



PATIENT

Millie Davis

PRESENTING CLINICAL SIGNS

Acute onset vomiting, anorexia, orange soft stool
Abnormal PE/Chem/CBC/UA Results: PE wnl AXR-mild splenomegaly CBC- wnl Chem-TP 10.4, ALB 4.5, Glob 5.9, ALT 137, Tbili 4.4

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

SEX

Spayed Female

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 3.0 cm. The right kidney measured 3.0 cm.

AGE

4 Years

WEIGHT

5.07 kg

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.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Amy Hess

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.

HOSPITAL NAME

Petmedic Urgent Care

REFERRING VET

Dr. Amy Hess

Gastrointestinal

The **gastrointestinal tract** was empty. Minor irregular contour and reactive mesentery noted in the mid abdomen, consistent with non-specific enteritis. The stomach was empty. No evidence of foreign body.

INVOICE

40250

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.

DATE

8/5/22



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ULTRASONOGRAPHIC FINDINGS

- Non-specific enteritis pattern

SPECIES

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive GI care should prove effective. I recommend a fresh fecal smear and fecal floatation analysis. IV fluid support, broad-spectrum antibiotics such as Zithromax/Metronidazole combination recommended. The cause of bilirubin elevation is unclear. Salmonella toxicity or similar should be considered versus lab error regarding the bilirubin elevation, as structurally the liver appears unremarkable, and only minor ALT elevations were present. Recheck sonogram if the patient is not responding to clinical support, +/- hepatic FNA.

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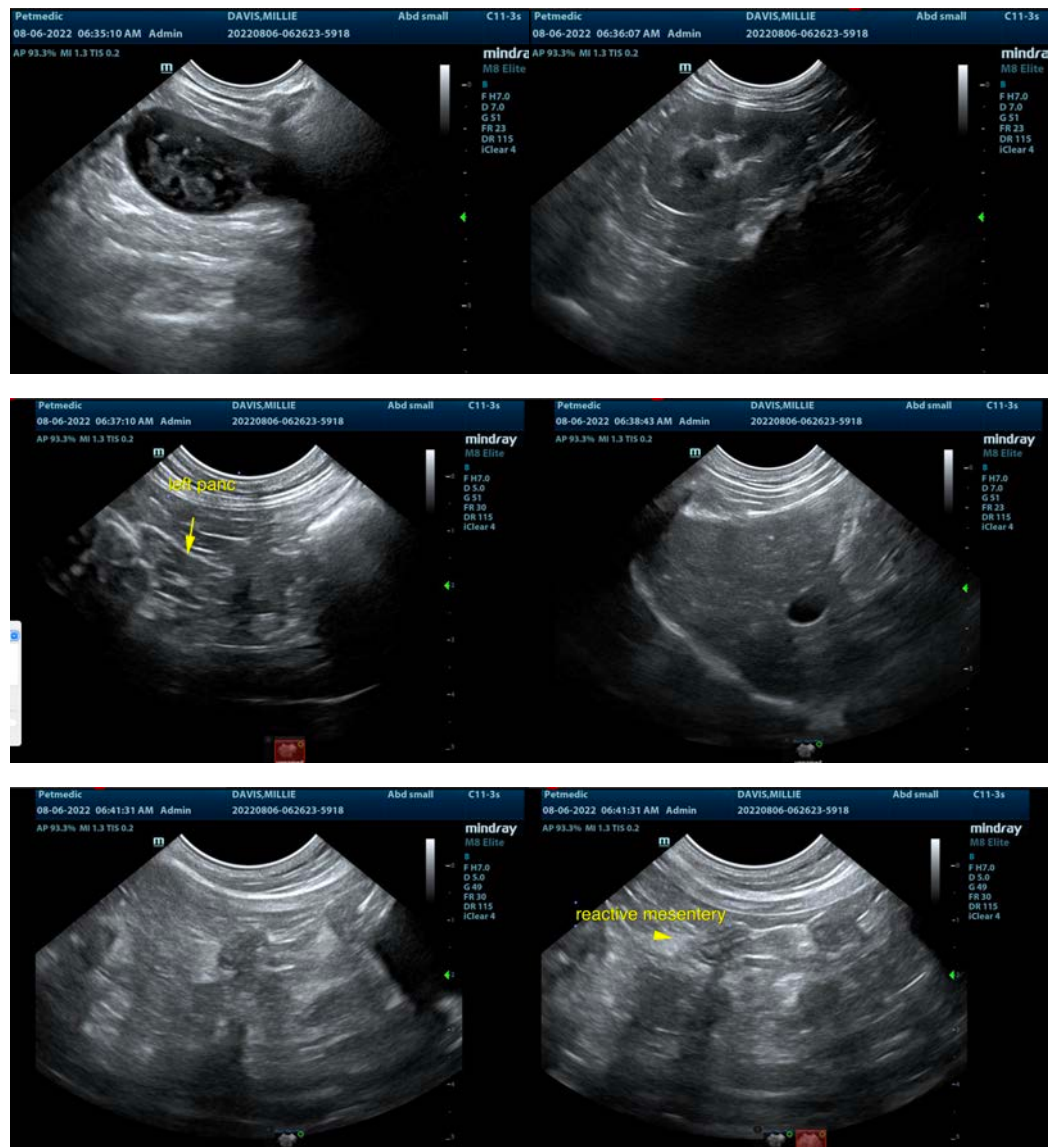
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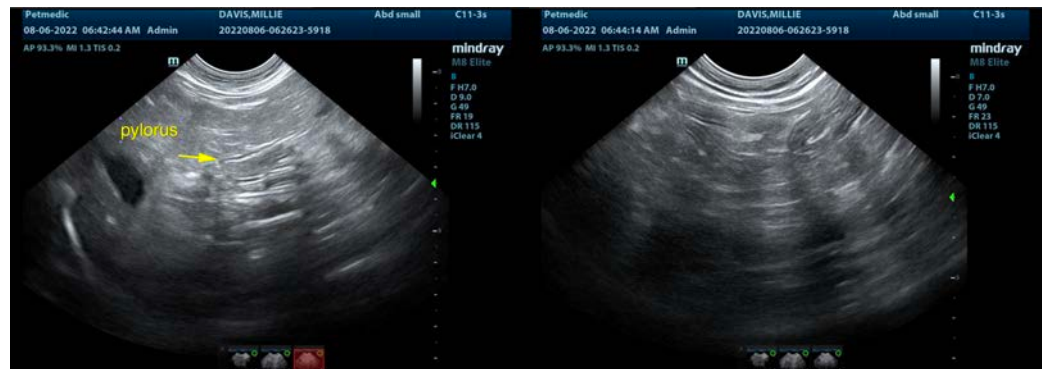
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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