



PATIENT

Lily Farnquist

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

1 year

WEIGHT

9.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

Dr. Lanz

INVOICE

76259

DATE

7/26/23

PRESENTING CLINICAL SIGNS

History: Presented 7/26 with 3d history of anorexia, lethargy. PE revealed temperature of 104. No other abnormalities on PE. P was treated with IVF, onsiur and elura. Temperature will return to normal but then will spike once onsiur wears off. Continues to be anorexic, lethargic. Was vaccinated with pure-vax rabies/FVRCP 2 weeks (7/10) before presentation.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL negative FVO PCR - (calicivirus, cytauxzoon felis, bartonella, anaplasma, ehrlichia, feline coronavirus, mycoplasma haemofelis, candidatus mycoplasma haemominutum, felV, FIV, cryptococcus, salmonella, panleukopenia) all negative Abdominal radiographs - NSF Thoracic radiographs - NSF

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 3.96 cm. The right kidney measured 3.9 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 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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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

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The **pancreas** was slightly heterogenous and mildly irregular.

Spayed female

AGE

Free Abdomen

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Some reactive mesentery was noted in the midabdomen around the pancreas. The reactive mesentery appeared to be surrounding the kidneys as well.

WEIGHT

ULTRASONOGRAPHIC FINDINGS

9.8 lbs

Inflammatory pattern associated with kidneys and pancreas. Non-specific presentation.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Full urinary work-up is warranted to assess for inflammatory sediment. Otherwise, there was no evidence of significant visceral disease noted. A clinical trial of Enrofloxacin and Clindamycin is warranted along with IV fluid support to cover for infectious agents.

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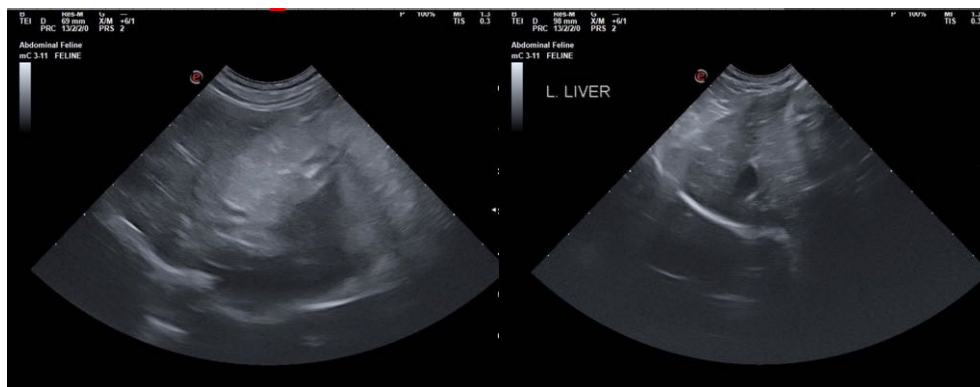
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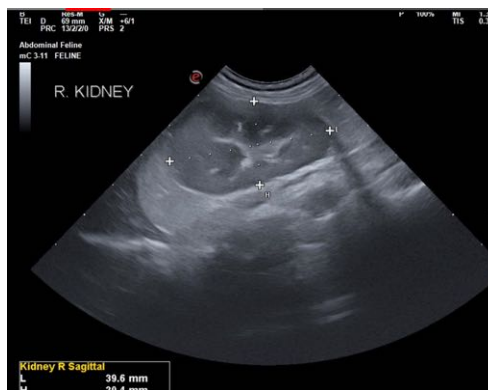
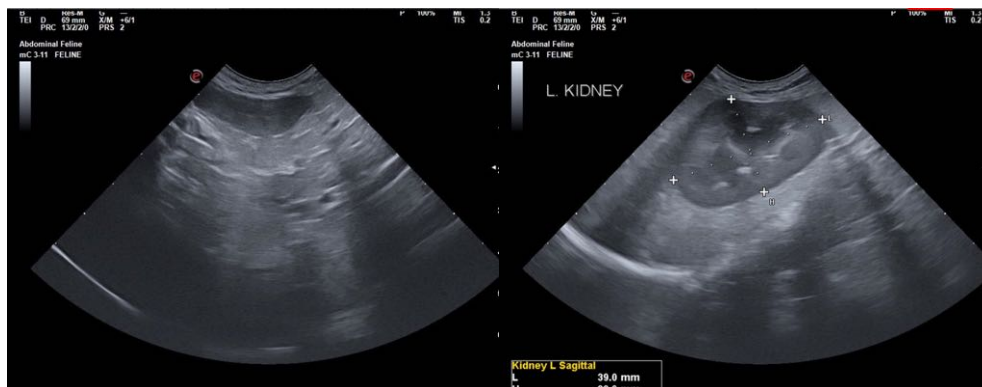
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com