

PATIENT

Crystal Leth

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

7 Years

WEIGHT

10.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUS

HOSPITAL NAME

West Salem AC

REFERRING VET

Dr. Crane

INVOICE NUMBER

12642

DATE

12643

PRESENTING CLINICAL SIGNS

History: Crystal presented to clinic for not eating much going on for a couple of months and owner believes she lost weight. Patient has history of IBD, is on a hydrolyzed protein diet Royal Canin Ultamino. Patient is not on any medications at this time. Dr. Crane noted grunting during exam and abdominal palpation. Patient did lose 1.4 lbs since her last visit.
Abnormal PE/Chem/CBC/UA Results: attached

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** 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 3.85 cm. The right kidney measured 4.29 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 right adrenal gland measured 0.4 cm. The left adrenal gland measured 0.4 cm.

Spleen

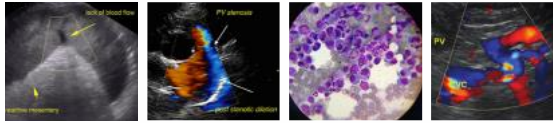
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen measured 8.0 mm in width.

Liver

The **liver** revealed slight coarse architecture. The gallbladder was unremarkable. The cystic duct was mildly tortuous in this patient, measuring up to 6.0 mm- this is a normal variant. The common bile duct was normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal** presentation revealed minor 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



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

SPECIES

Pancreas

Feline The **pancreas** revealed slight irregular contour to the left limb, possible low grade inflammation yet changes were minor. The left pancreatic duct was dilated as well.

BREED ULTRASONOGRAPHIC FINDINGS

- DLH
- Minor intestinal thickening
 - Minor irregular left pancreatic limb with left pancreatic duct dilation, possible low grade inflammation
- SEX
- Acute inflammatory hepatopathy without significant changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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Left subxiphoid palpation recommended. No evidence of neoplasia. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. Low dose prednisolone therapy could be considered as well as pain management (if any discomfort) and digital palpation of the subxiphoid region to assess the pancreas.

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FNA of the liver could be considered for assessment of inflammatory cell type. Infectious agents should be considered or other causes of hepatic insult. This is an acute insult as no significant parenchymal changes noted in the liver at this point, however, I would expect these to change is chronicity ensues. Bartonella, toxoplasmosis and similar infectious agents should be investigated.

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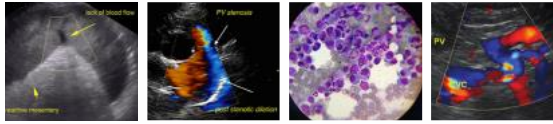


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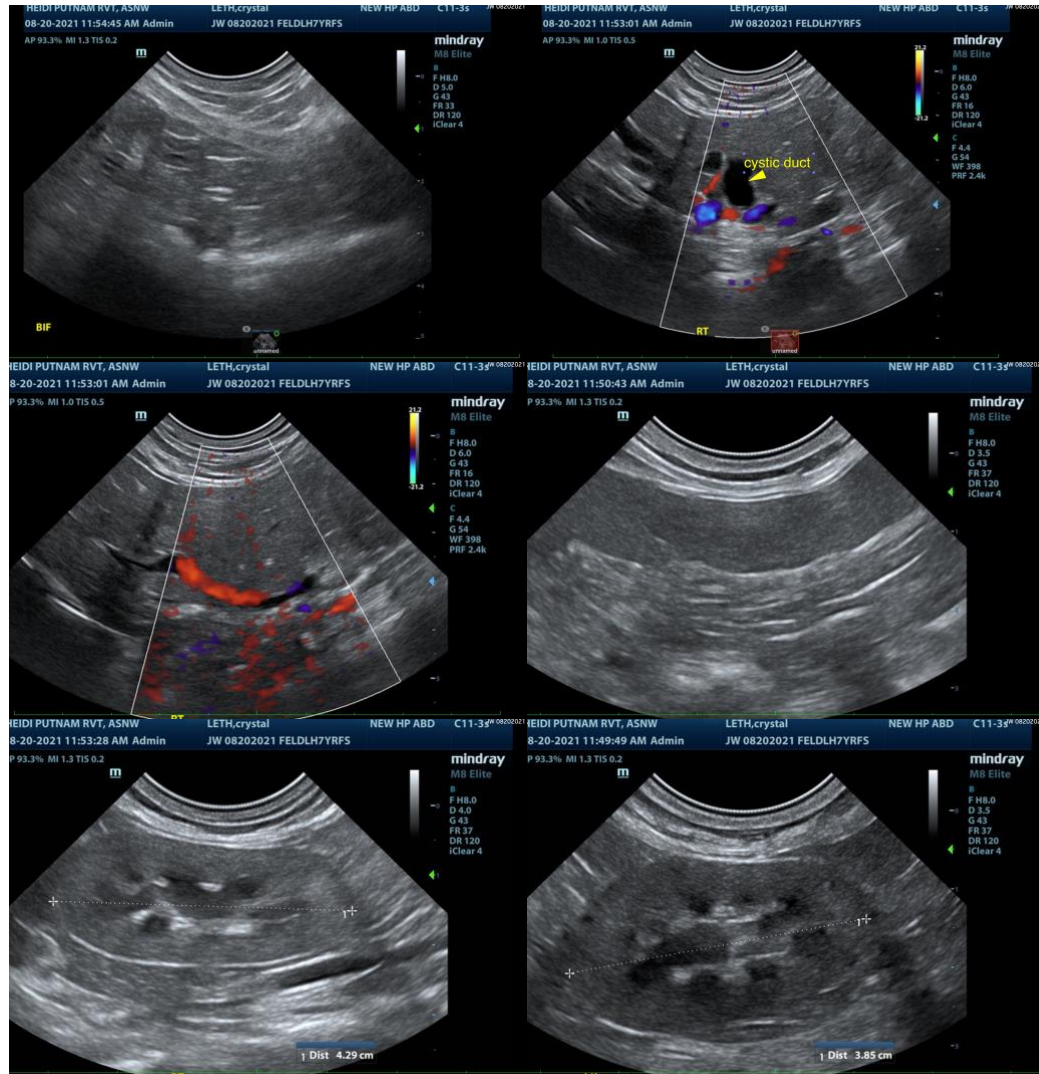
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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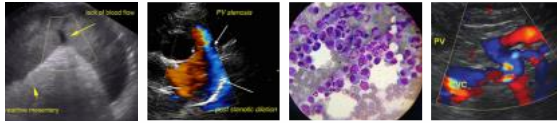
Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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