



PATIENT PRESENTING CLINICAL SIGNS

Bluestorm Savage

History: _Abdominal ultrasound history: Presented as second opinion and for further work up. Seen with rDVM 6/1 for hyporexia, lethargy and weight loss, labs were performed chem: elevated ALT and ALKP, CBC-elevated plt, Normal lytes. Presented today with history of 12-15 hours without moving, P will occasionally eat out of O's hand. e/d has decreased since a month ago but has gotten worse over the last two weeks. B12 injections once a week since last thursday, Dexamethasone 4mg 3 days in a row thurs-sat and then monday and thursday. Patient was dehydrated, has significant muscle mass loss, unkempt coat and was lethargic
Abnormal PE/Chem/CBC/UA Results: Labs 6/1 CBC-HCT 31.7%, Plt 877K, CHEM 17 ALT 174, ALKP 192, rest WNL, Lytes WNL (performed with rDVM)

SPECIES

Feline

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female

The **urinary bladder** was structurally normal with slight concretion with slight shadowing noted and measured 0.2 cm.

AGE

8 years

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 right kidney measured 3.0 cm.

WEIGHT

8.2 lbs

Adrenal Glands

INTERPRETED BY

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.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Spleen

Dr. Harmon

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.

HOSPITAL NAME

Willamette VH

REFERRING VET

Liver

Dr. Porter

The **liver** was diffusely hyperechoic to the falciform fat with coarse architecture with mildly increased portal markings. The region of the gallbladder fossa was unremarkable, yet no overt gallbladder was visualized. The common bile duct was evident and uninterrupted.

INVOICE

30935

Gastrointestinal

DATE

6/9/22

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No



PATIENT

Bluestorm Savage

evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

Feline

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.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

Small, non-obstructive bladder calculus.

Diffuse hepatic lipidosis pattern with likely inflammatory component.

AGE

8 years

Non-visible gallbladder. Possible gallbladder aplasia, not a clinical issue.

Minor age related renal changes.

WEIGHT

8.2 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and 25-gauge FNA of the liver is warranted with cytology and culture. There is a minimal potential for an underlying neoplasia. This is likely inflammatory hepatopathy and lipidosis. CBC path review +/- bone marrow aspirate is warranted as well.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

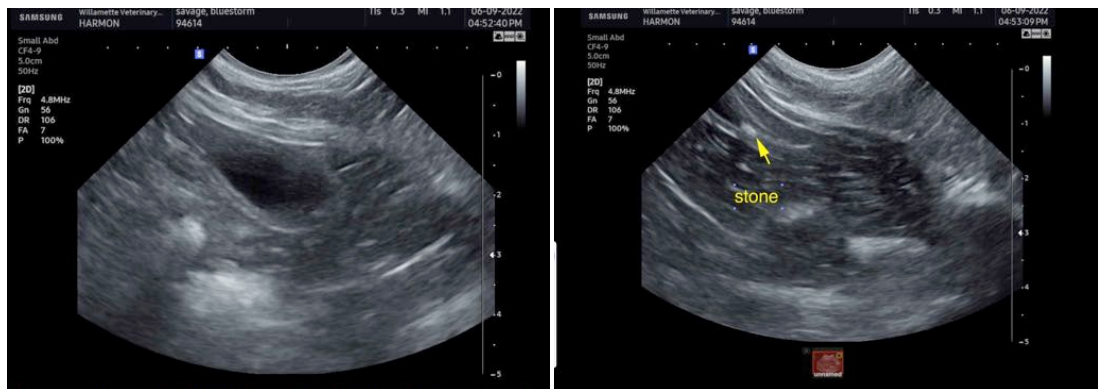
Dr. Porter

INVOICE

30935

DATE

6/9/22





PATIENT

Bluestorm Savage

SPECIES

Feline

BREED

Domestic Shorthair

SEX

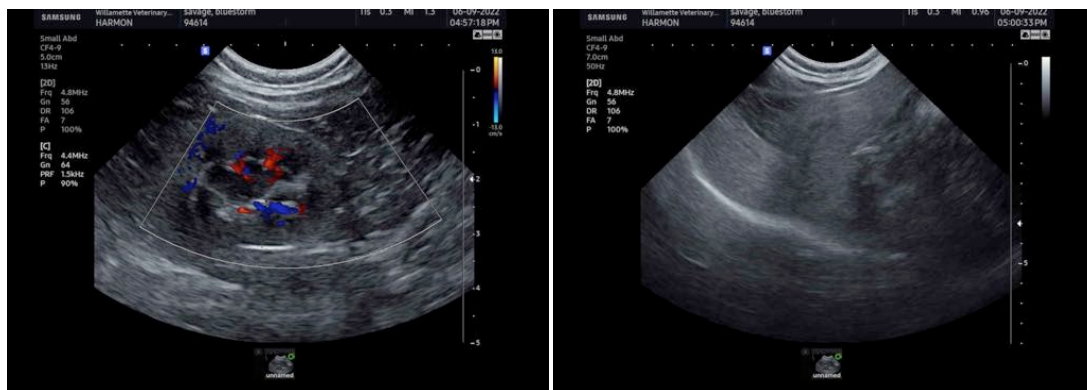
Spayed Female

AGE

8 years

WEIGHT

8.2 lbs



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harmon

HOSPITAL NAME

Willamette VH



REFERRING VET

Dr. Porter

INVOICE

30935

DATE

6/9/22

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