



PATIENT

Scout Manning

SPECIES

Feline

BREED

DSHA

SEX

MC

AGE

9

WEIGHT

7

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura DeCordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Laura DeCordon

INVOICE

10751ag

DATE

06/08/2022

PRESENTING CLINICAL SIGNS

History: Was placed on Clavamox oral antibiotic on 5/24 and then developed diarrhea on day 5th of treatment, the next day owner stopped giving at that point and since then has not been eating well. Here to get an ultrasound and admit into hospital. Drinking small amounts of water but sometimes vomits it back up. Also has chin skin issue. Losing a lot of weight since May.
Abnormal PE/Chem/CBC/UA Results: Chem/lytes: WNL

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 a moderate amount of 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.

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 4.02 cm in length. The right kidney measured 4.49 cm in length.

Adrenal Glands

The area of the left and right adrenal glands were free of 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

Enhanced mesentery around the ileocecal junction was noted yet structurally the ICJ and GI tract were unremarkable. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

BREED

- Structurally unremarkable abdomen
- Minor reactive mesentery around the ICJ

DSHA

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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Dietary intolerance, enterotoxin, parasitism, structurally insignificant IBD are all possible, yet the abdomen appears to be fairly benign.

Midabdominal palpation recommended to assess for any discomfort in the ileocecal region.

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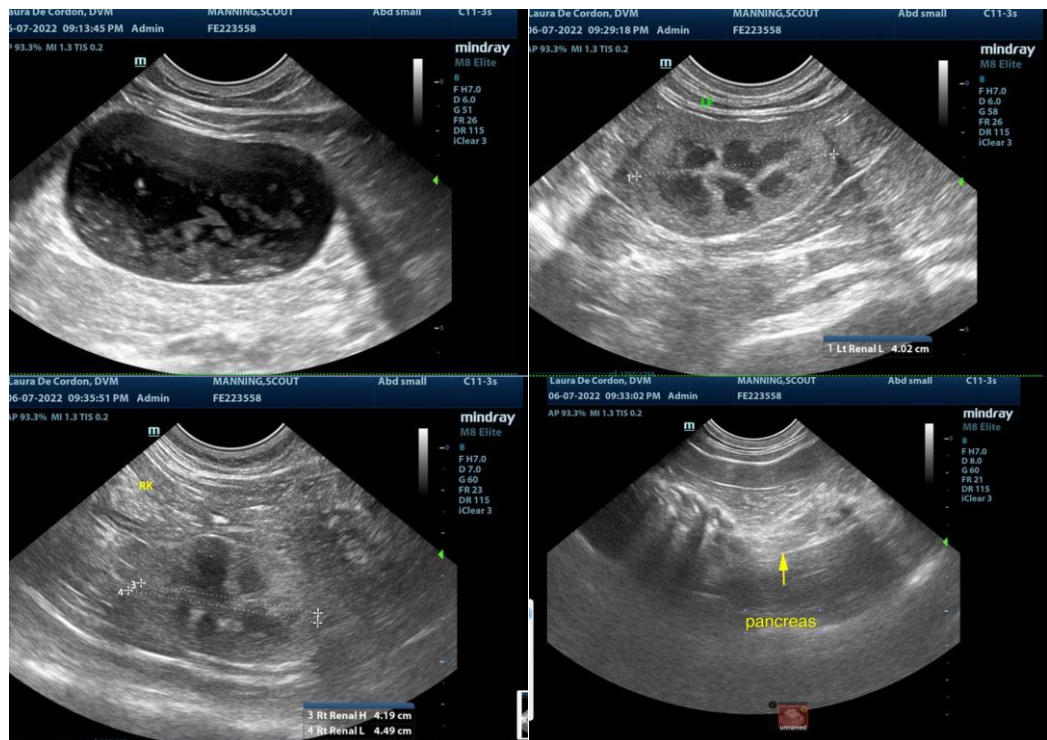
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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