



PATIENT

Poppi Tschopp

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

8.6 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

41131

DATE

9/8/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for recheck. Was seen here on 8/31 for decreased appetite not acting self. Blood work & rads were unremarkable. Tuesday had explosive diarrhea, stopped eating as much, decreased urine. Found 6 piles of clear liquid with blood in it (possibly vomit). Previous Health Concerns: none Current Medications: mirtazapine ointment, buprenorphine Appetite/When did they eat last: appetite deceased, didn't eat yesterday, had few treats this morning

Abnormal PE/Chem/CBC/UA Results: Very painful in cranial abdomen. Bloodwork 9/8/22 : PH 7.435 Radiographs 9/8/22: Ingesta like material in stomach, loss of detail in surrounding area. Radiographs 8/31/22: large amount of ingesta in stomach, no evidence of obstruction/mass, no plication noted, stool in colon- appears normal in size/shape. Bloodwork 8/31/22: Chemistry: Total protein 8.7 H, Globulin 6 H (A/G ratio 0.45); CBC: unremarkable ; EPOC: unremarkable ; fPL: 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 were noted. Ureteral papillae were normal.

The **kidneys** were mildly enlarged. Corticomedullary definition was maintained. However, hyperechoic medullary rim sign noted, idiopathic. Mild increased cortical echogenicity noted, consistent with interstitial nephrosis, minor. Blood flow appeared adequate on color flow assessment. The left kidney measured 4.92 cm. The right kidney measured 4.97 cm.

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.

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 thickened with pericapsular inflammatory pattern. Lumen was empty. Some loss of mural detail present. The small intestine was mildly thickened with hypertrophied muscularis.



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Pancreas

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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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ULTRASONOGRAPHIC FINDINGS

- Undefined gastric thickening, possible granulomatous disease
- Medullary rim kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strongly recommend gastric biopsies. If any significant proteinuria is present, then renal biopsy would be indicated. Granulomatous gastritis is a strong potential. Mild potential for underlying emerging gastric neoplasia. Full thickness biopsies are essential in this patient as opposed to endoscopy, given that the more dramatic changes are transmural. Underlying infectious agents such as bartonella and toxoplasmosis should be considered.

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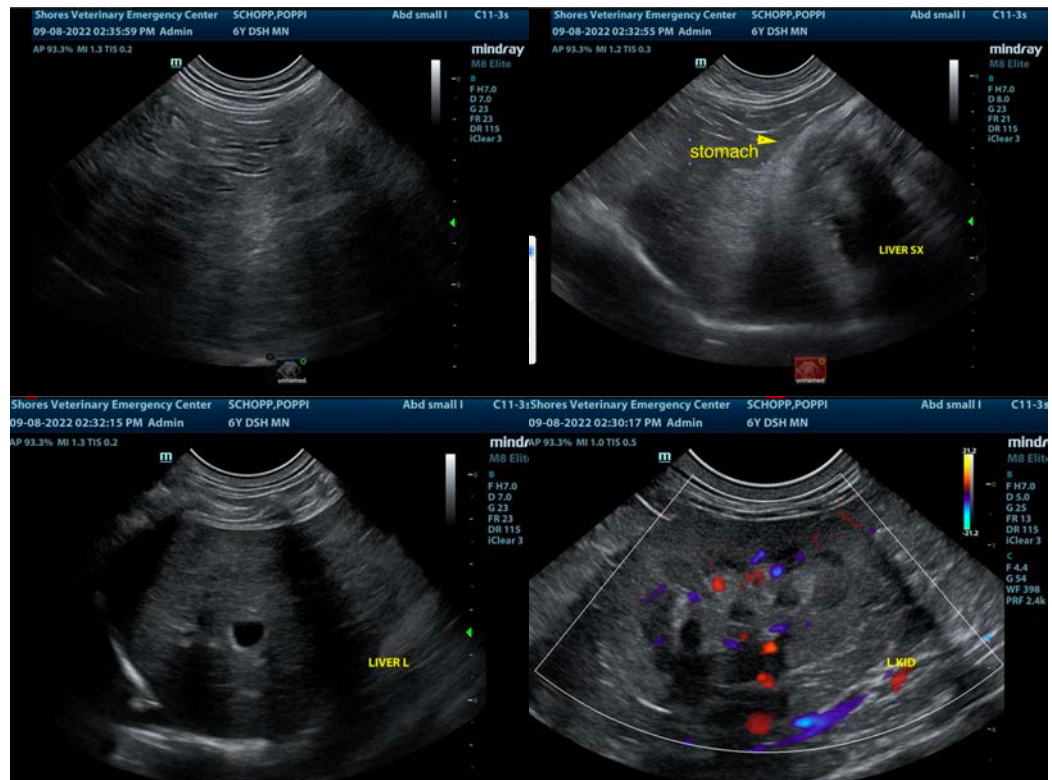
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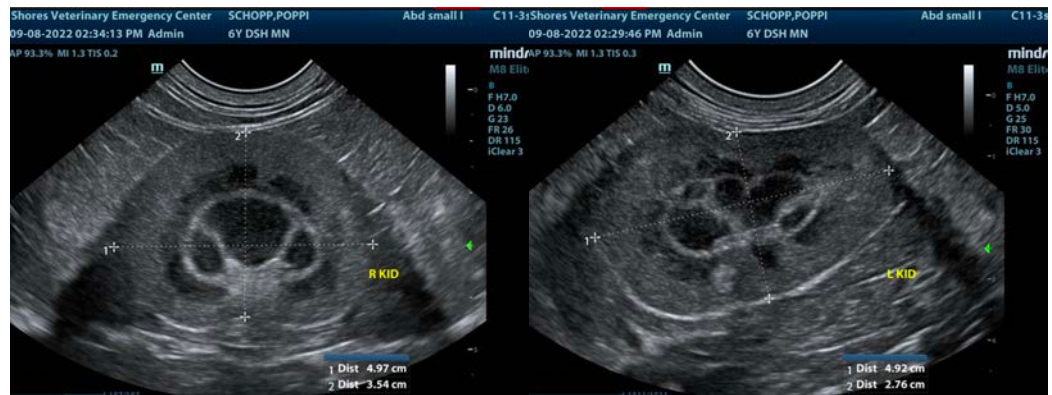
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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