



**PATIENT**

Luna Vian

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

8yr

**WEIGHT**

8.2lb

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jasmine Palacios

**HOSPITAL NAME**

Rivers Edge Pet  
Medical Center

**REFERRING VET**

Dr. Siefken

**INVOICE**

11136ag

**DATE**

07/13/2022

**PRESENTING CLINICAL SIGNS**

History: Cat acute vomiting x 2-3 days, diarrhea, not interested in eating x 24 hours. Does like to eat strings/hairties etc. Rads at rDVM suggest severe ileus and dilated small bowel that surpasses the normal dilation of ileus. Referred for ultrasound here

Abnormal PE/Chem/CBC/UA Results: See attached rads taken from another clinic: severe diffuse dilated small bowel and colon. Possible colonic foreign body. No other significant findings

**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 some 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 presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. An anechoic 0.6 cm cyst at the medial cortex of the left kidney was present. Minor polycystic changes were noted in the right kidney. Corticomedullary definition was nebulous, and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected.

The left kidney measured 3.0 cm in length. The right kidney measured 3.0 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 in length by – cm caudal pole width by – cm cranial pole width. The right adrenal gland measured – cm in length by – cm caudal pole width by – cm cranial pole width.

**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 and minor luminal debris. 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**



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Poor contrast small intestinal and colonic dilation was observed.

**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.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Minor polycystic renal disease
- Unremarkable GI tract-some luminal artifact present in the colon, not pathological

FS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

8yr

Stable abdomen with no evidence of significant visceral pathology. The GI tract was unremarkable. No indication for immediate surgical intervention. Minor polycystic renal changes were noted. Supportive care should prove effective.

