



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Goldie Hurst
SPECIES Feline
BREED DSH

Reduced appetite for ~2 weeks - pasty diarrhea with blood noted a week ago. - Hiding at the basement - Ate yesterday and able to keep it down - Drank this morning and noticed drooling. - Indoor/outdoor supervised. Possible (Climatis) flower ingestion? IVF, pantoprazole, cerenia, metronidazole, B12, cefazolin, buprenorphine

Abnormal PE/Chem/CBC/UA Results: Please see attached rads. 1. Bloodwork: severe neutropenia NEU* 0.08 ; RI2.30 - 10.29 x10⁹/L, monocytosis (2.81 RI 0.05 - 0.67 x10⁹/L), SDMA (15; RI 0-14) 2. UA result is unremarkable, USG 1033 pH 7.0 no crystalluria, WBC WNL, mild proteinuria (30 mg/dL); TT4 not.

Radiographs: Subjective intestinal thickening, mild hepatomegaly, cranial mediastinal density.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

PATIENT Spayed Female
AGE 10 Years

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 dilated and imaged 3.0 cm beyond the cystourethral junction.

The **left kidney** presented irregular contour, pyelectasia, loss of corticomedullary definition, and regional inflammation, suggestive for chronic nephritis. Cortical infarcts also present. Blood flow was adequate on power doppler assessment. The left kidney measured 3.23 cm. The **right kidney** presented similar changes with mineralization and pericapsular inflammatory pattern. The right kidney measured 4.07 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 left adrenal gland measured 0.19 cm. The right adrenal gland measured 0.39 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.

Liver

The **liver** was diffusely hyperechoic to falciform fat and mildly heterogeneous. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

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 intraoperative

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region EC

REFERRING VET

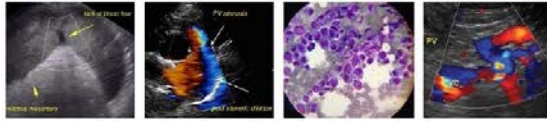
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PATIENT

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

Goldie Hurst

Pancreas

SPECIES

The left **pancreatic** limb was enlarged, irregular, serpentine, and hypoechoic. The right limb of the pancreas was hypoechoic and irregular.

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

- Subacute on chronic pancreatitis
- Bilateral chronic pyelonephritis with mineralization and infarcts
- Emerging hepatic lipidosis pattern
- Mild intestinal thickening

DSH

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed Female

Urine culture, IV fluid support, pain management and broad-spectrum antibiotics all indicated. The pelvic urethra was dilated and the urinary bladder was overdistended. Distal urethral obstruction could not be completely ruled out. No neoplastic criteria met. However, intestinal thickening is present. Emerging intestinal lymphoma could not be completely ruled out. Even though the urinalysis is unremarkable, there is evidence of inflammation around both kidneys. This may be low-grade, and the changes may be secondary to degenerative changes. However, the kidneys appear approximately 50-60% compromised. Primary treatment for inflammatory bowel and pancreatitis warranted given the current clinical status. Blood pressure measurements also indicated.

