



PATIENT PRESENTING CLINICAL SIGNS

Leo Dunn History: vomiting, diarrhea, not eating past 3-4 days, FIV/FeLV neg currently on maropitant, metronidazole, mirtazapine
Abnormal PE/Chem/CBC/UA Results: rads: poor serosal detail, no opaque FB seen

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Bengal

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.

SEX

Intact male

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. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.45 cm. The right kidney measured 3.2 cm.

AGE

10 weeks

WEIGHT

1.11 kg

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. The left adrenal gland measured 0.34 cm. The right adrenal gland measured 0.32 cm.

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 was noted.

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Niagara Veterinary
Emergency Clinic

REFERRING VET

Dr. Price

Liver

The **liver** was uniform with slightly increased portal markings. The portal vein presented a tortuous contour at the level of the portal hilus. However, no overt shunting was noted as the portal vein to vena cava to aortic ratio was 1:1:1. This may be an individual variant. However, there is coarse architecture to the liver. The portal vein measured 0.4 cm. Portal hypoplasia could be an issue/microvascular dysplasia if bile acids are elevated. The vena cava and aortic volumes were normal. Intrahepatic vascular volume appeared to be normal. The gallbladder presented acceptably thin walls with primarily anechoic content. The common bile duct was normal at 0.2 cm.

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PATIENT

Gastrointestinal

Leo Dunn

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable fluid filled small intestine was noted with gas artifact. Slight epigastric lymphadenopathy was noted. The mesenteric lymph nodes were reactive and expected for this age patient.

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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.

SEX

Intact male

ULTRASONOGRAPHIC FINDINGS

AGE

10 weeks

Slightly tortuous portal vein, possible normal variant or may be linked to microvascular dysplasia/portal hypoplasia. Not likely of clinical significance.

Slight, coarse hepatic architecture.

Gastroenteritis presentation. No evidence of foreign body.

WEIGHT

1.11 kg

Slight epigastric lymphadenopathy was noted.

Otherwise, unremarkable abdomen.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt intrahepatic or extrahepatic shunting. Bile acid profile is warranted. Supportive care and anti-parasitic protocol is recommended.

