



PATIENT

Toby Grass

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

12 Years

WEIGHT

14.51 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Amy Hess

HOSPITAL NAME

Petmedic Urgent Care

REFERRING VET

Dr. Amy Hess

INVOICE

17517

DATE

9/30/22

PRESENTING CLINICAL SIGNS

The owner notes that Toby is having diarrhea, and has been for about one week. She has had a few diarrhea accidents outside of the litter box. No vomiting noted. She will occasionally bring up a hairball. No coughing or sneezing noted. She is not acting lethargic at all. She is eating and drinking fine. She is the only pet in the house. The owner cannot think of anything new in her life that she got in to or ingested. Adopted late 2019 healthy otherwise more bowel movements than normal

Abnormal PE/Chem/CBC/UA Results: painful abdomen, distended (no fluid wave or palpable masses), malodorous diarrhea on hind end. BW- NA 167, mild neutrophilia, otherwise normal UA-SG>1050, inactive sediment FPL- abnormal

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Mineralization was noted in the kidneys, nonobstructive. The left kidney measured 3.0 cm.

Adrenal Glands

The **left adrenal gland** was 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 left adrenal gland measured 0.4 cm.

The region of the **right adrenal gland** revealed no evident pathology.

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.



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Gastrointestinal

The **stomach** was filled with ingesta or more likely hairball accumulation with progressively shadowing material. Transit of chyme into the small intestine appeared to be unremarkable.

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Pancreas

The **pancreas** revealed heterogeneous mixed hypoechoic parenchymal changes.

BREED

DMH

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis pattern in the left limb
- Hairball density in the stomach
- Age-related renal changes with mineralization

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

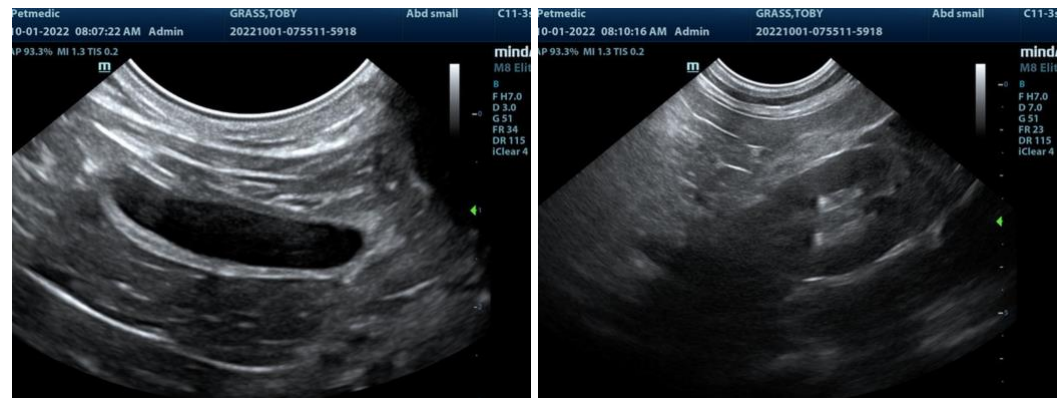
Hairball therapy is warranted. Treatment for food intolerance, occult parasitism and pancreatitis is indicated. A hydrolyzed diet may be appropriate. I recommend a fresh fecal smear and fecal floatation analysis.

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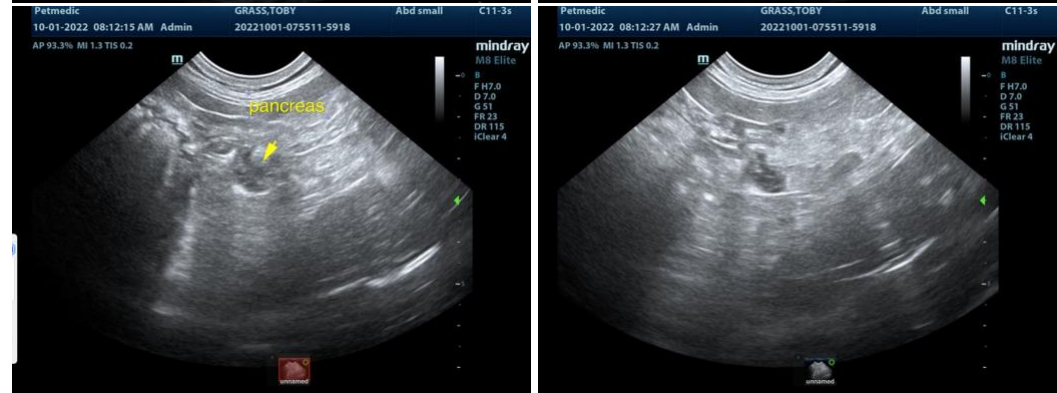
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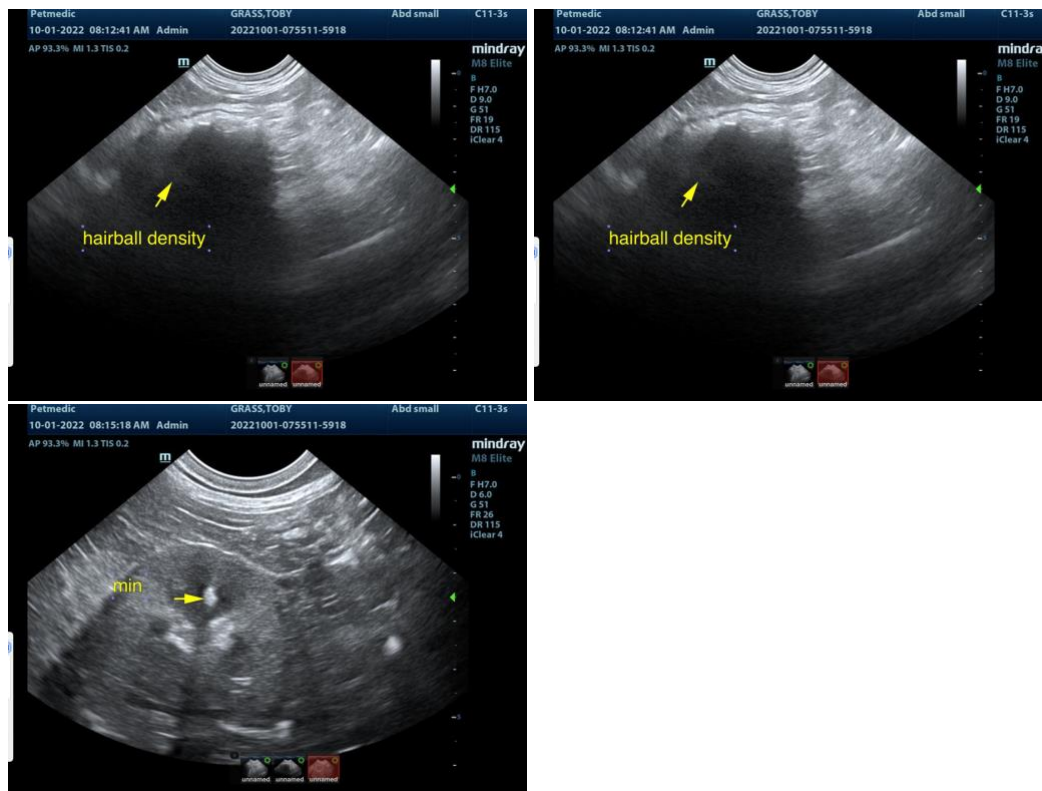
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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