



PATIENT PRESENTING CLINICAL SIGNS

Zoe Miller Presented at our hospital for vomiting, weight loss. Previous Health Concerns: ear infections/ labyrinthitis Current Medications: none

SPECIES Abnormal PE/Chem/CBC/UA Results: Abdominal: thickened bowel- soft stool palpable(confirmed via rectal) rad- increase interstitial / alveolar pattern; no chest masses/ effusions; Abd- ingesta/ mass in stomach? Stool in colon Pre-surg- ALT 186(H) glucose 150(H) TP 5.8(L) EPOC- hct 26% T4: 1.8 (N)

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH *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.

SEX

Spayed Female

AGE

12 Years

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. The left kidney measured 3.74 cm. The right kidney measured 3.93 cm.

WEIGHT

2.8 kg

Adrenal Glands

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

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Erin Wicks

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

Gastrointestinal

INVOICE

40943

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The stomach was empty. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Normal stool in the colon. Trace amounts of free fluid noted between intestinal loops. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative

DATE

9/1/22



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ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

SPECIES

Feline

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.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening

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No neoplastic criteria or foreign matter. However, emerging round cell neoplasia cannot be completely ruled out. Full thickness intestinal biopsies would be necessary for further definition. Medical management for acute on chronic inflammatory bowel indicated in the meantime. If clinical signs persist, sampling is essential.

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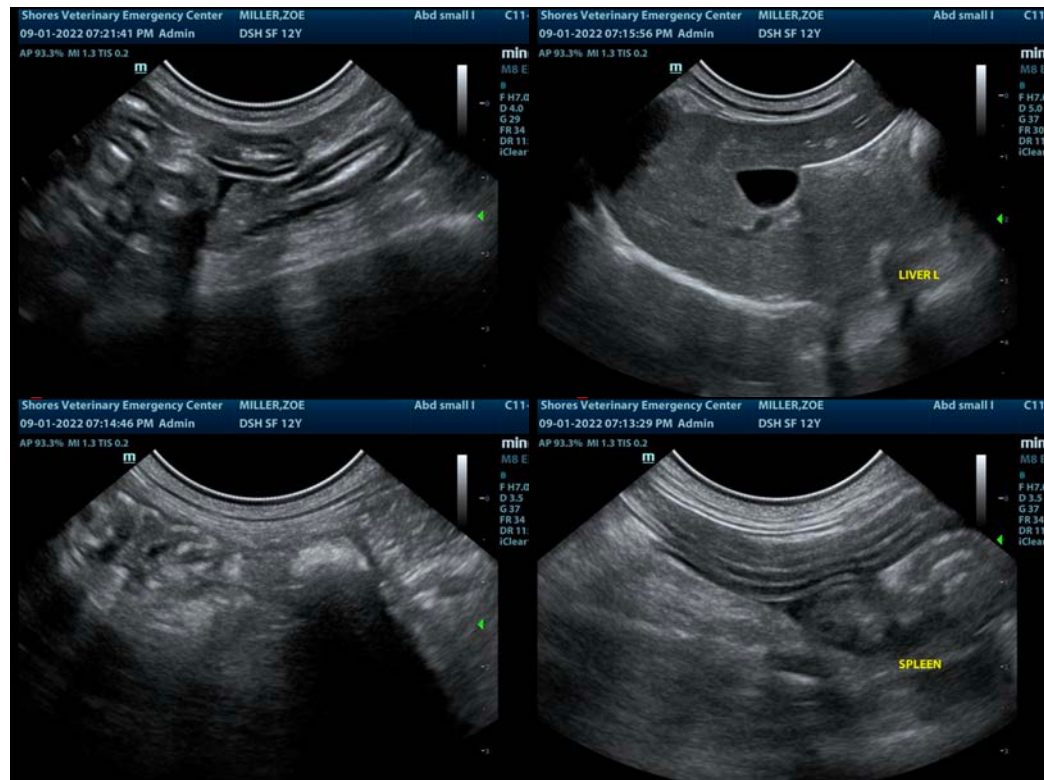
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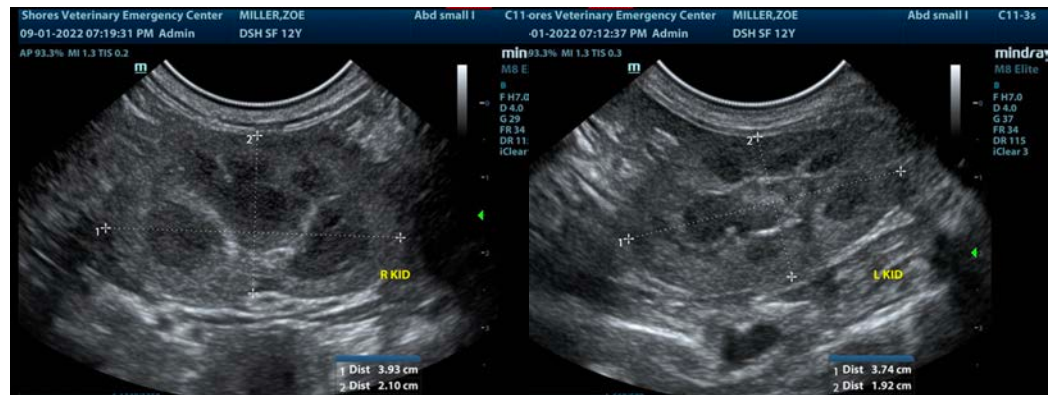
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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