



PATIENT

Chucho Bravo

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

6.34 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. White

INVOICE

31653

DATE

7/13/22

PRESENTING CLINICAL SIGNS

Reason for Visit: Hematuria History: P presents for hematuria. O states P has been having light brown urine for the past month. O has noted gradual weight loss the past few years. O has switched food to C/D recently. P was open mouth breathing when he entered the hospital.

Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; clean no debris AU; No cough on tracheal palpation. Oral Cavity: mild to mod dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: fair hair coat CV/Respiratory: Grade IV/VI murmur, no crackles/wheezing auscultated. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: N, small soft bladder Musculoskeletal: Ambulatory x4. No pain on palpation of limbs. BCS 3/9 Neurological: Appropriate Fecal: Diagnostic Testing Needed: CBC/Chem, UA - unable to obtain (qns), T4, AUS Declined Diagnostics/Treatments: thorax rads Findings: CBC: Hct 23%, Hgb 6.8 (9.8-16.2), RBC 5.89 (6.54-12.2), Mono 0.78 (0.05-0.67) Chem: Crea 0.7 (0.8-2.4), SDMA 25 (0-14), Na 171 (150-165), K 2.6 (3.5-5.8) T4: 5.6 (0.8-4.7)

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 was 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 and no evidence of pelvic dilatation was present.

Adrenal Glands

The **adrenal glands** were not visualized.

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 was 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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. Transdiaphragmatic view revealed pleural effusion in this patient.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed gastric ileus with retention of fluid and chyme.

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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.

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Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

13 years

Geriatric abdomen with gastric stasis/ileus.

Pleural effusion.

WEIGHT

6.34 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thoracic work-up is recommended. Pleurocentesis and cytospin is recommended to assess for underlying neoplasia.

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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.

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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