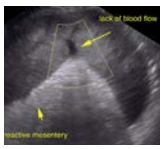
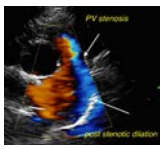
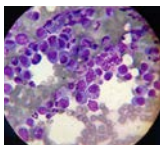
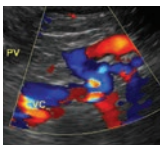
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Frank Schultz

SPECIES
Feline

BREED
DLH

SEX
Neutered Male

AGE
12 Years

WEIGHT
16.6 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Callihan/Pacific Crest Mobile

HOSPITAL NAME
Pacific Crest Mobile

REFERRING VET
Dr. Boekenoogen – Nooksack AH

INVOICE
38383

DATE
6/3/22

PRESENTING CLINICAL SIGNS

Diarrhea since 5/20/2022; both soft stool and constipation reported intermittent past few months - vomiting not reported but ptyalism reported/inappetence last weekend, was seen through ER and discharged with outpatient care for nonspecific GI symptoms -recent history surgical removal of an adenoma 5/13/22, took Onsior and Clavamox X 1 wk
Abnormal PE/Chem/CBC/UA Results: Obese pt Possible cranial abd discomfort but REALLY fractious; was sedated for ultrasound Labs unremarkable other than slight elev SDMA Urinalysis pending; but sample today grossly very dilute appearing

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 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. The right kidney measured 4.65 cm. Slight pyelectasia of the left kidney at 0.18 cm. The left kidney measured 4.39 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 left adrenal gland measured 0.40 cm. The right adrenal gland measured 0.40 cm.

Spleen

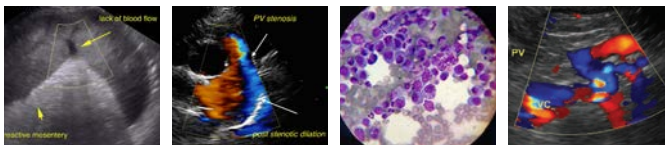
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or 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 stomach was empty. Intestinal wall thickness measured up to 0.33 cm. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Frank Schultz

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

12 Years

WEIGHT

16.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan/Pacific Crest Mobile

HOSPITAL NAME

Pacific Crest Mobile

REFERRING VET

Dr. Boekenoogen – Nooksack AH

INVOICE

38383

DATE

6/3/22

concerning lymphadenopathy was visible. No evidence of obstruction was present. Descending colon slightly thickened up to 0.30 cm. 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.

Pancreas

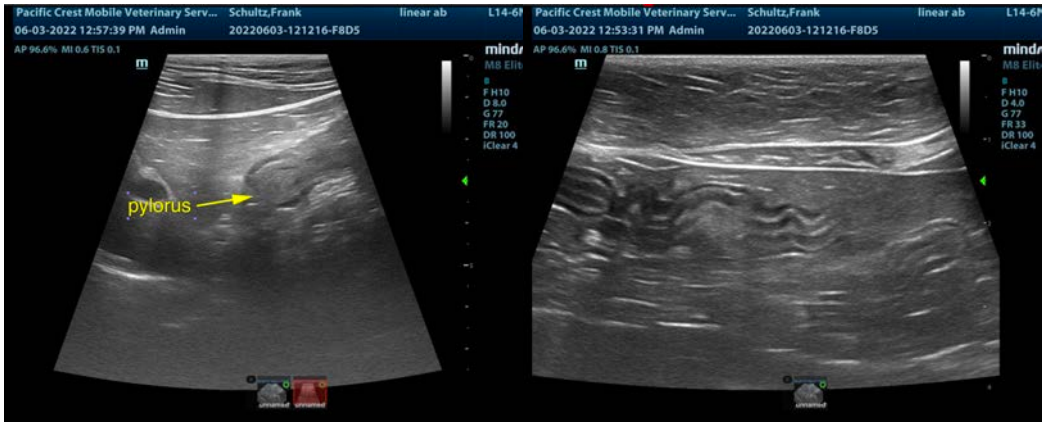
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

