



PATIENT

Sunny Beveridge

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

3 Years

WEIGHT

4.2 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

38426

DATE

6/6/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for no BM in 2 days, anorexia, vomiting. Seen at rdvm yesterday 6/3 Adopted about 5 weeks ago from a rescue. Felv/fiv negative; multiple courses of gi meds with rescue. Blood work 5/13 WNL. Fecal done. Previous Health Concerns: chronic gi (diarrhea); tail injury partial amputation Current Medications: probiotic OTC fortiflora? Not given in few days; Convenia injection 6/3 Appetite/When did they eat last: not eating for 3 days; very small amounts (few pieces) Diet: RC gi diet dry and can Vomiting/Diarrhea: vomit 2-3 times/Dh yes, chronic Abnormal PE/Chem/CBC/UA Results: BW several weeks ago- NR according to owner Radiograph: gas through out colon; irregular colonic mucosa(?), no obvious obstruction Idexx pro BNP: normal(ran due to starting prednisolone) owner currently not interested in biopsies, etc.

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. The bladder was empty. No evidence of inflammatory or neoplastic changes were 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 left kidney measured 4.0 cm. The right kidney measured 4.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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** was swollen revealed coarse architecture with minor increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** was filled with ingesta, soft foreign matter, or most likely hairball accumulation. Transit of chyme into the small intestine was occurring normally. Soft stool noted in the colon.

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

- Hairball density in the stomach or possible post-prandial presentation



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- Swollen liver with increased portal markings – concern for cholangitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Reassessment of current liver values recommended. If liver value elevation is present, then FNA indicated. Hairball therapy warranted and reassessment of the sonogram. No evidence of neoplasia or obstructive disease, but I am concerned about the integrity of the liver in this patient.

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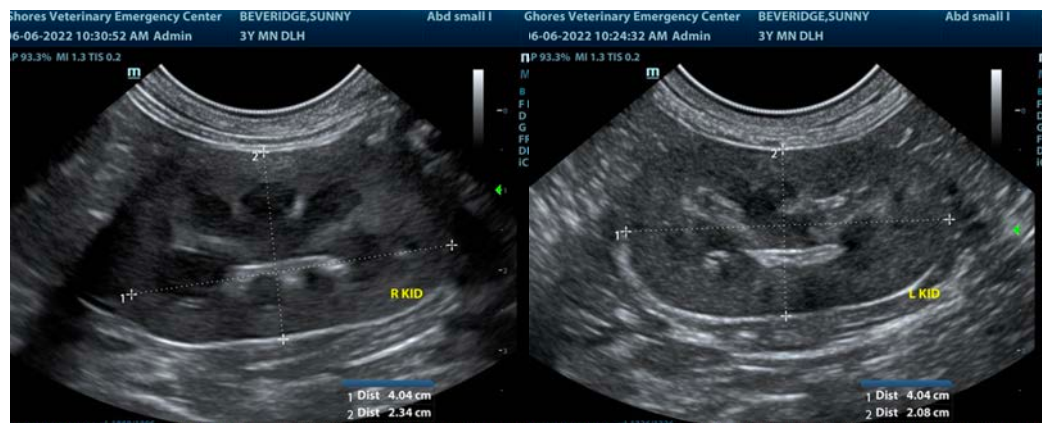
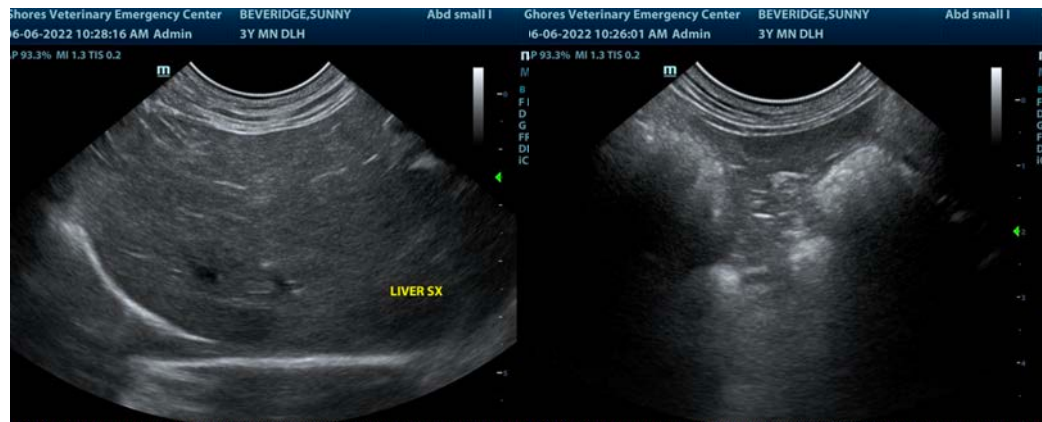
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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