



**PATIENT**

T Bakken Paws Rescue

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Female

**AGE**

9 months

**WEIGHT**

2.27 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Evoniuk

**HOSPITAL NAME**

State Avenue Vet Clinic

**REFERRING VET**

Dr. Evoniuk

**INVOICE**

31288

**DATE**

6/28/22

**PRESENTING CLINICAL SIGNS**

History: Anxious/potentially fractious. Sedation given for venipuncture and assessment. L ear-purulent drainage, crusting, Unable to easily see TM. R ear appears more clear. Teeth G1 tartar mm pink, injected. CRT <2s. Frequent swallowing/nauseous appearing. Large amount of odorous liquid hemorrhagic stools. Anal area moderately sore. BCS 5/9. Abd- tense. venipuncture- difficult, plan to rehydrated. started IV fluids. CBC small sample collected- Lym 10.2 Chem pending Assessment FIV positive Chronic otitis interna/externa- polyp previously diagnosed D+/V+= RO Gastroenteritis Abnormal PE/Chem/CBC/UA Results: CBC: Lym: 10.20 Plt: 122 Mpv: 10.9

**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 was 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 kidneys measured 4.0 cm.

**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 adrenal glands measure 0.5 cm each.

**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 was 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.



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**Gastrointestinal**

The **stomach** was over distended with fluid to the level of gastroesophageal inlet. Hyperperistalsis was noted throughout the small intestine with reactive lymph nodes. Minor intestinal thickening was noted. There was no evidence of foreign bodies. The colon was fluid filled and dilated.

**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**

Gastroenteritis pattern, no evidence of foreign bodies.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Anti-parasitic protocol, 24-hour n.p.o. and treatment for enterotoxin and plasma expanders are all indicated.

**INTERPRETED BY**

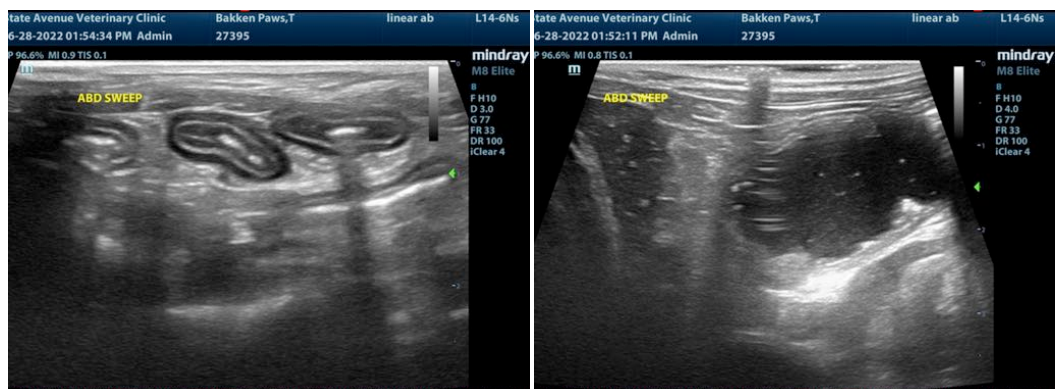
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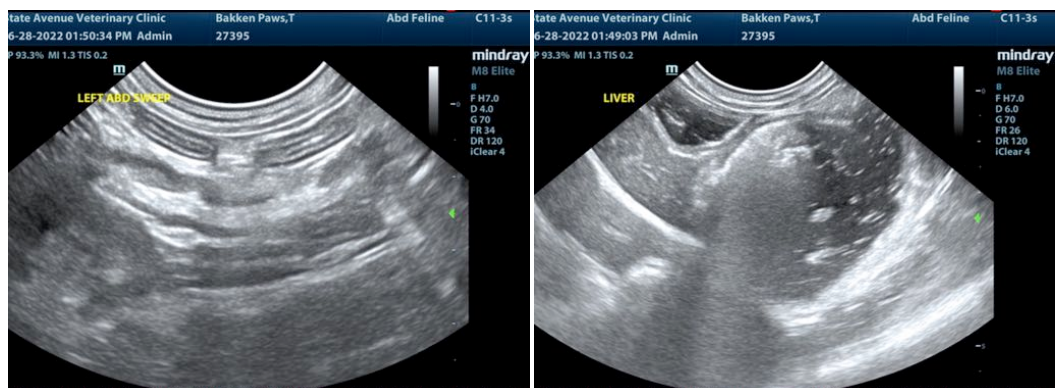
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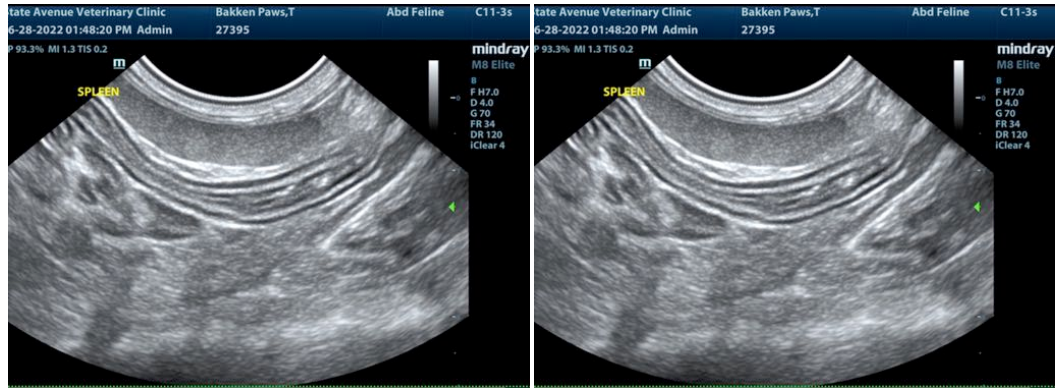
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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