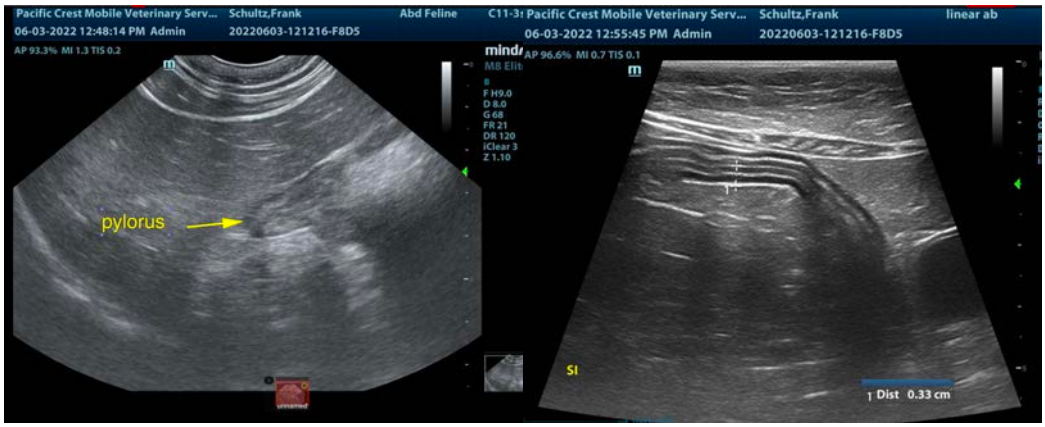
ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen with minor degenerative renal changes and slight pyelectasia
- Minor non-specific intestinal thickening – consistent with inflammatory bowel.

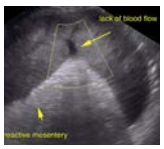
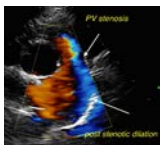
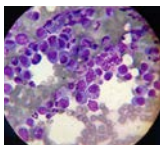
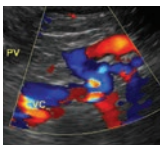
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diet change to hydrolyzed diet would likely prove effective in this patient. Full urinary workup warranted. If any inflammatory sediment is present, then culture and treatment for UTI indicated.





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Frank Schultz

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

12 Years

WEIGHT

16.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan/Pacific Crest Mobile

HOSPITAL NAME

Pacific Crest Mobile

REFERRING VET

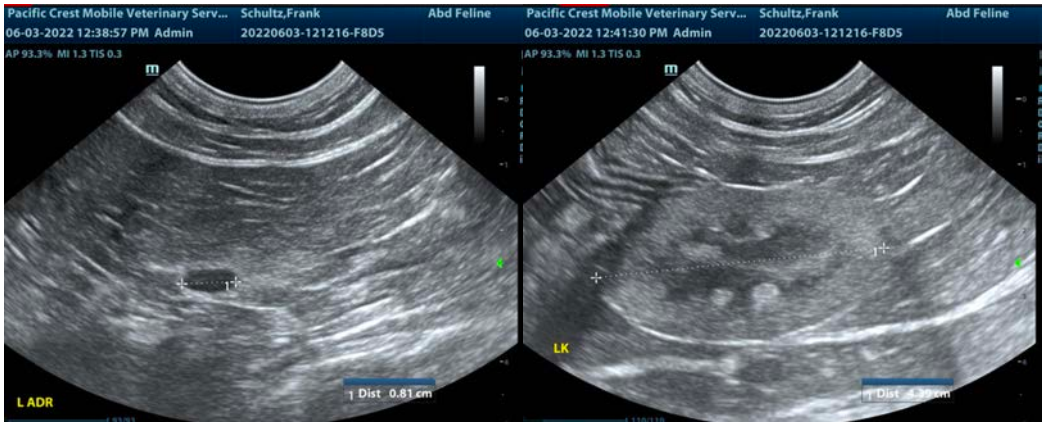
Dr. Boekenoogen – Nooksack AH

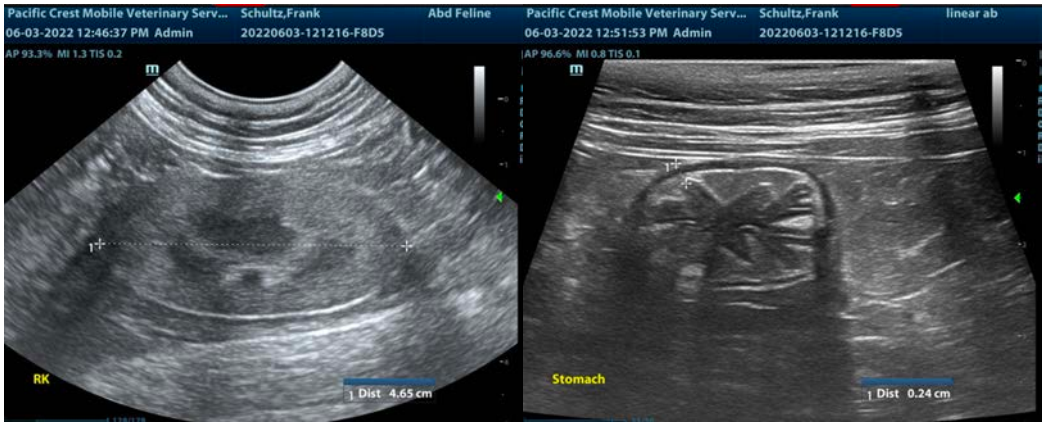
INVOICE

38383

DATE

6/3/22





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.

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

info@SonoPath.com