



PATIENT

Regina Rouch

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years 6 Months

WEIGHT

7.61 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Puthoff

HOSPITAL NAME

Kings VH

REFERRING VET

Dr. Ellen Puthoff

INVOICE

16286

DATE

6/24/22

PRESENTING CLINICAL SIGNS

History: Regina presents for chronic diarrhea of unknown duration. Littermate was diagnosed with inflammatory bowel disease and is currently managed on HP + pred + vitamin B12 injections. Other than diarrhea, Regina is doing well at home - no vomiting, normal appetite. Physical exam unremarkable. Infectious diarrhea fecal panel was negative for littermate. Bloodwork, GI panel (cobalamin/folate/PLI/TLI) pending for Regina.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 left kidney measured 3.0 cm. The right kidney measured 3.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged and 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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

- Structurally unremarkable abdomen
- Minor age-related renal and hepatic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural disease. Prednisolone may be suppressing a more significant presentation, however, the presentation at the time of the sonogram was unremarkable. Dietary indiscretion, dietary intolerance, occult parasitism and inflammatory bowel are all possible. If not already performed, broad spectrum antiparasitic protocol and diet change to hydrolyzed geriatric diet could be considered for further definition.

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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.

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