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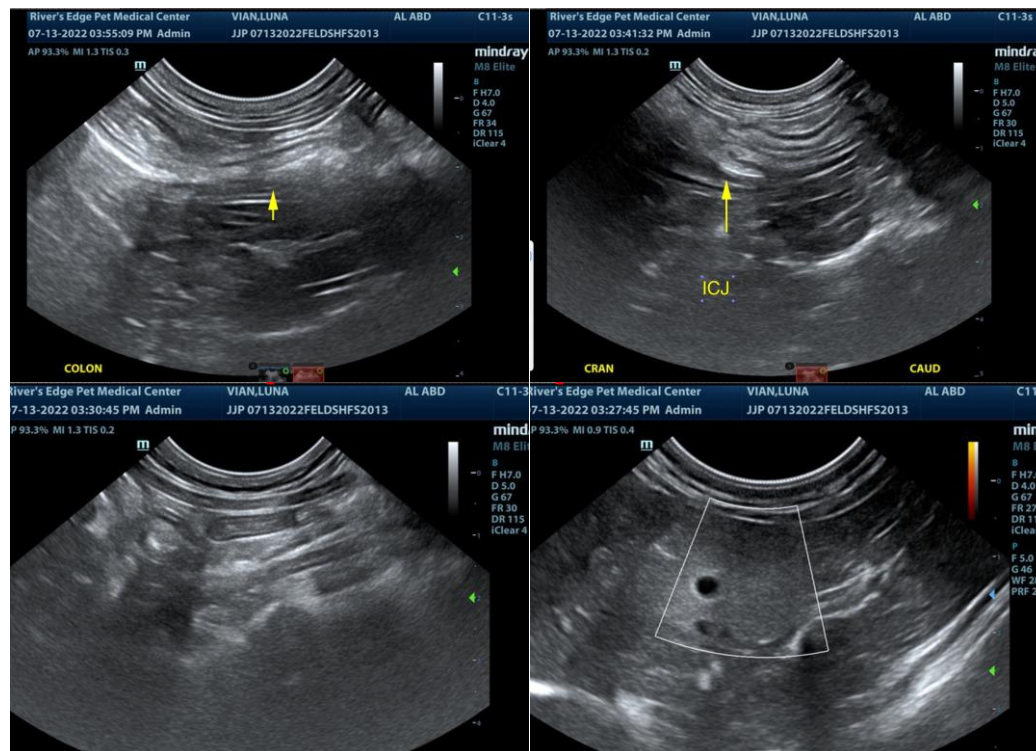
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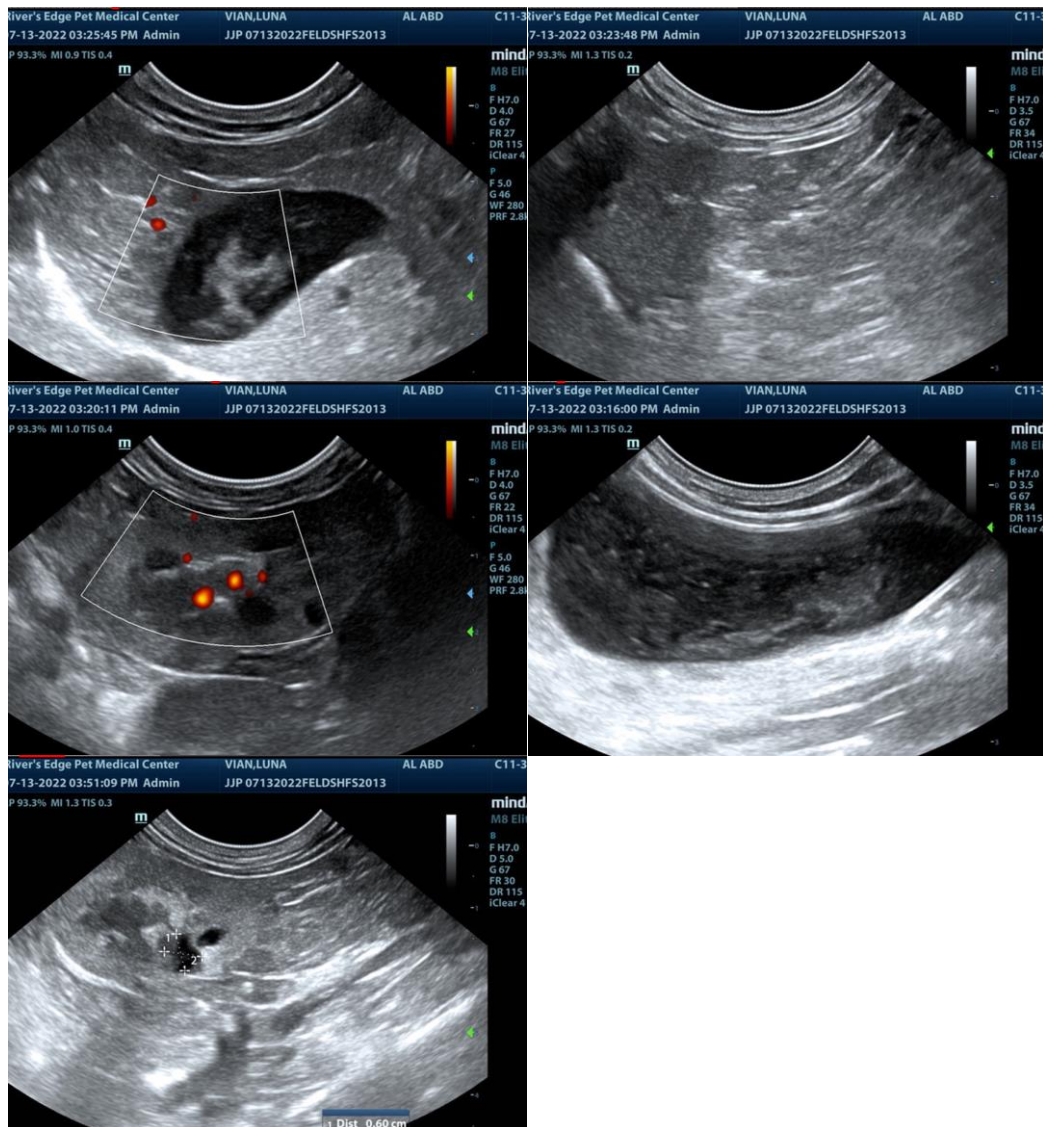
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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