

PATIENT

Steve Olson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

6.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan/AEC

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Drummond/AEC

INVOICE

12845

DATE

8/28/21

PRESENTING CLINICAL SIGNS

History: Presented yesterday early morning for vomiting foul-smelling fluid, some hair, mostly liquid; has been hiding under bed off and on for a week. History of pica and ex lap last year with gastrotomy. Is continuing to nibble on things at home. May be straining to defecate prior to entry, not clear. Has passed stool since admit (firm, otherwise unremarkable)

Abnormal PE/Chem/CBC/UA Results: Cat is quite fractious, was sedated yesterday for rads which were submitted to radiologist for interpretation, concerning for GI mass or fb and possible SI dilation (was not completely clear whether SI v colon). Was given Cerenia, started on IVF and has remained so since admit yesterday.

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 2.0 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 right kidney measured 4.8 cm. The left kidney measured 4.75 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 0.81 cm.

Liver

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.

Gastrointestinal

The **stomach** itself was unremarkable. Minor distal small intestinal thickening noted with no loss of detail. Some spastic bowel was noted with minor reactive mesentery.

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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Free Abdomen

Minor regional **lymphadenopathy** noted up to 5.0 mm, reactive pattern.

BREED

DSH

- Structurally unremarkable abdomen
- Distal small intestinal thickening and spastic bowel with minor reactive mesentery
- Minor regional lymphadenopathy, reactive pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If clinical signs persist, full thickness intestinal and lymph node biopsies would be warranted. No neoplastic criteria met, however, an emerging small intestinal lymphoma cannot be completely ruled out.

AGE

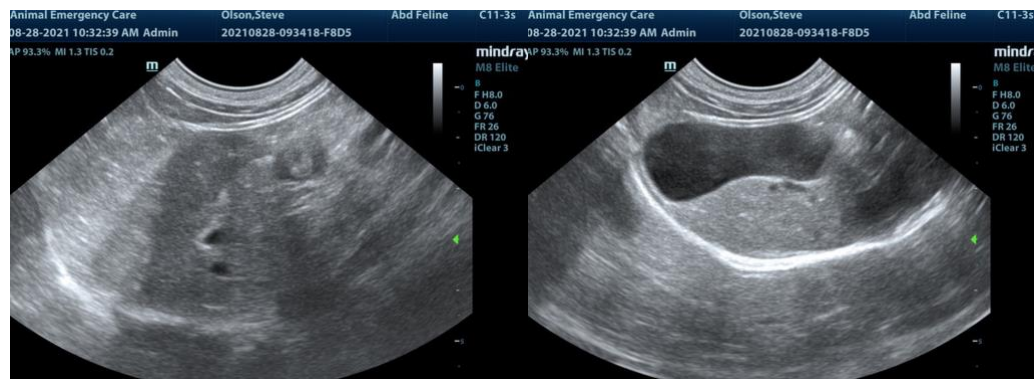
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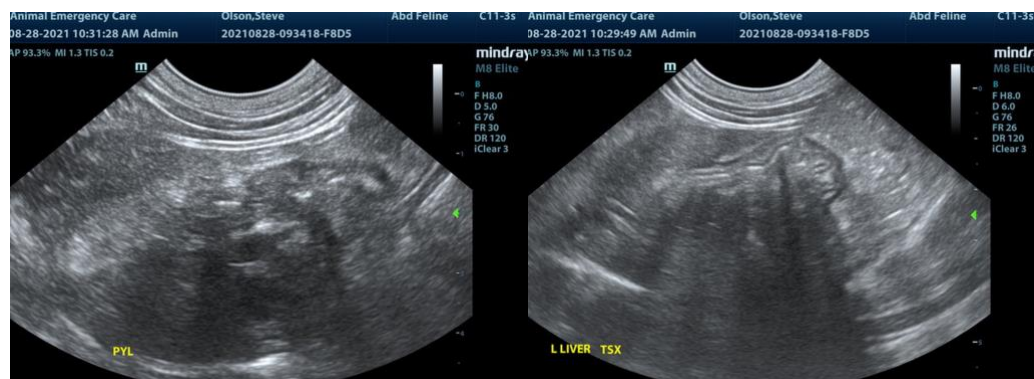
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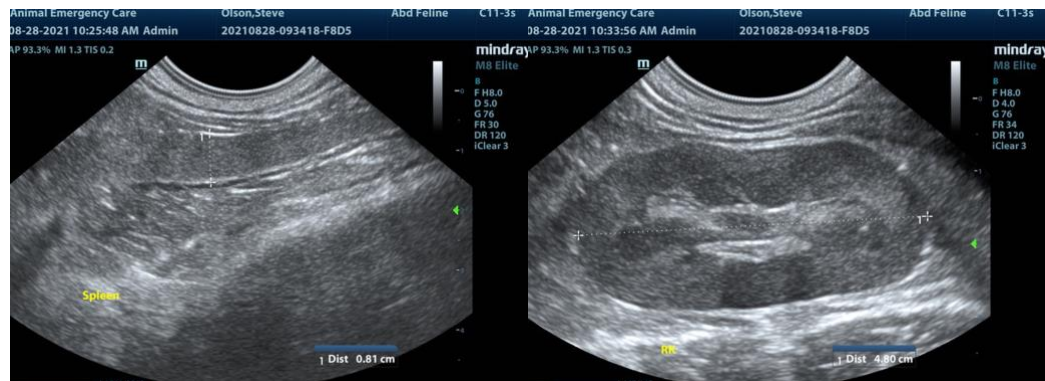
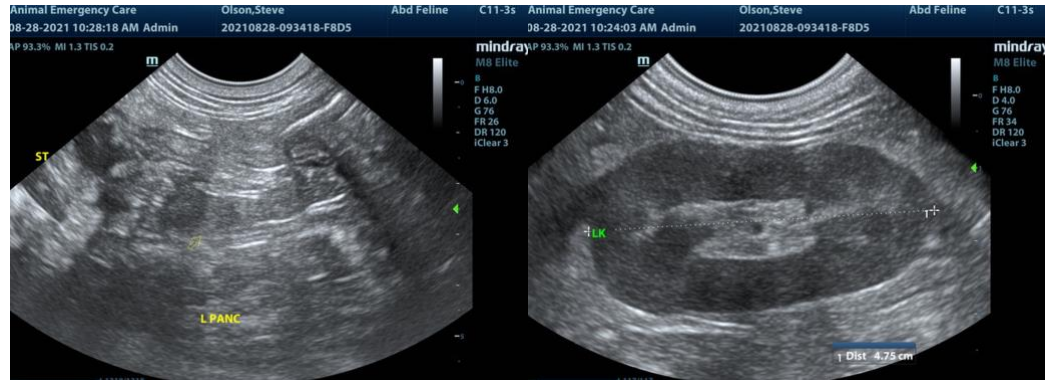
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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