approximately 2 month history of watery diarrhea with tenesmus and increased frequency. She has several episodes of vomiting during this time. The owner states that she has a decreased appetite. The owners have a full littermate that is healthy. Calliope presented as a second opinion today. She initially responded to GI biome diet, Metronidazole and anti-inflammatory doses of prednisolone on 4/17/23. A subsequent course of prednisolone on 5/8/23 did not help. No improvement with i/d diet.

SPECIES

Feline

BREED

Domestic Shorthair

Abnormal PE/Chem/CBC/UA Results: On PE she is QAR, mm light pk/tacky, <2sec; BCS 3/9; dull haircoat with large amount of feces on rectum; abdomen doughy; she did produce several piles of foul smelling watery clay colored feces. Felv/FIV testing negative per owner O declines routine blood work today. Fecal float on 4/30/23, dewormed with pyrantel this day also. Abdominal radiographs obtained on 4/30/23

SEX

Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

7 months

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 was noted. Ureteral papillae were normal.

WEIGHT

0.9 kg

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 2.93 cm and the right kidney measured 3.16 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gaynor

Adrenal Glands

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 0.4 cm. The right adrenal gland measured 0.38 cm.

HOSPITAL NAME

Lambertville VC

Spleen

REFERRING VET

Dr. Gaynor

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 was noted.

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Liver

DATE

6/22/23

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



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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. Comet tail lung pattern/B lines were noted through the diaphragm. Chest radiographs are warranted to assess for alveolar disease.

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. Areas of mucosal fogging was noted in the small intestine. This is an idiopathic finding, but can be found with malassimilation or parasitic disease. Soft stool was noted in the colon. 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

Minimal abdominal fat was noted in this patient.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen with poor body score and mucosal fogging.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prednisolone may be suppressing a more significant presentation. Occult parasitism, dietary intolerance and malassimilation is all possible. Diet change, broad spectrum anti-parasitic protocol and maldigestion profile are all indicated.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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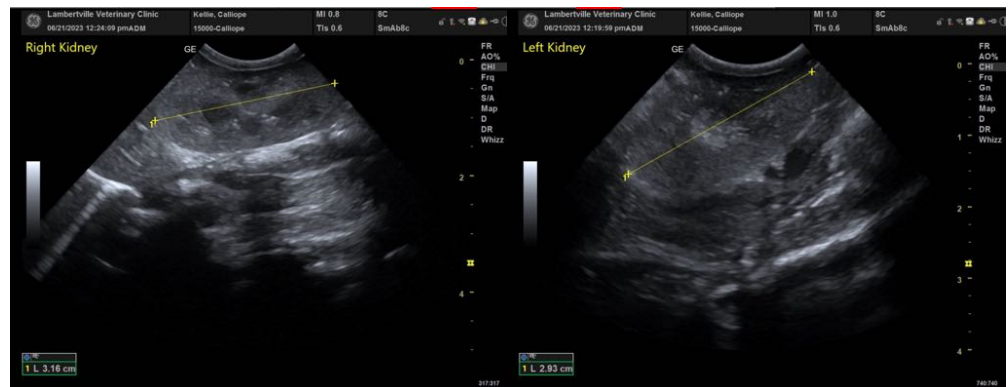
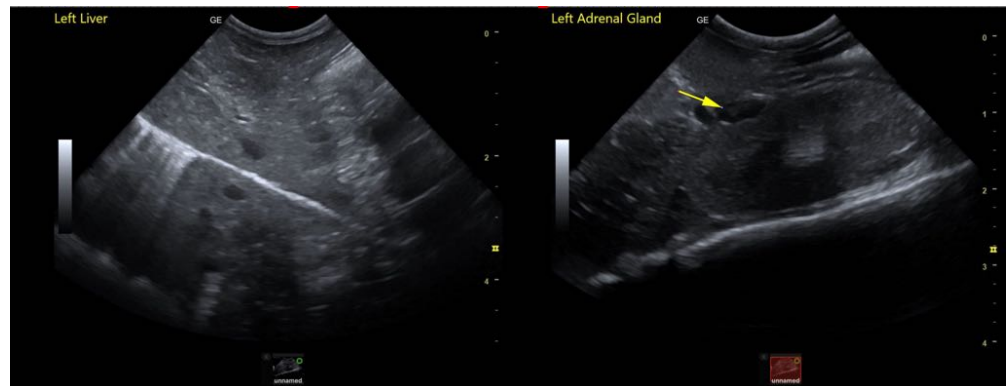
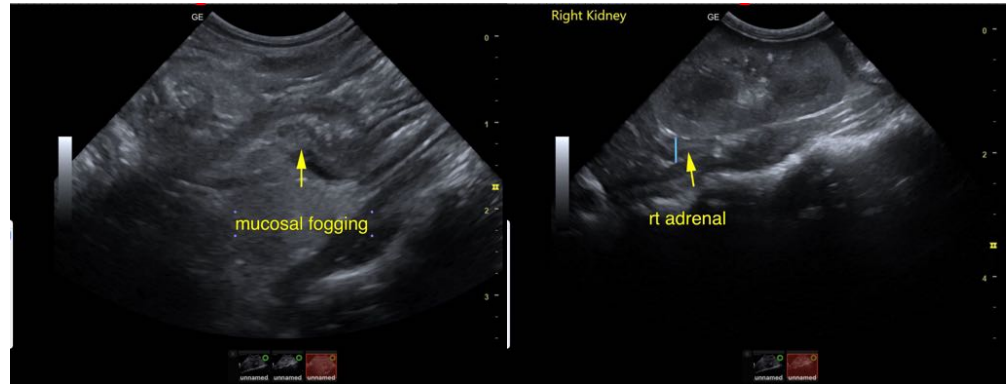
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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