AGE

10 Years

WEIGHT

4.65 kg

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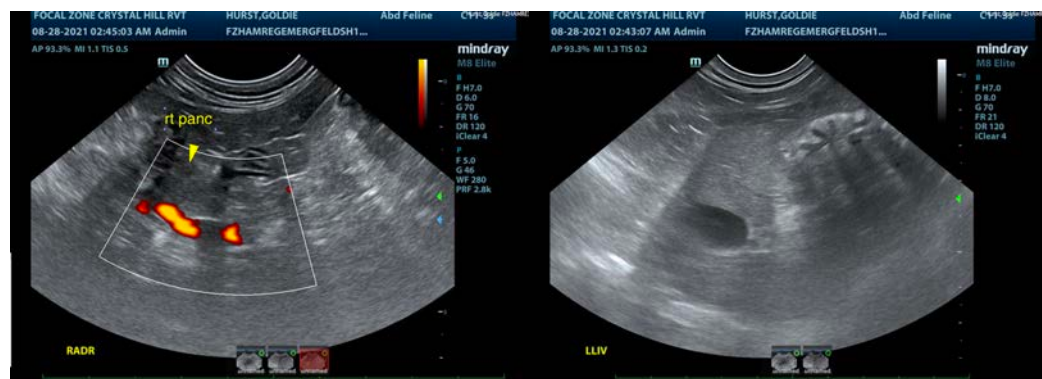
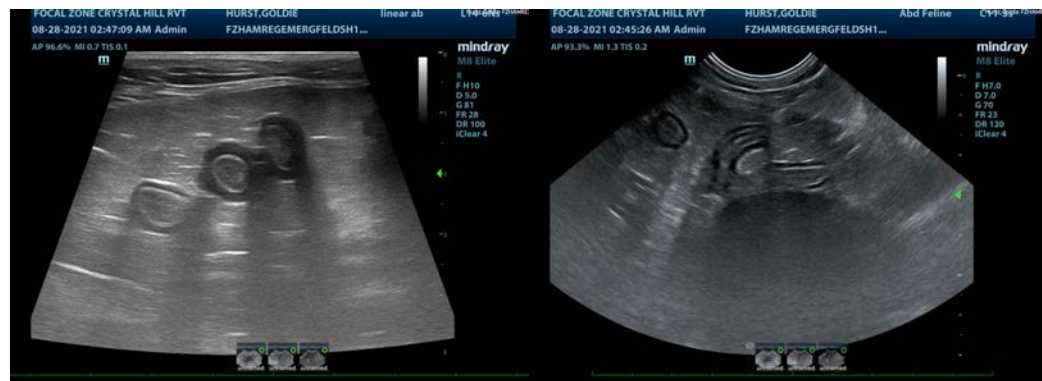
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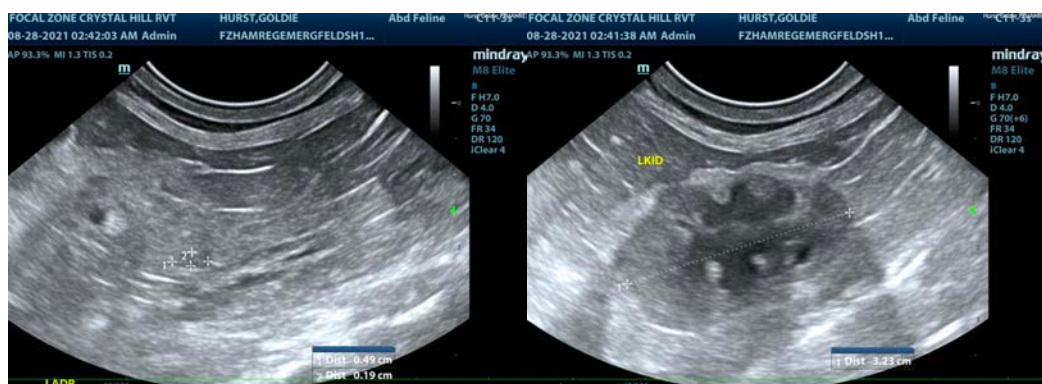
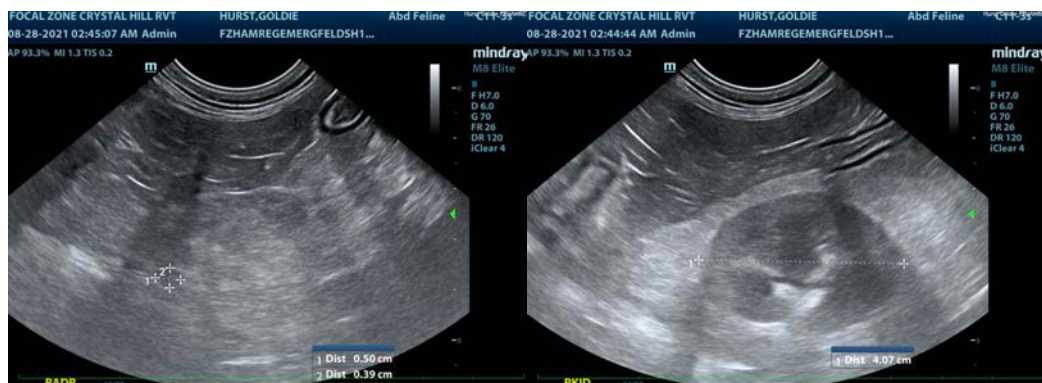
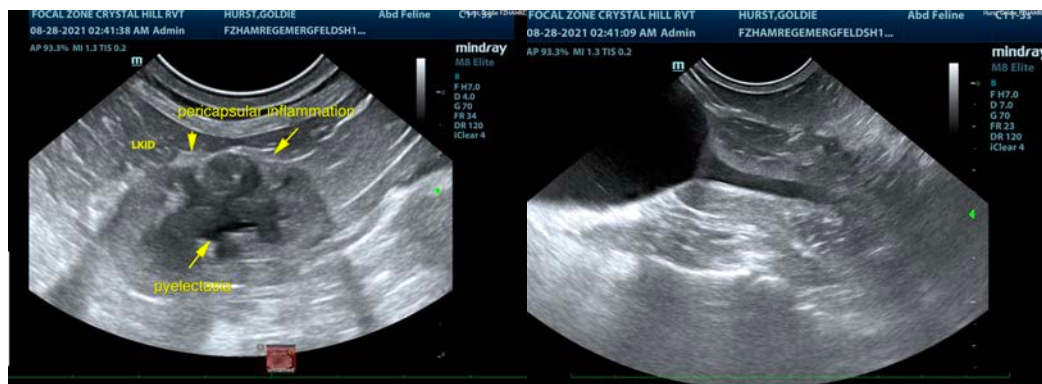
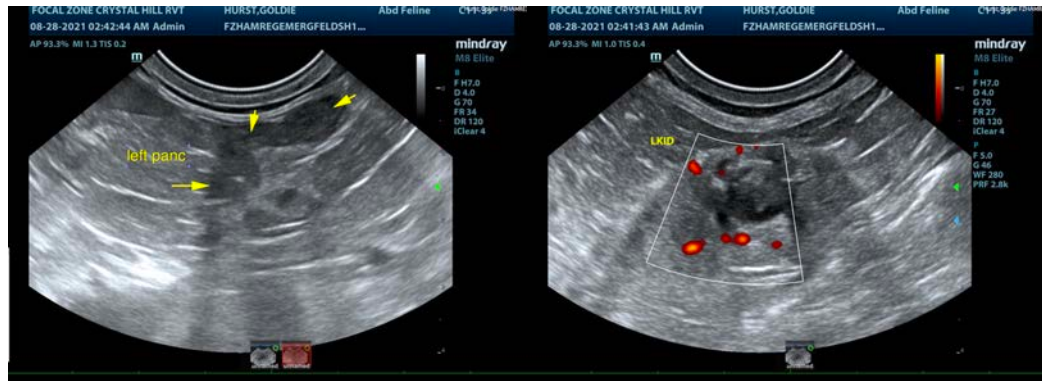
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Goldie Hurst

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.

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.

BREED

DSH

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Spayed Female

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