



PATIENT PRESENTING CLINICAL SIGNS

Marley Hamilton

History of vomiting for 7 days. Unable to keep food or water down. Will eat things she finds.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7

WEIGHT

6.5

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura Field

HOSPITAL NAME

Westview Vet Hospital

REFERRING VET

Dr. Laura Field

INVOICE

44658

DATE

8/3/23

Abnormal PE/Chem/CBC/UA Results: CBC: Lym 0.66 (N 0.92-6.86) Eos 0.06 (N 0.17-1.57) CHEM: WNL SDMA 16 (N 0-14) TTA 18 (N 10-60) Snap fPI Abnormal Conclusion 1. Suspect colitis due to nonspecific etiologies. 2. Cystic micro--calculi. 3. Unremarkable overweight thorax. Recommendations Based on the lack of radiographic changes to explain the clinical signs, gastroenteritis or pancreatitis is suspected. Systemic disease causing secondary gastrointestinal signs cannot be ruled out. An abdominal ultrasound could be done for further assessment as clinically indicated. A definitive surgical lesion is not seen at this time. If sonographic findings are equivocal and clinical signs persist, an upper GI may be beneficial both for diagnostic and therapeutic purposes An abdominal ultrasound could be done as a screening exam for better assessment of the bladder as well. Ultimately either surgical removal or dietary dissolution of the cystic calculi may be warranted. Read By: Stephanie Essman, DVM, MS, DACVR fU/A: Free catch, pale yellow, clear, USG >1.060, pH 7.0, Pro 500 Glu neg, Ket 15, Bil Negative, UBG 1 Bld 250, SEDI: WBC 2/HPF, RBC 6/HPF, Bac rods none detected, Cocci suspected, SEC <1/HPF, Non-SEC 1-2/HPF, Cast 0, Crystals 0 Significant hematuria, proteinuria,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a calculus with acoustic shadowing measuring 0.60 cm. The bladder wall was structurally unremarkable. Other calculi also noted up to 5.0 mm.

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. Slight pelvic mineralization noted in the left kidney and a calculus measured 0.58 cm. The left kidney measured 3.3 cm. The right kidney measured 3.3 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.30 cm.

The region of the **right adrenal gland** was 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.



PATIENT

Liver

Marley Hamilton

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.

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Gastrointestinal

Minor amount of fluid filled **gastric** lumen, not pathological. The small intestine and colon were unremarkable. Normal curvilinear patterns.

Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

- Bladder calculi
- Left renal pelvic calculi and mild to moderate degenerative renal changes

INTERPRETED BY

Eric Lindquist, DMV
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, occult parasitism, inflammatory bowel all possible. Cystotomy is necessary in this patient, and therefore GI biopsies could be obtained at that time. No evidence of significant structural GI disease present.

