



PATIENT

Duncan Eschee-Eiff

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

10.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

A Murphy CVT

HOSPITAL NAME

Wauwautosa VC

REFERRING VET

Dr. Haynes

INVOICE

31641

DATE

7/13/22

PRESENTING CLINICAL SIGNS

History: 6+ month history of blood in stool, wt loss Recent CBC + Chemistry panel normal. Screening for GI disease (IBD, Lymphoma)

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** were irregular with moderate degenerative changes, slight irregular contour and corticomedullary mineralization that was non-obstructive. Cortical infarcts were noted in both kidneys. The left kidney measured 3.32 cm. The right kidney measured 3.75 cm.

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.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to



PATIENT	malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.
Duncan Eschee-Eiff	
SPECIES	Pancreas
Feline	The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.
BREED	
Domestic Shorthair	
SEX	ULTRASONOGRAPHIC FINDINGS
Neutered male	Moderate degenerative renal changes with cortical infarcts and mineralization. Chronic pancreatic changes.
AGE	Age related hepatic changes.
12 years	Age related gastrointestinal changes.
WEIGHT	
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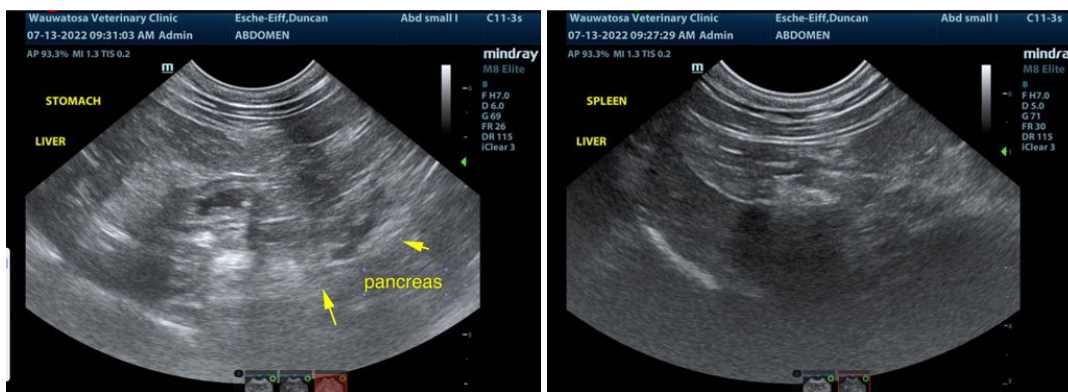
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no structural evidence of significant GI disease. Underlying occult parasitism, food intolerance and enterotoxins are all possible. Structurally I am most concerned about the integrity of the kidneys in this patient. Full urinary work-up and blood pressure measurements are recommended.





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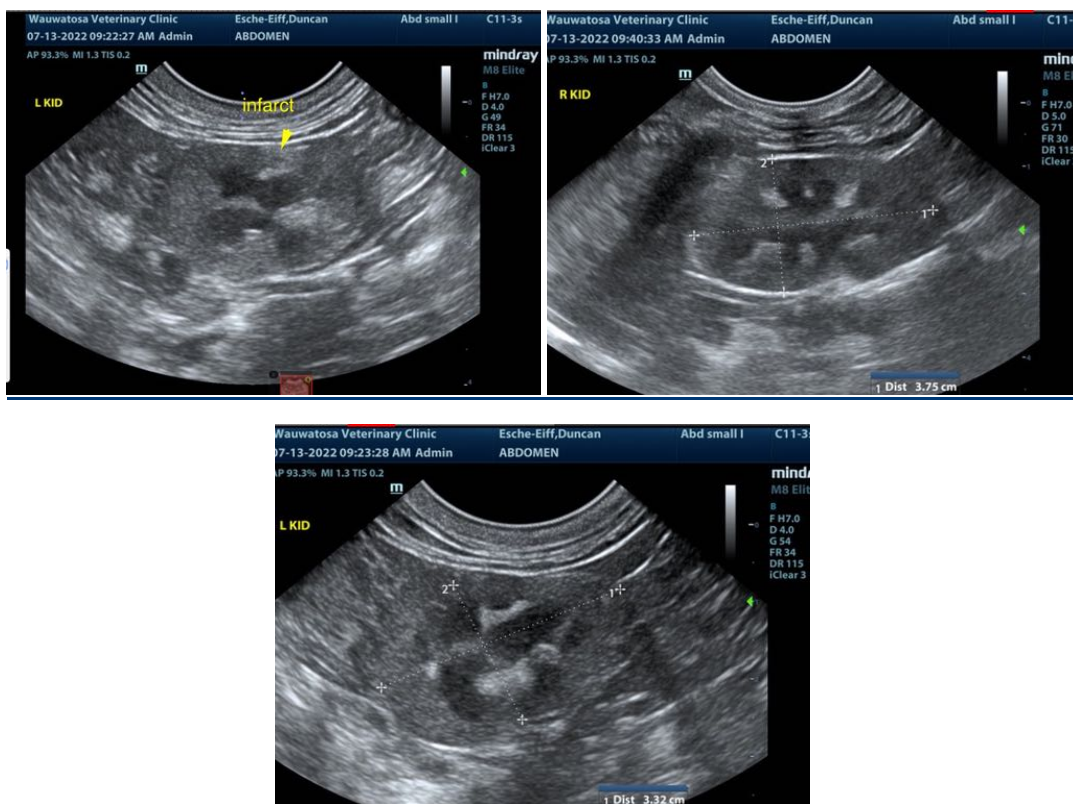
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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