



PATIENT PRESENTING CLINICAL SIGNS

Albie Sellars
History: vomiting, concern for possible fb
Abnormal PE/Chem/CBC/UA Results: Please see attached BW and rads

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline
Urinary System

BREED The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of suspended debris was noted. Ureteral papillae were normal.

SEX 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. This is a moderate change. The left kidney measured 3.9 cm. The right kidney measured 4.09 cm.

Neutered Male

AGE The left kidney measured 3.9 cm. The right kidney measured 4.09 cm.

3 Years

Adrenal Glands

WEIGHT 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 0.33 cm. The right adrenal gland measured 0.32 cm.

4.5 kg

INTERPRETED BY Spleen

Eric Lindquist, DMV
DABVP, Cert. IVUSS
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.

IMAGING PERFORMED BY

Kelly Reschny

Liver

HOSPITAL NAME 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.

Southside AC

REFERRING VET

Dr. Strut

Gastrointestinal

INVOICE The **gastrointestinal** 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. No concerning lymphadenopathy was visible. 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

16675

DATE

8/2/22



PATIENT

intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. This is a mild change.

Albie Sellars

Pancreas

SPECIES

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.

Feline

BREED

ULTRASONOGRAPHIC FINDINGS

DSH

- Interstitial nephrosis renal pattern
- Urinary bladder debris
- Mild diffuse intestinal thickening

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

No evidence of foreign body. No neoplastic criteria is noted. Full thickness gastrointestinal biopsies would be necessary for further definition. Diet change and management for inflammatory bowel warranted. Full urinary work up is warranted, as there are early moderate degenerative renal changes. Chronic infectious agents should be ruled out as underlying players, such as toxoplasmosis and bartonella. Diet change to hydrolyzed diet +/- Zithromax/metronidazole combination may be appropriate, as well as antiparasitic protocol.

AGE

3 Years

WEIGHT

4.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Southside AC

REFERRING VET

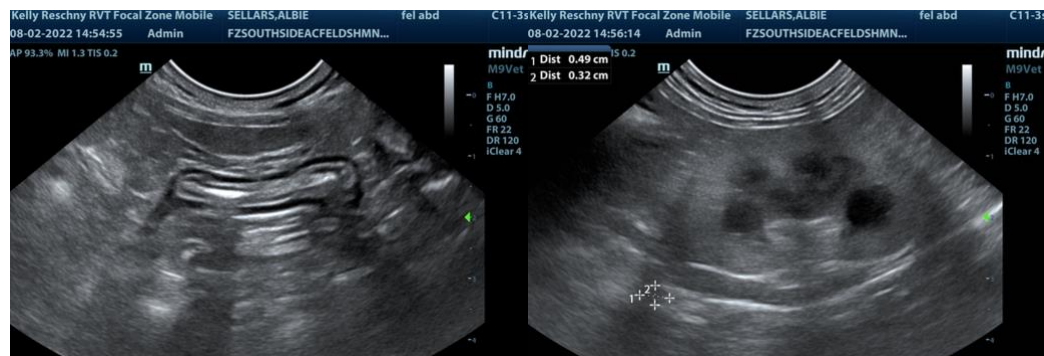
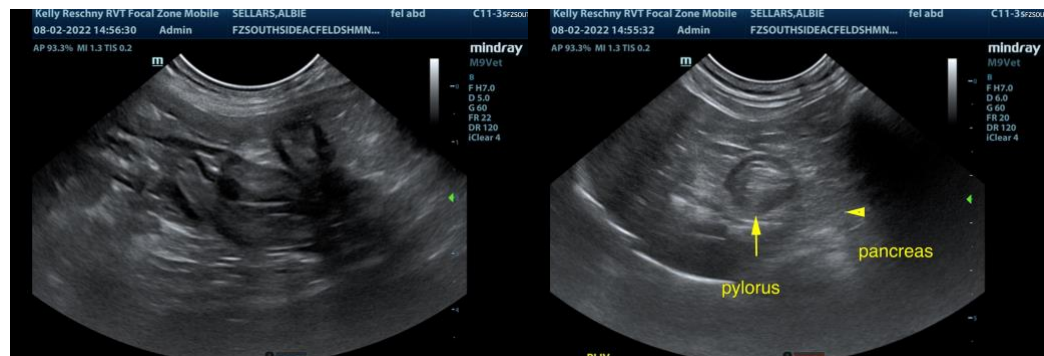
Dr. Strut

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SEX

Neutered Male

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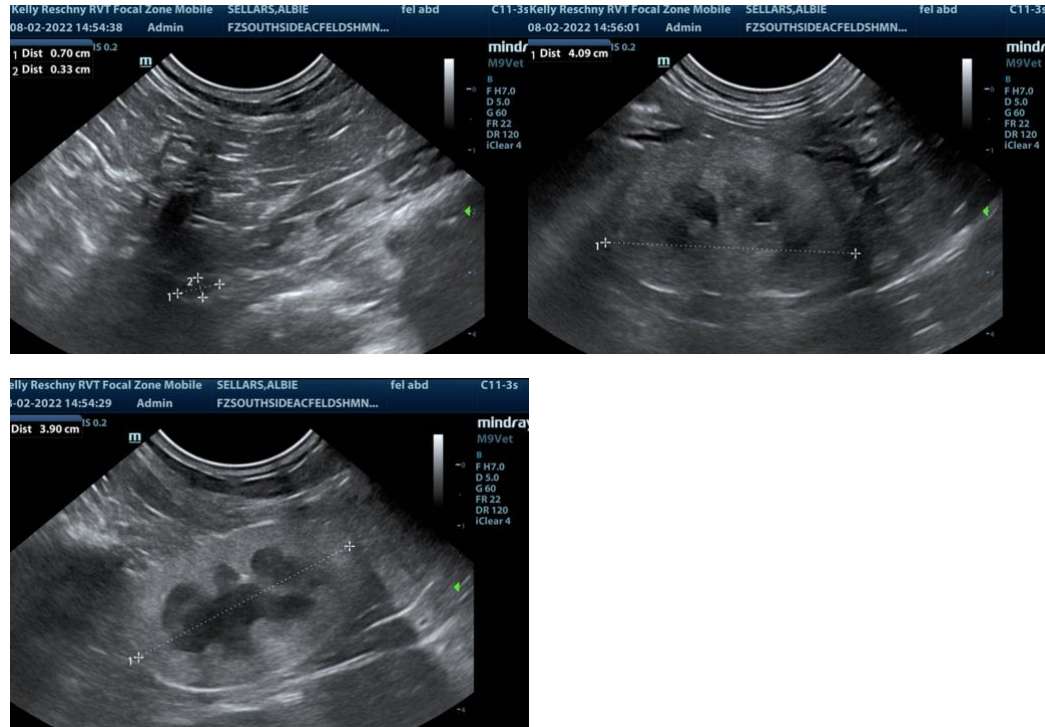
Dr. Strut

INVOICE

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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
Eric.Lindquist@SonoPath.com