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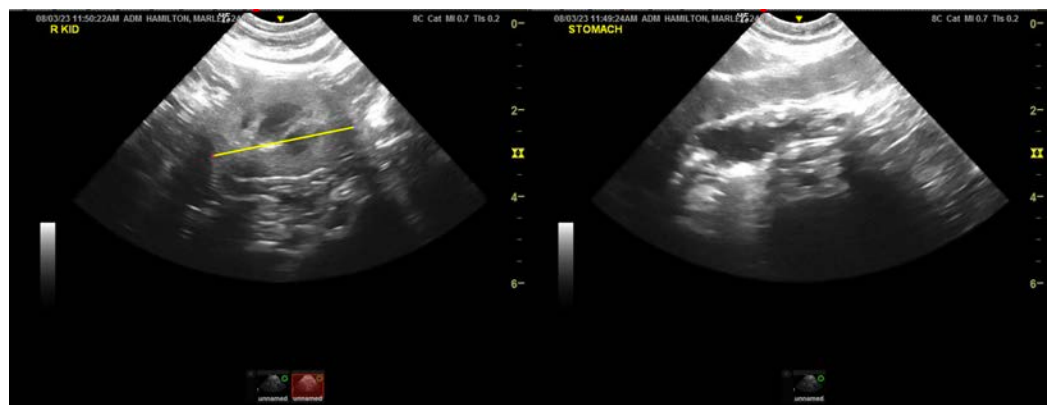
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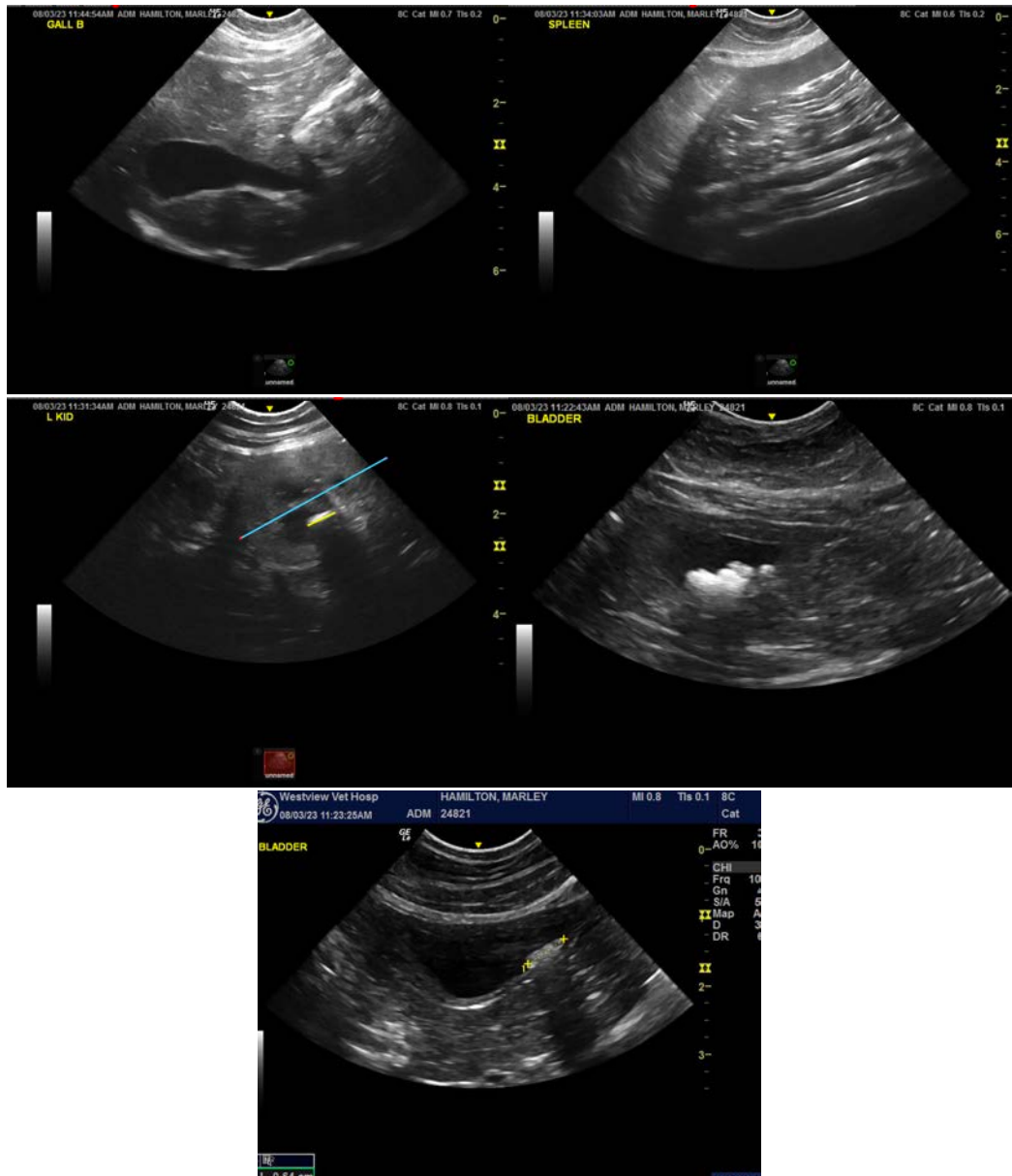
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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