



**PATIENT**

Mysu Dampman

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

13 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Michaleen

**HOSPITAL NAME**

DPC VH

**REFERRING VET**

Dr. Ward

**INVOICE**

31655

**DATE**

7/13/22

**PRESENTING CLINICAL SIGNS**

Reason for Visit: V/D History: O STATES P STARTED VOMITING AGAIN 2 DAYS AGO MOSTLY LIQUID FOAMY. P HAD DIARRHEA LAST NIGHT NO BLOOD NOTED ONLY HAPPENED ONCE. O STATES AFTER LAST VISIT DECREASED AMOUNT OF FOOD BEING FED WAS DOING WELL UNTIL NOW. P NOT EATING SINCE YESTERDAY O STATES P VOMITS IMMEDIATELY AFTER DRINKING WATER. ACTING NORMAL. O GOT RID OF PLANTS DID NOT GET INTO ANYTHING TO O KNOWLEDGE. O WAS UNHAPPY AFTER LAST VISIT NO MEDS PRESCRIBED. P STILL HAVING LEG TREMORS O DOES NOT FEEL GABAPENTIN HELPED STOPPED GIVING DUE TO VOMITING. Abnormal PE/Chem/CBC/UA Results: Hydration: Adequate Mentation: BAR EENT: OU clear. AU clear, no debris. No cough on tracheal palpation. Oral cavity: Moderate dental tartar Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Small intestine subjectively thickened/firm. Otherwise abdomen soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 5/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs. Neurological: Alert and appropriate. Gait is normal but tends to place left front paw lateral or medial when stopping and sitting otherwise straight. No postural reaction or spinal reflex deficits. Non-painful on cervical palpation/range of motion. Fine tremor with momentary buckling of carpus noted when at rest and sitting straight but not while ambulating or in other positions. CBC, CHEM - WNL SDMA SLIGHTLY ELEVATED 22UG/DL (NORMAL :0-14)

**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 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 left kidney measured 3.0 cm. The right kidney measured 3.0 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



<b>PATIENT</b>	congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.
Mysu Dampman	
<b>SPECIES</b>	<i>Liver</i>
Feline	The <b>liver</b> 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.
<b>BREED</b>	
Domestic Longhair	
<b>SEX</b>	<i>Gastrointestinal</i>
Neutered male	The <b>gastrointestinal</b> presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The mesenteric lymph node was rounded and measured 0.5 cm. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Reactive mesentery was noted associated with the intestinal tract.
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12 years	
<b>WEIGHT</b>	
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<b>INTERPRETED BY</b>	<i>Pancreas</i>
Eric Lindquist, DMV DABVP, Cert. IVUSS	The base and limbs of the <b>pancreas</b> 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.
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Michaleen	Minor intestinal thickening with mesenteric lymphadenopathy.
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
DPC VH	There is no overt suspicion of neoplasia; however, FNA of the mesenteric lymph node would be ideal. Hydrolyzed diet, Amoxicillin and Metronidazole +/- low dose Prednisolone trial can be considered. Broad spectrum anti-parasitic protocol is warranted.
<b>REFERRING VET</b>	
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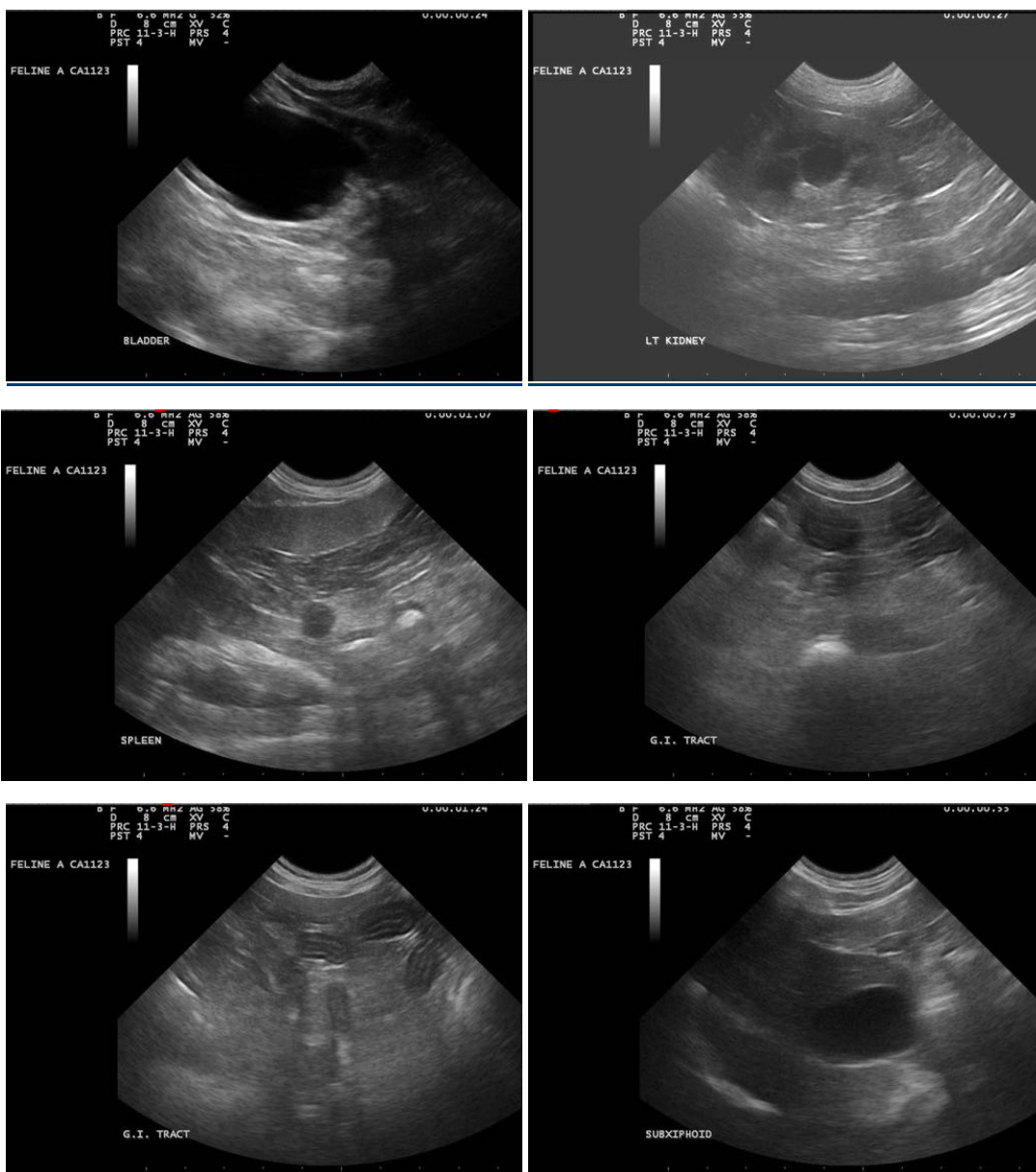
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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