

PATIENT

Buster Sperling

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

4 Years

WEIGHT

5.96 kg

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP, Cert. IVUSS,
 CEO of
 SonoPath.com

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Angell AMC

REFERRING VET

Virginia Sinnott, DVM

INVOICE

16742

DATE

PRESENTING CLINICAL SIGNS

History: Acute vomiting and inappetence. Suspect possible dietary indiscretion. Very uncomfortable on abdominal palpation. Radiographs: NSF. BW: slight toxic change in neutrophils.

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 **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 3.9 cm. The right kidney measured 3.83 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 right adrenal gland measured 0.39 cm. The left adrenal gland measured 0.45 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

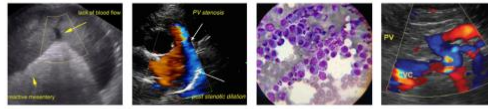
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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** was empty. The cecum was mildly thickened in this patient, most consistent with typhlitis, however, emerging carcinoma or other neoplasia is possible. Curvilinear patterns were maintained throughout the GI tract. However, some minor muscularis and some mucosal thickening was noted in the distal small intestine.

Pancreas

The **pancreas** was slightly heterogeneous.



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Free Abdomen

Buster Spurling

Colic **lymph nodes** were enlarged, measuring up to 0.73 cm. Trace free fluid was noted at the ileocecal junction in the site of colic and mesenteric lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

- Cecum and intestinal thickening, consistent with typhlitis
- Colic and mesenteric lymphadenopathy
- Reactive mesentery
- Heterogeneous pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Neutered Male

FNA, cytology and culture of the accessible lymph nodes is indicated. Enrofloxacin/Clindamycin combination are recommended to treat for typhlitis, as well as pain management and IV fluid support. Recheck sonogram in 3-6 days, depending upon clinical progression.

