



PATIENT

Charlie Reed

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years

WEIGHT

5.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

16952

DATE

8/22/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for vomiting, lethargy and hiding. O states about 48 hours ago p began vomiting and unable to keep food down, o states p will eat but vomits shortly after eating. P has been hiding vs socializing like normal. P also seems lethargic and shedding excessively. O has switched foods several times thinking maybe the food went bad but that has not changed p vomiting. O thinks p lost about 3-4 lbs in 2 weeks and is lip smacking.

Abnormal PE/Chem/CBC/UA Results: Abdominal: doughy; not overtly painful rad- no obvious mass/effusion/foreign body/ calculi; EPOC- stress hyperglycemia Pre-surg- ALT 226(H) ALP 355 (H)

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 4.3 cm. The right kidney measured 4.35 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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.

Liver

The **liver** was diffusely hyperechoic to falciform fat. The gallbladder was empty and the common bile duct was unremarkable. This change is most consistent with hepatic lipidosis with likely an inflammatory component given the liver enzyme profile.

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.

Pancreas

The **pancreas** was mildly heterogeneous in the right base with mixed hyper- and hypoechoic changes.



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ULTRASONOGRAPHIC FINDINGS

- Hepatic lipidosis pattern with likely inflammatory hepatopathy
- Minor pancreatitis pattern right base

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and FNA of the liver is recommended to confirm suspicion of lipidosis. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the right limb of the pancreas.

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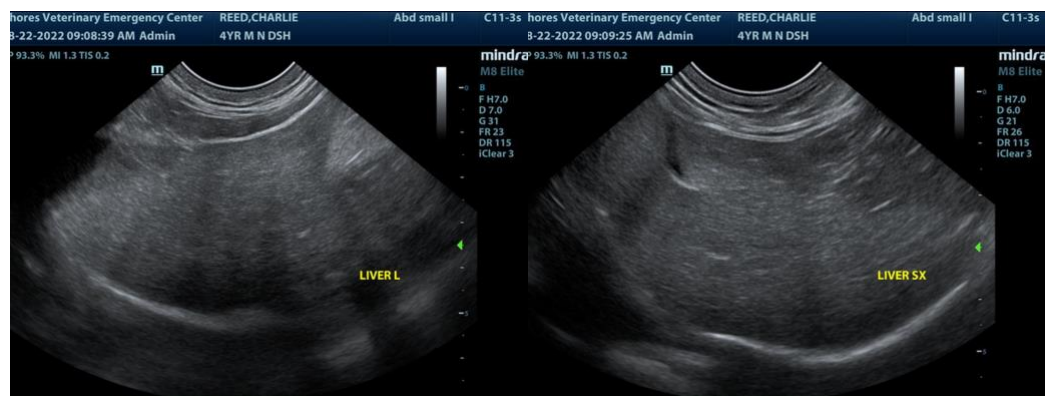
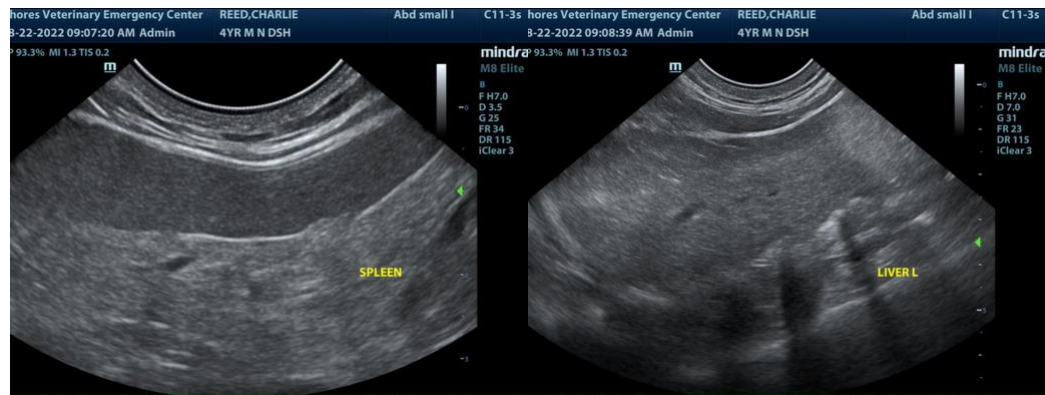
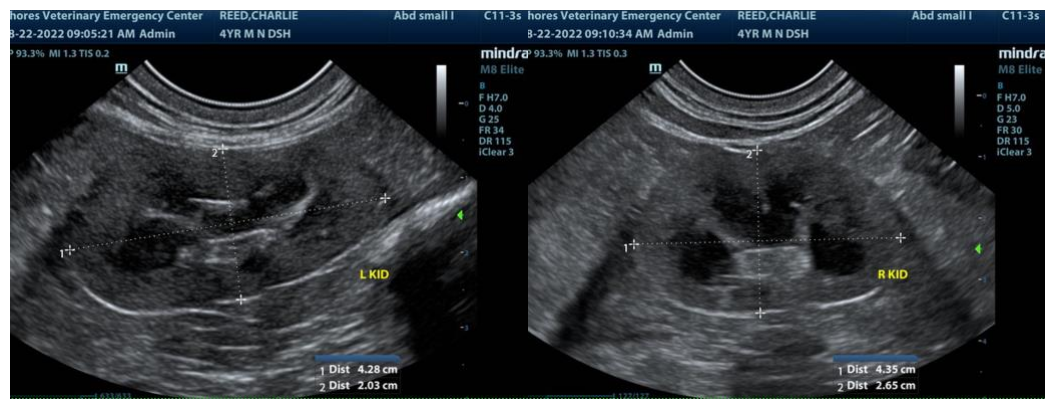
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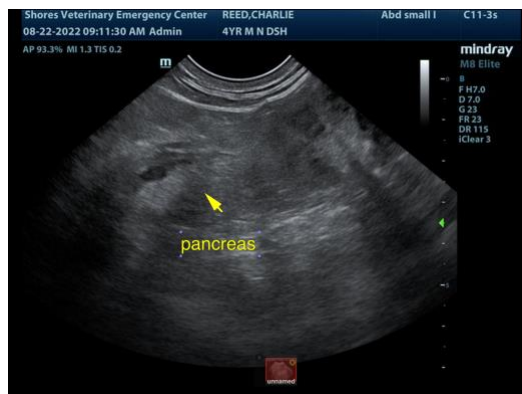
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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