



PATIENT

Pumpkin Forbes

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

5.9 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Zippay

INVOICE

40630

DATE

8/20/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for lethargy and not moving. O stated 2 weeks ago P was seen at RDVM for a colon infection. P improved after being given two unknown injections and ABs. Two days ago, P seemed slightly lethargic, and did not improve yesterday. Today, P seemed painful and still did not seem to be moving around very much. Previous Health Concerns: diabetes Current Medications: 2.75U ProZinc q12

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: NR, Grade I/VI parasternal murmur Abdominal: Tense, very reactive on palpation of the abdomen CBC: Leukopenia (26.9), Neutropenia (23.6) Chem: Azotemia (BUN 45.5), hyperproteinemia (8.4), hyperglobulinemia (6.1), hyperglycemia (368), hypercholesterolemia (222), increased ALT 148, increased GGT 34 EPOC: Hypercalcemia (1.08), azotemia (BUN 43), Hyperglycemia (335) Radiograph: Loss of detail caudal to the stomach. Hepatomegaly with rounded liver edges. One radiopaque urolith present within urinary bladder. Large amount of stool in colon.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a small shadowing calculus measuring 4.0 mm, non-obstructive. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 left kidney measured 4.48 cm. The right kidney measured 4.75 cm. Blood flow to the kidneys appeared to be adequate on color flow assessment.

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 0.50 cm.

Spleen

The **spleen** presented mild splenic in enlargement (1.1 cm), uniform, likely reactive. The spleen was folded upon itself cranially.

Liver

The **liver** was moderately enlarged with swollen contour. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

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 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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ULTRASONOGRAPHIC FINDINGS

BREED

- Bladder calculus
- Age related renal changes, minor
- Mild splenohepatomegaly

DLH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Screening FNA of the spleen and liver recommended to rule out round cell neoplasia. Otherwise, unremarkable abdomen. The patient may have recently passed a calculus, inducing the current episode.

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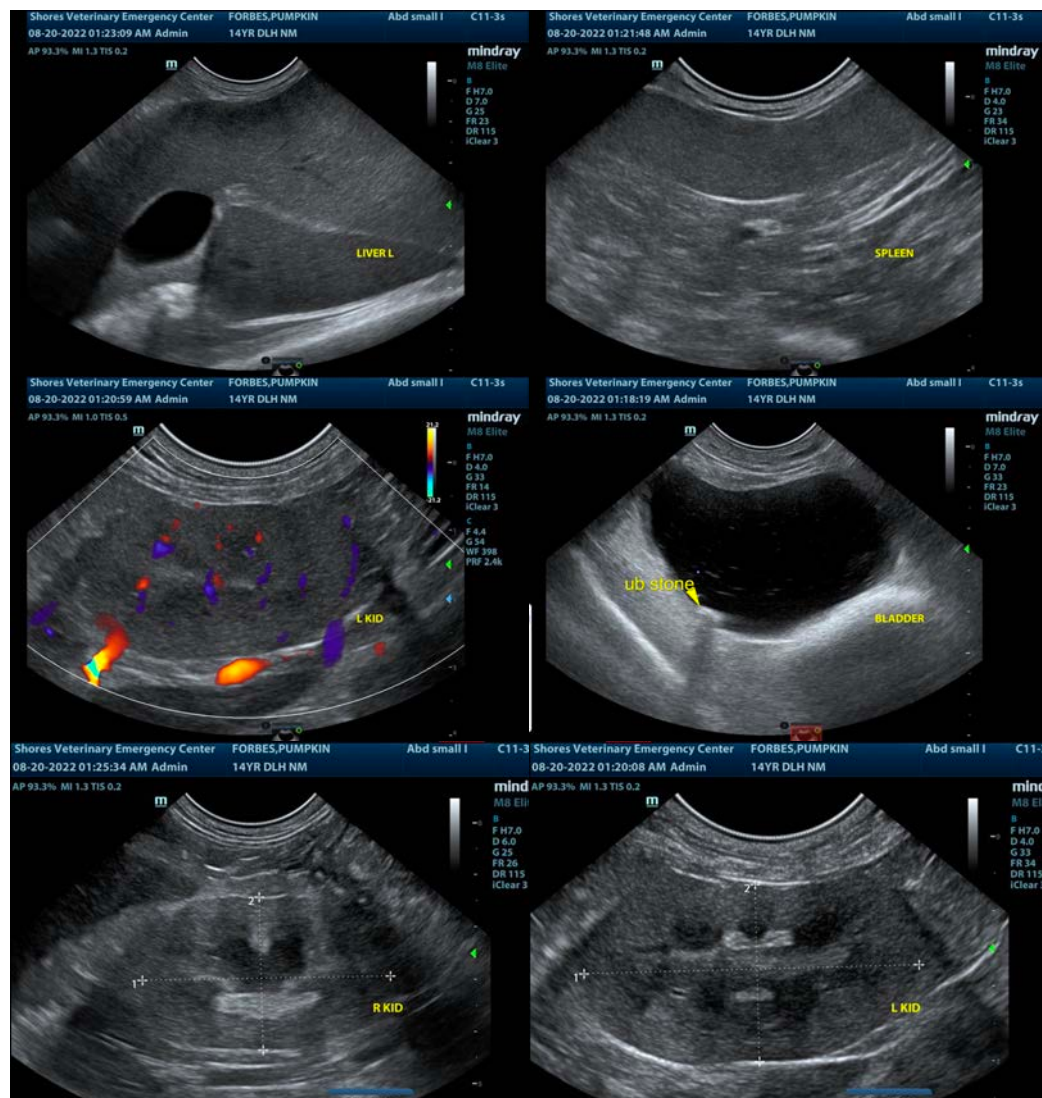
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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

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