



PATIENT

Lovey Spiess

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

5 years

WEIGHT

5.95 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Schwanebeck

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

46480

DATE

8/9/23

PRESENTING CLINICAL SIGNS

History: Patient presented to clinic for vomiting yesterday morning and not eating/drinking since then. Owner found vomit on deck of house, unsure when patient vomited. Patient hiding under bed and lethargic - abnormal behavior. Presented to rDVM this AM and given Cerenia.

Abnormal PE/Chem/CBC/UA Results: Normal exam findings
Bloodwork: Chemistry and CBC performed at rDVM. Chem: Mild hyperglycemia (187), mild hypercalcemia (12.1 on scale of 7.8-11.3), elevated ALT (403 on scale of 12-130), hypokalemia (3 on scale of 3.5-5.8) CBC: no significant findings
EPOC: Minimal hypokalemia (3.5 on scale of 3.6-5.6), mild hypercalcemia (1.55 on scale of 1.21-1.51), mild hyperglycemia (176) FPLi: Normal

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 was 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. Idiopathic, hyperechoic medullary rim sign was noted. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.1 cm. The right kidney measured 3.8 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.

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 was 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.



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Gastrointestinal

The **gastrointestinal tract** revealed normal curvilinear patterns throughout the GI tract; however, minor areas of spasm and hyperperistalsis was noted. Non-specific gastrointestinal insult.

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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.

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Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed female

Mild gastroenteritis pattern.

Structurally normal abdomen otherwise.

AGE

5 years

Idiopathic medullary rim kidney, may be normal or related to dry dorm FIP, yet unlikely. Given the ALT elevations acute hepatic insult or reactive hepatopathy is likely.

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5.95 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials. FNA can be considered for further definition.

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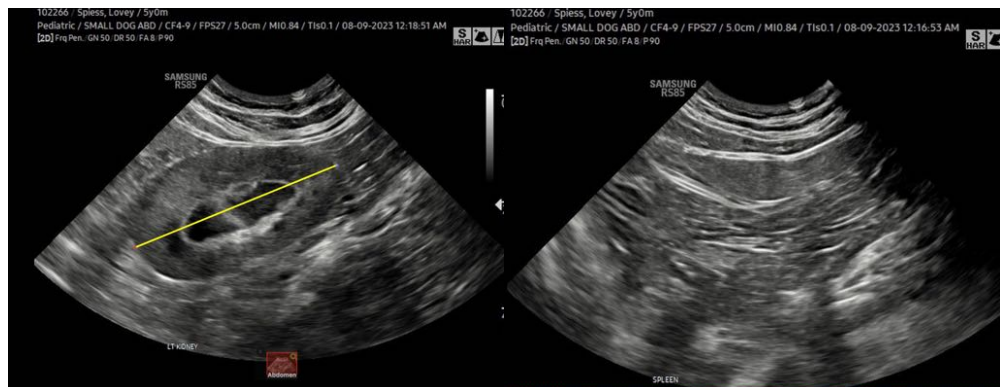
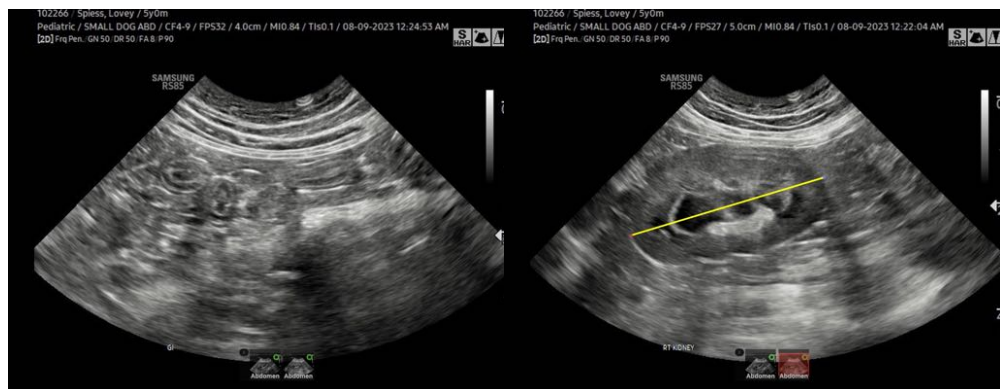
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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