



**PATIENT PRESENTING CLINICAL SIGNS**

**Ollie Feuerstein**  
History: Ollie Feuerstein is approx 7 yr old MC DSHA- has Stomatitis- has lost wt- difficulty eating. Pre dental blood work confirms hypoalbuminemia (2.4)and hyperglobulinemi (7.3)a with a leukocytosis 22k, neutrophilia. Rest of PE is normal. Today we performed chest rads- normal and abd u/s to rule out another underlying disease process prior to a full mouth extraction dental.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

7.85 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Salas

**HOSPITAL NAME**

Tenafly VC

**REFERRING VET**

Dr. Salas

**INVOICE**

75968

**DATE**

7/6/23

**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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney revealed slight cortical infarct at the cranial pole. The right kidney measured 3.62 cm. The left kidney revealed a cortical infarct at the cranial pole. There is no evidence of active inflammation.

**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 right adrenal gland measured 0.42 cm and left adrenal gland measured 0.34 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 was noted.

**Liver**

The **liver** was normal in size, contour and vascularity with slight coarse architecture and increased portal markings. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



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**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

**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.

**Free Abdomen**

Trace amount of free fluid was noted.

**ULTRASONOGRAPHIC FINDINGS**

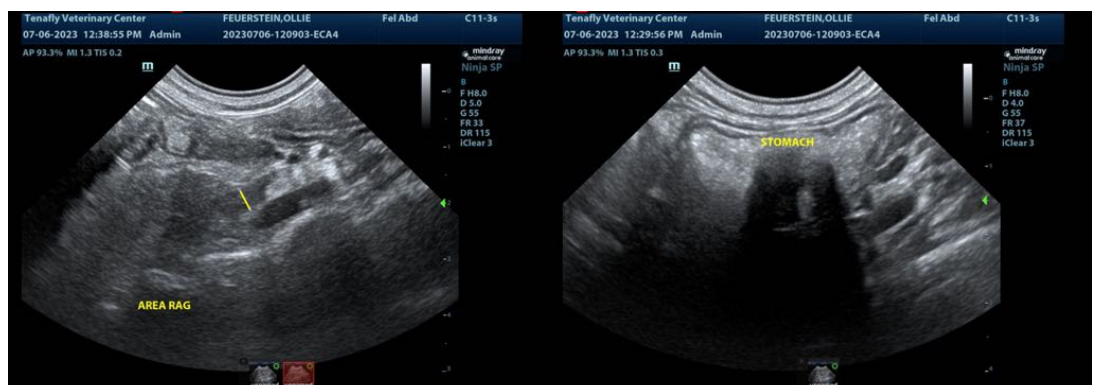
Moderate degenerative changes with infarcts.

Chronic hepatic changes.

Trace free fluid.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chronic infectious agents such as Bartonella and Toxoplasmosis should be considered in this patient. The patient likely has a history of inflammatory episodes in the liver and kidneys; however, there was no overt evidence of active inflammation and no evidence of neoplasia. Protein electrophoresis is recommended as well.





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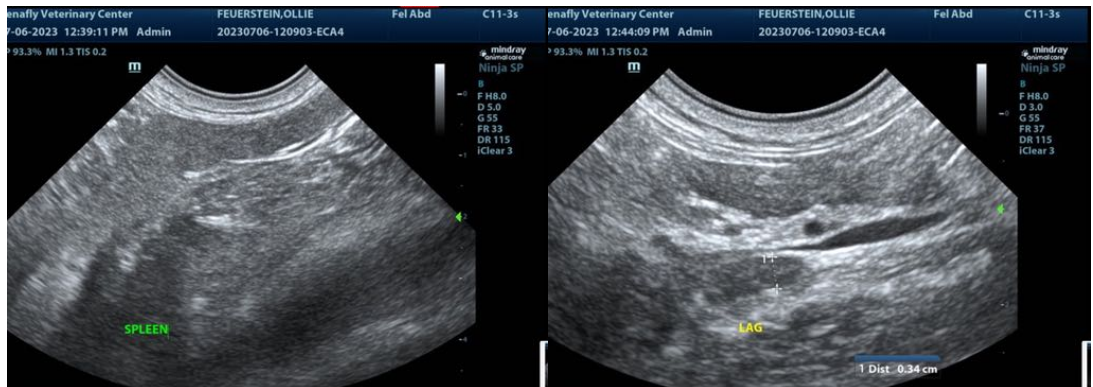
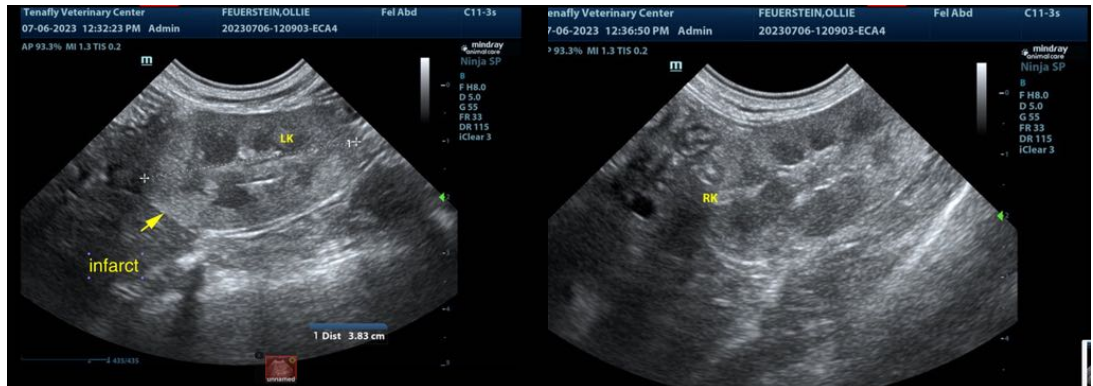
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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