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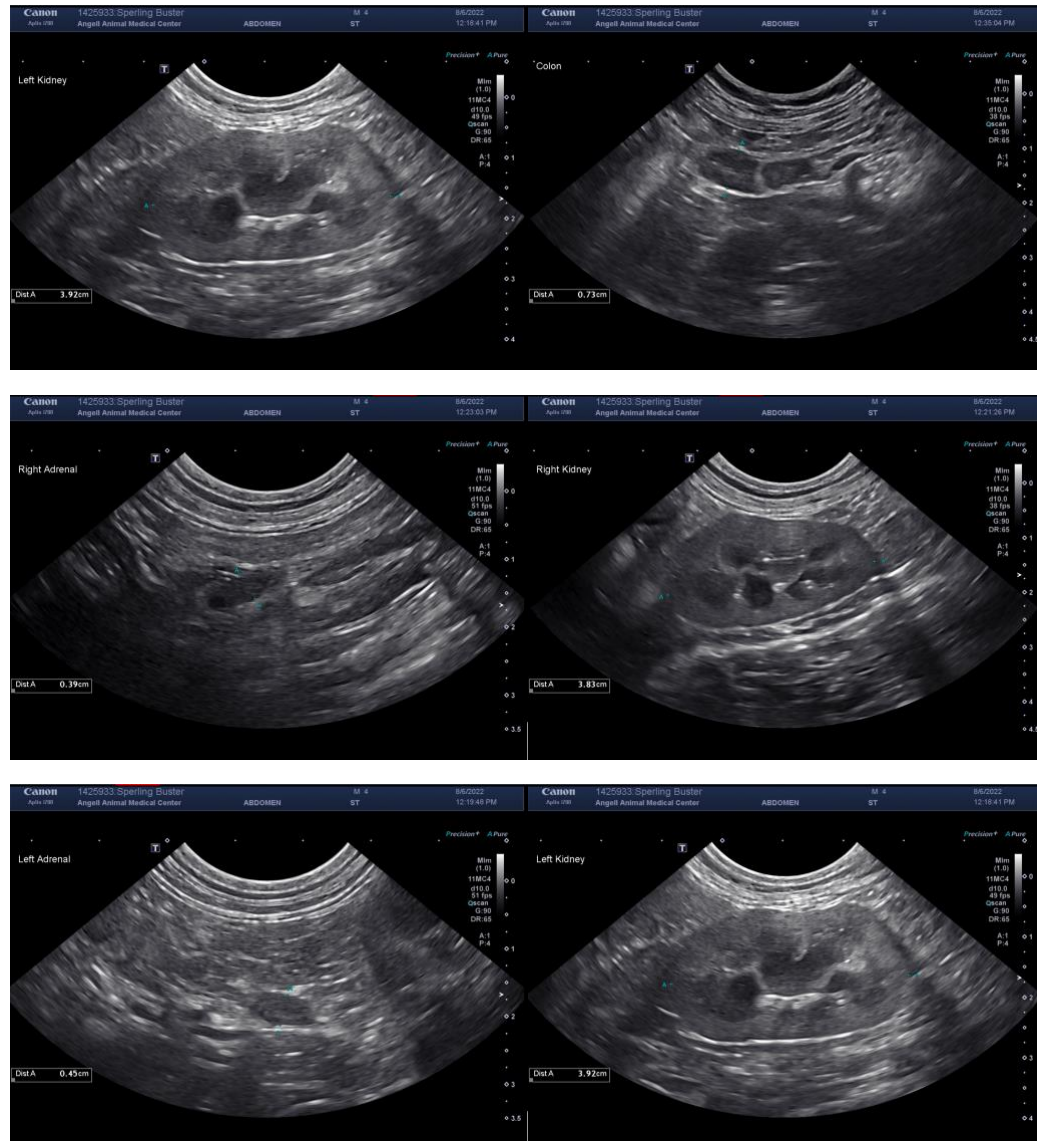
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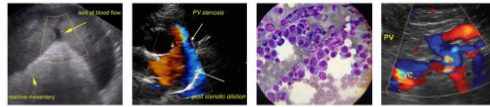
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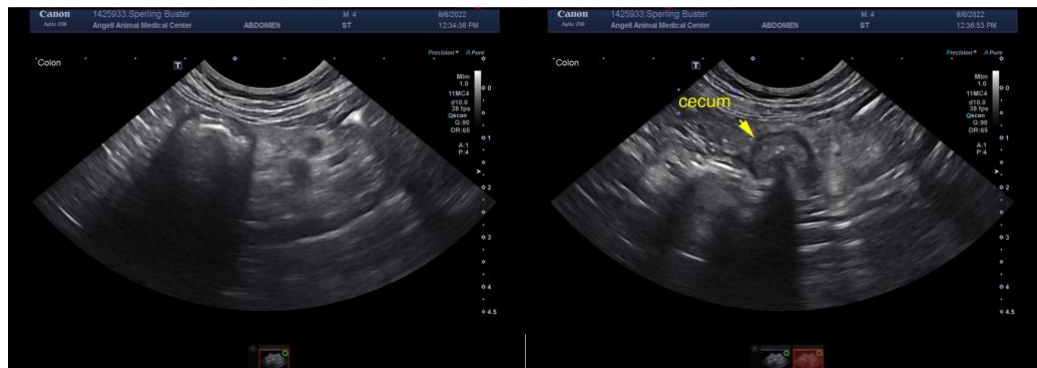
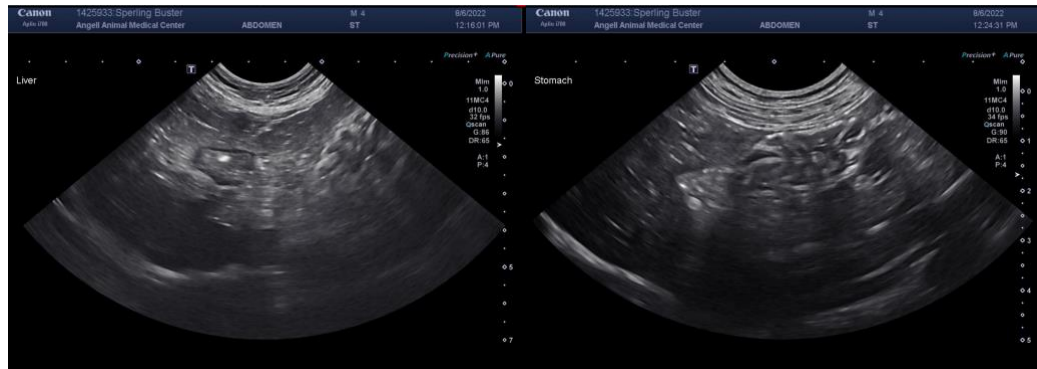
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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