



**PATIENT PRESENTING CLINICAL SIGNS**

**Raj Palisin** Started vomiting in May. Bloodwork at that time was unremarkable. Was started on Hills ID and improved in that frequency of vomiting decreased. The vomitus became more saliva than bilious in nature. Had small amount of blood in vomitus.

**SPECIES**

**Feline** Abnormal PE/Chem/CBC/UA Results: Hr- 200 MM - pink < 2 BCS 9/9 Hydration WNL. CBC WNL Chemistry pending Gi panel pending

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DLH**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Minor amount of suspended debris noted. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

**SEX**

**Neutered Male**

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomodullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.9 cm. The right kidney measured 3.9 cm.

**AGE**

**10 Years**

**WEIGHT**

**18 Pounds**

**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. Adrienne Waffle**

**HOSPITAL NAME**

**Torch Lake VC**

**REFERRING VET**

**Dr. Adrienne Waffle**

**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**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**INVOICE**

**41258**

**DATE**

**9/12/22**



**PATIENT**

**Pancreas**

Raj Palisin

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.

**SPECIES**

Feline

**Free Abdomen**

Large amount of abdominal fat noted in this patient.

**BREED**

DLH

**ULTRASONOGRAPHIC FINDINGS**

- Moderate chronic interstitial nephrosis renal pattern
- Large amount of abdominal fat, excessive body score

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dietary indiscretion, structurally insignificant inflammatory bowel, helicobacter all potentials in this patient. Endoscopy warranted if clinical signs persist, yet no evidence of significant disease other than moderate degenerative renal changes.

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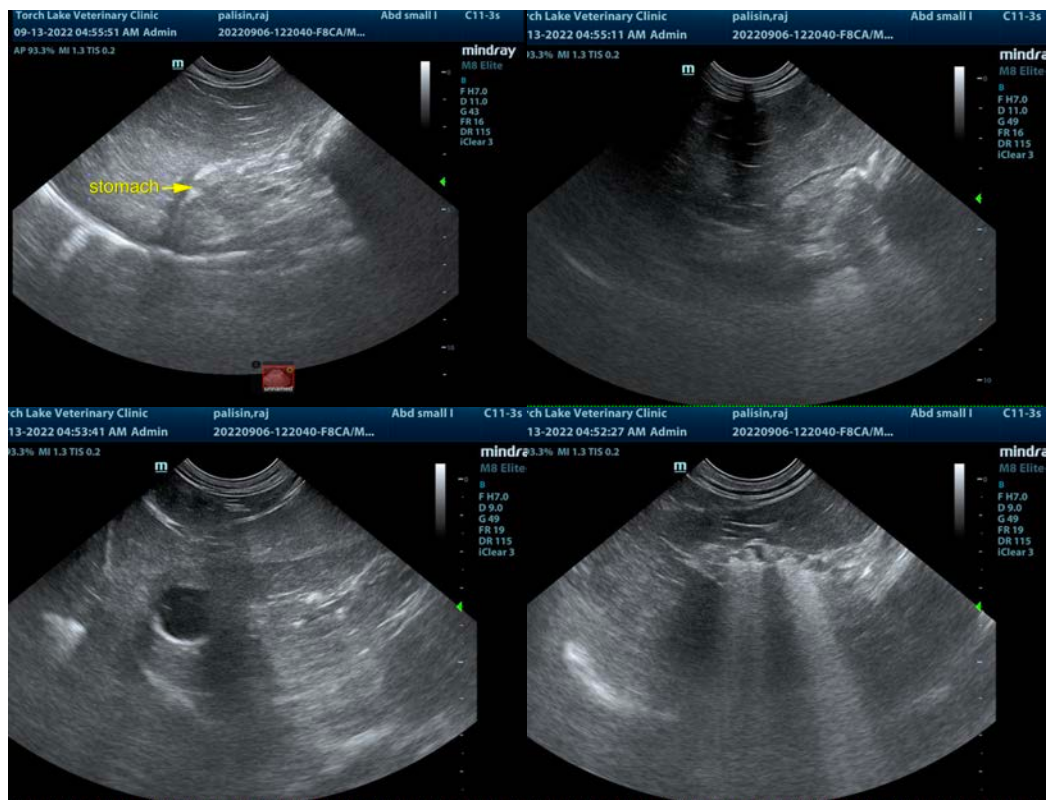
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**PATIENT**

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**SEX**

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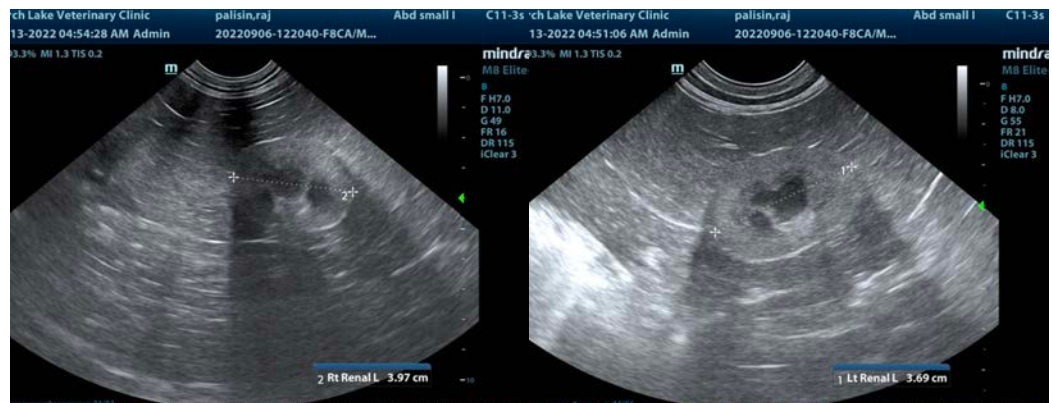
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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