



PATIENT	PRESENTING CLINICAL SIGNS
Bucket Kingsborough	History: Presented at our hospital for continued decreased appetite and lethargy. O having to offer a variety of foods to entice P to eat. O offered salmon and P ate half of what was offered. P eating small amounts of dry food. P is having normal urination and bowel movements. At home P is spending more time upstairs in the home which is unusual and sleeping more. Patient vomited last night (hairball) and this am (food). Patient was seen at AERC in June (Rads/outpatient) and then at rDVM for follow up. Bloodwork done. Previous Health Concerns: hairballs, vaccine reaction Current Medications: laxotone PRN
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Rdvm Bloodwork 6/10/22: RBC 7.05; MCH 16.7; MONO 1.248; BASO 0.125; SDMA 16; fPL 4.6; T4 2.6 7/15/22: 3) EPOC – stable/improved Creat (1.6), mild ALT elevation (113), normal pancreatic enzymes, otherwise normal
BREED	
Domestic Shorthair	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Neutered male	Urinary System
AGE	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.
9 years	
WEIGHT	
8.4 kg	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 4.43 cm. The right kidney measured 4.27 cm.
INTERPRETED BY	
Eric Lindquist, DMV DABVP, Cert. IVUSS	Adrenal Glands
IMAGING PERFORMED 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.
Erin Wicks	
HOSPITAL NAME	Spleen
Shores VEC	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.
REFERRING VET	
Dr. Law	Liver
INVOICE	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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PATIENT lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.
Bucket Kingsborough

SPECIES *Gastrointestinal*
Feline The upper **gastrointestinal tract** was unremarkable, yet the distal small intestine revealed intestinal thickening and regional reactive mesentery. This is consistent with enteritis.

BREED *Pancreas*
Domestic Shorthair 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.

SEX
Neutered male

AGE **ULTRASONOGRAPHIC FINDINGS**
9 years Enteritis pattern with reactive mesentery.

WEIGHT **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
8.4 kg IV fluid support, pain management and broad spectrum antibiotics are recommended to treat for enterotoxin as well as fecal test are all indicated. Recheck sonogram is recommended in 48-72 hours to ensure adequate resolution.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

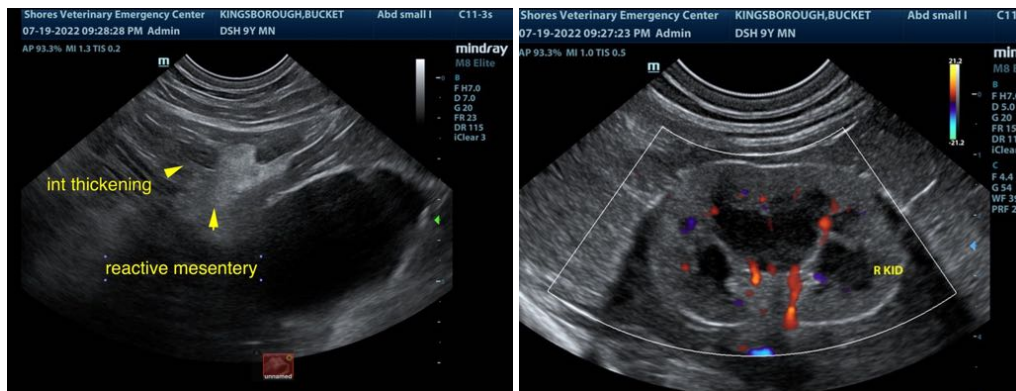
Dr. Law

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PATIENT

Bucket Kingsborough

SPECIES

Feline

BREED

Domestic Shorthair

SEX

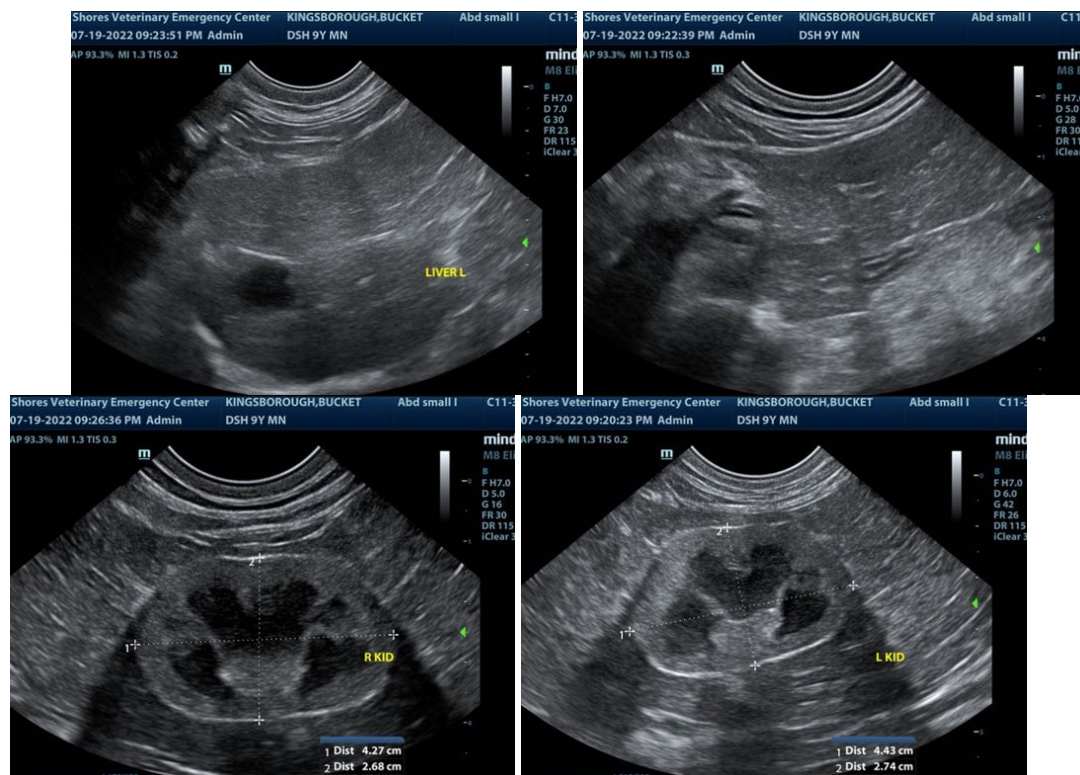
Neutered male

AGE

9 years

WEIGHT

8.4 kg



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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Erin Wicks

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

HOSPITAL NAME

Shores VEC

REFERRING VET

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