



PATIENT

George Miller

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5 years

WEIGHT

5.9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Lupole

INVOICE

10733ag

DATE

06/07/2022

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for vomiting, diarrhea, not eating or drinking, and not acting right. All symptoms have been going on for about 18 hours. Patient is FIV positive per owner. Previous Health Concerns: FIV

Abnormal PE/Chem/CBC/UA Results: pre-surg/ EPOC- NSF Rad- no obvious fb, obstruction but concerning mid bowel clumping

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 1 cm. 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 4.2 cm in length. The right kidney measured 4.1 cm in length.

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 – cm. The right adrenal gland measured – 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 spleen was folded upon itself caudally. 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 gastric wall presented slightly thickened. A trace amount of chyme or hair accumulation was noted in the pyloric outflow. Enhanced surrounding mesentery was noted consistent with gastritis.



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Pancreas

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The right base of the pancreas was observed to be mildly heterogenous surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns.

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ULTRASONOGRAPHIC FINDINGS

- Gastritis/pancreatitis pattern

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective for this patient. GI protectants, IVF support and 24 hour NPO are recommended. Zithromax/metronidazole or a similar combination to treat for infectious agents that may be playing a role in this patient is recommended.

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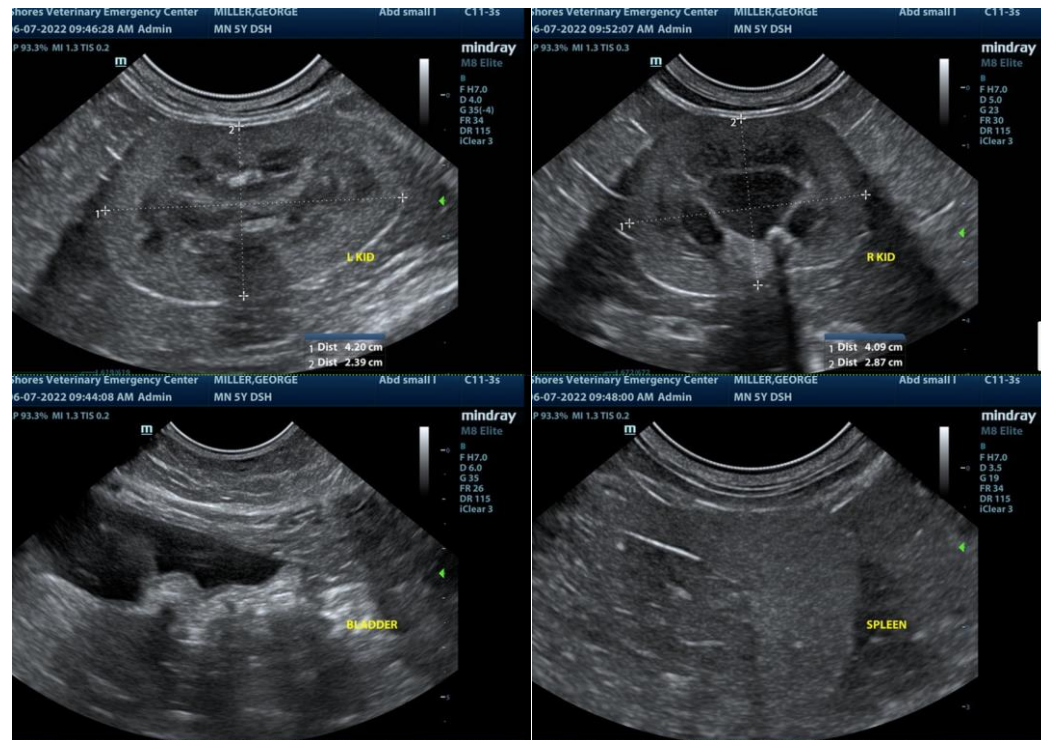
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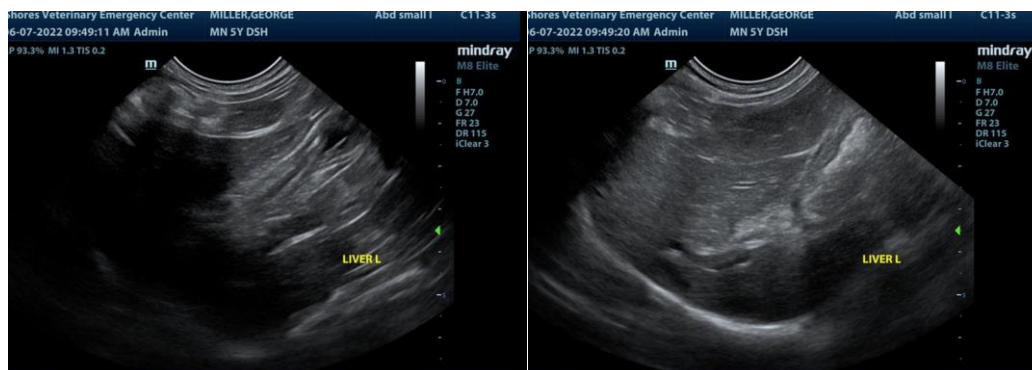
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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