



PATIENT

Opie Krumme

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years

WEIGHT

10.44 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Aaron Deml, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Cameron Johnson,
DVM

INVOICE

23063

DATE

6/24/23

PRESENTING CLINICAL SIGNS

History: P presented on Emergency today as a transfer from another emergency vet (their records are attached) for vomiting, not eating and hiding behavior. Radiographs were taken and no obvious obstruction pattern was noted. Suspected diagnosis from rDVM was pancreatitis/triaditis.

Abnormal PE/Chem/CBC/UA Results: Tense abdominal palpation on presentation. No other overt abnormalities noted. See attached for BW results.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a mild change.

The **left kidney** was mildly swollen with slight subtle hypoechoic medullary rim sign. The left kidney measured 4.0 cm. Blood flow appeared to be adequate on color flow assessment.

The **right kidney** was subjectively swollen, measuring 4.5 cm. Some minor loss of corticomedullary definition was noted.

Adrenal Glands

The regions of the **adrenal glands** 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 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.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was



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present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. This is a mild change.

Pancreas

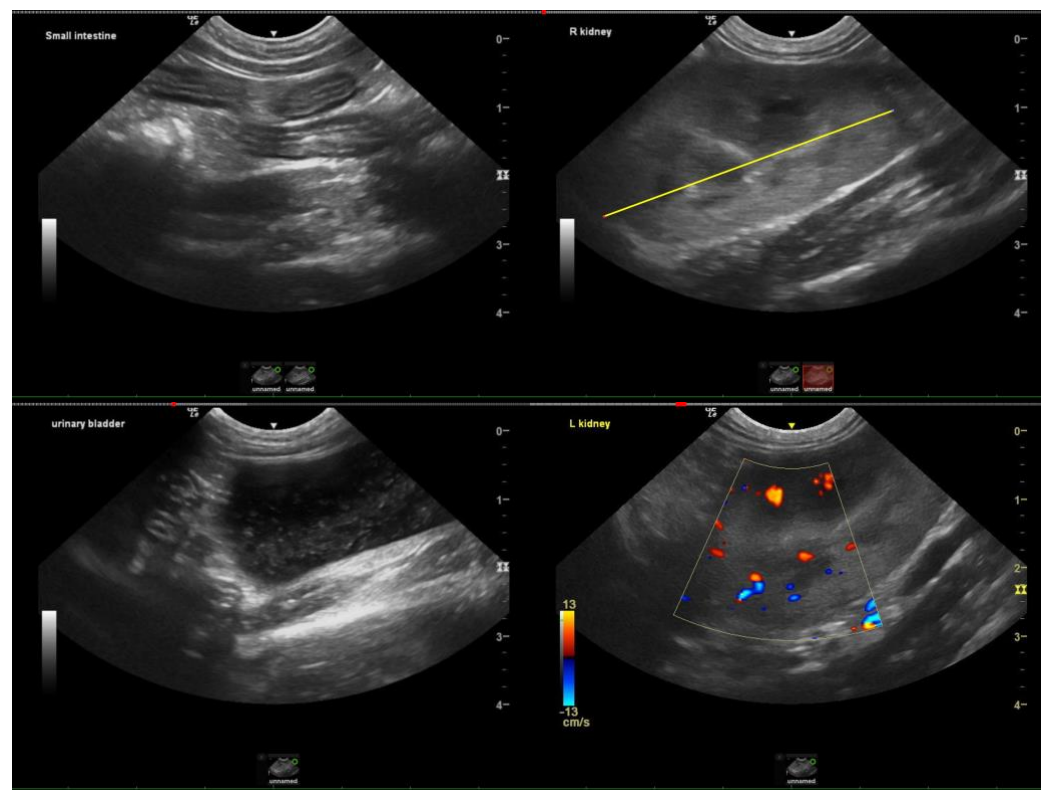
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Subjectively swollen kidneys
- Urinary bladder debris
- Mild intestinal thickening, primarily in the jejunum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Enteritis and reactive hepatopathy/inflammatory hepatopathy are likely. Urinary work up is warranted. Hepatic FNA is indicated. Infectious agents such as toxoplasmosis and bartonella should be considered. No evidence of obstructive disease or neoplasia.





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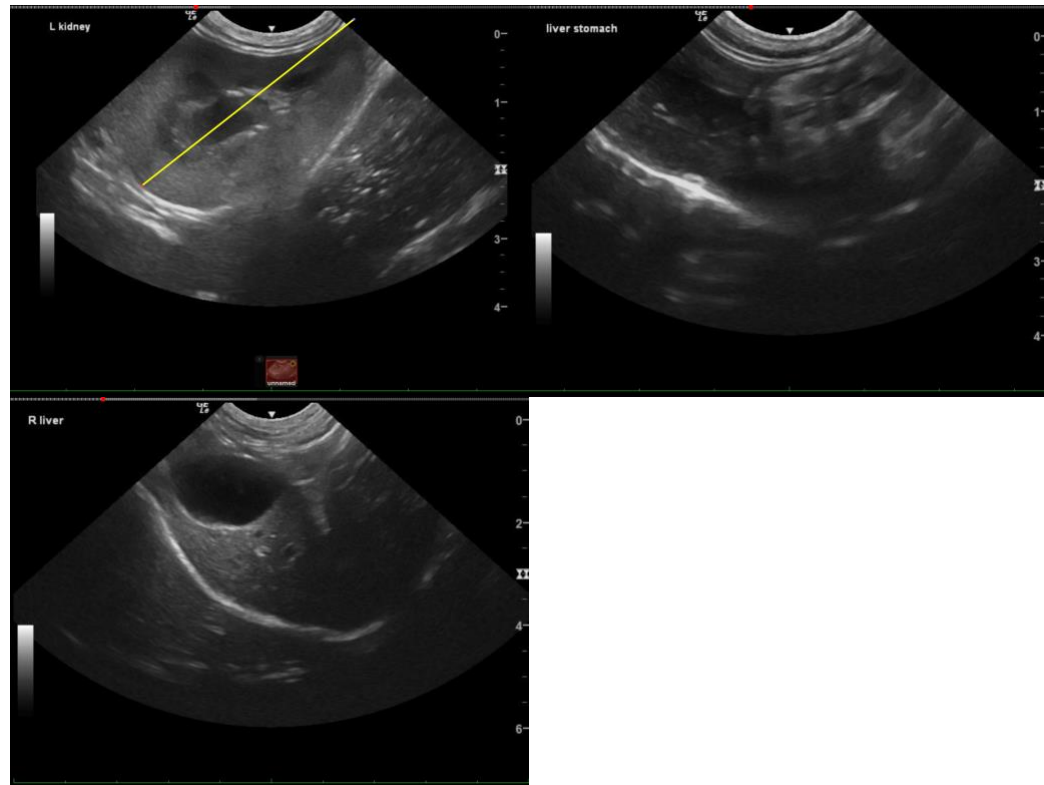
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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