



PATIENT

Rusty Moore

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

5.4 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jolee Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Jolee Stegemoller

INVOICE

39693

DATE

7/20/22

PRESENTING CLINICAL SIGNS

Had linear foreign body and surgery in 2020. Presented for acute swallowing/retching and anorexia on 7/19. Performed radiographs and anesthetized oral exam for suspected esophageal FB/oral FB with no definitive diagnosis. Treated supportively overnight with gastroprotectants, fluid therapy, and pain medication, but patient continues to have exaggerated swallowing and now ptyalism. Concern for intestinal disease vs esophageal disease. Referral partner recommended abdominal ultrasound prior to endoscopy.

Abnormal PE/Chem/CBC/UA Results: Esophageal palpation produces exaggerated swallowing response. CBC - unremarkable Chem - Glc 209, BUN 12, ALP 12, K 2.9, CI 111

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. 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 right kidney measured 3.9 cm. The left kidney measured 5.0 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. The left adrenal gland measured 0.35 cm. The right adrenal gland measured 0.36 cm.

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. 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.



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Gastrointestinal

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The **stomach** presented a mild amount of fluid and gas accumulation. The gastric wall was unremarkable. Gas interference obscured some portions of the gastric lumen. The small intestine and colon were unremarkable.

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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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PRIMARY FINDINGS

SEX

- Gastritis pattern – cannot completely rule out gastric foreign matter, yet no obstructive pattern noted.

Neutered Male

SECONDARY FINDINGS

- Interstitial nephrosis renal pattern, mild

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the persistent clinical signs, endoscopy would be appropriate in this patient. Gastritis likely. However, the luminal artifact could be obscuring foreign matter such as hairball or similar.

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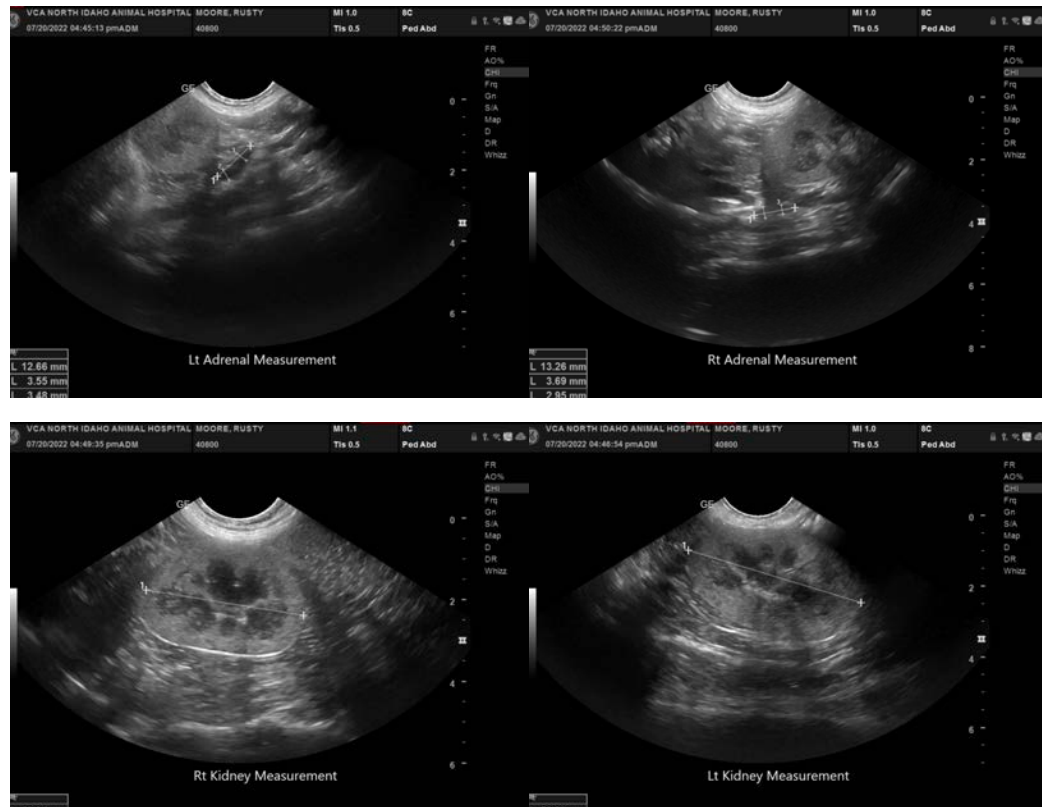
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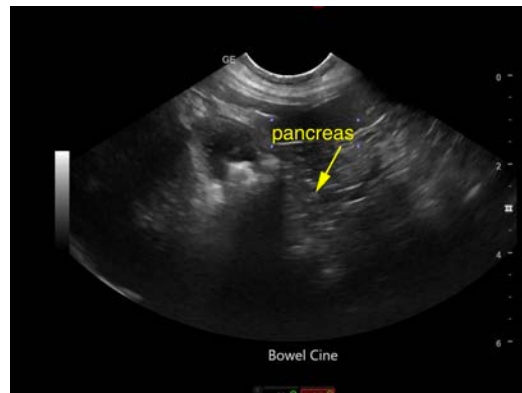
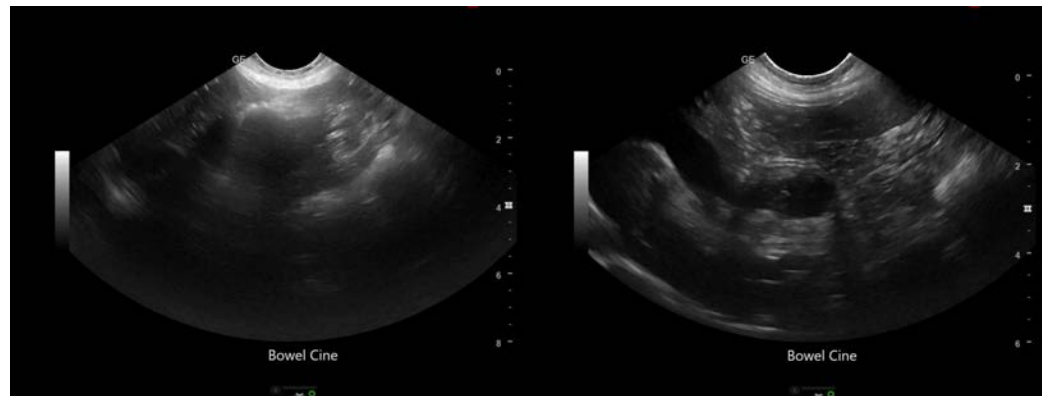
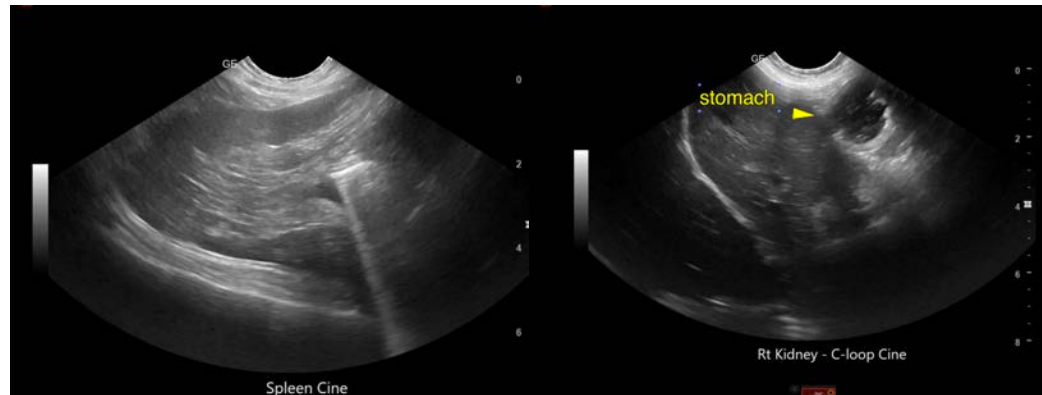
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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