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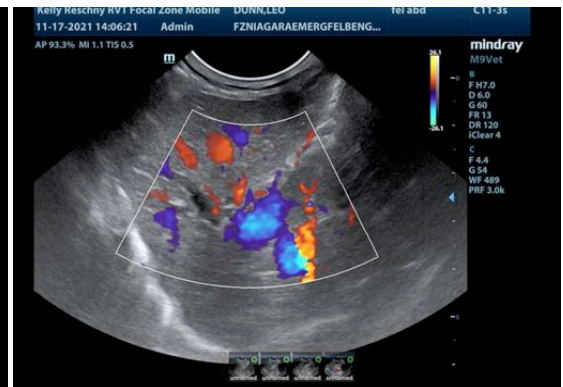
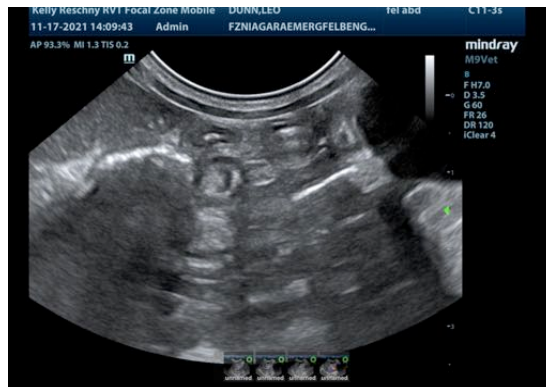
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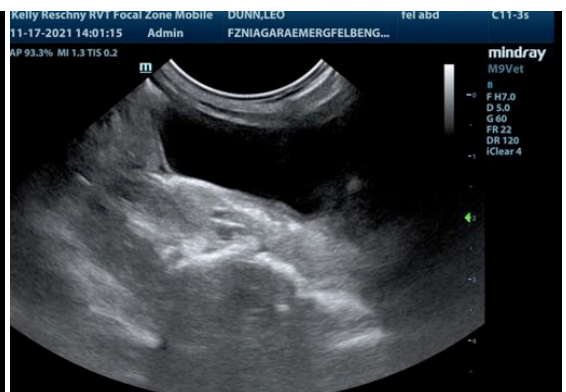
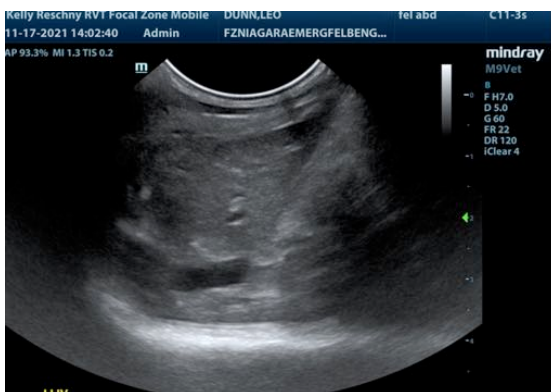
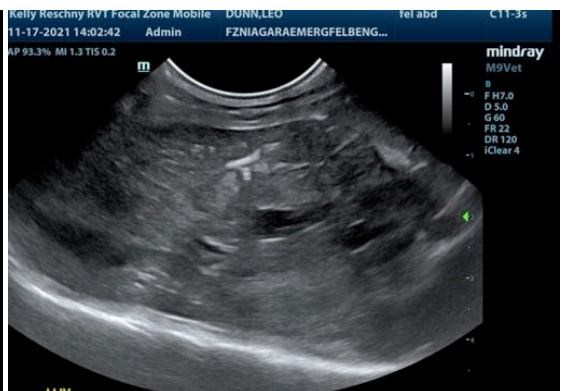
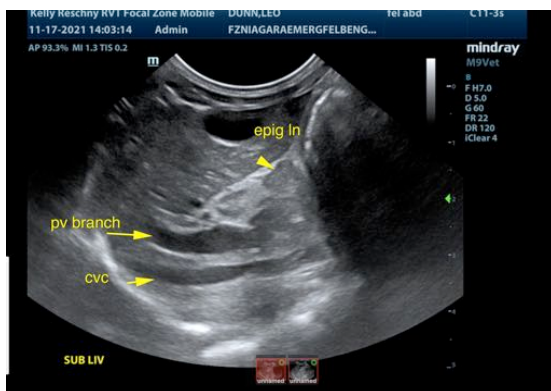
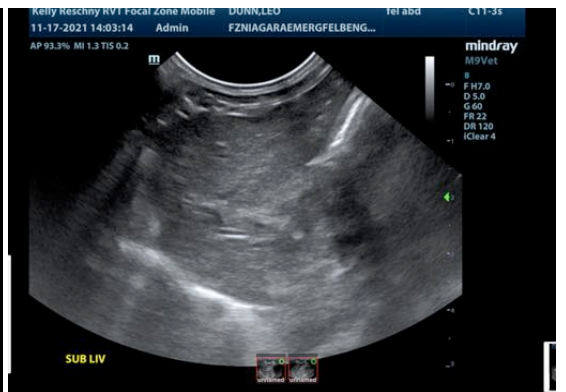
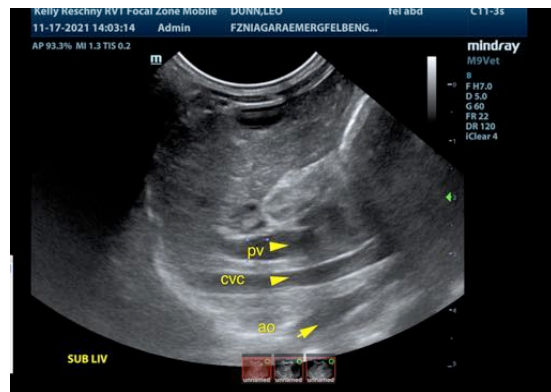
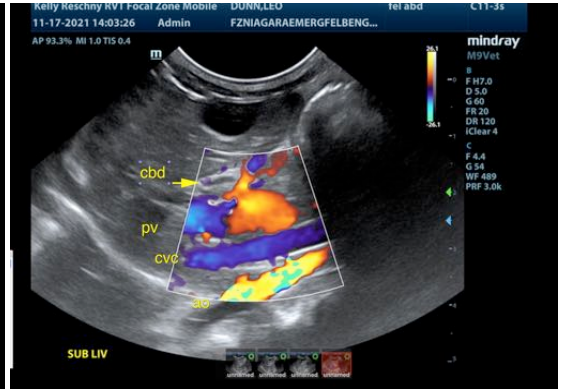
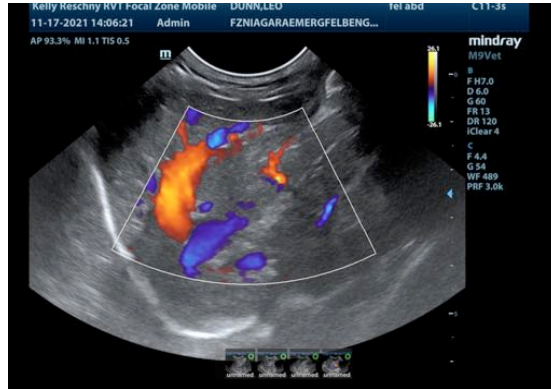
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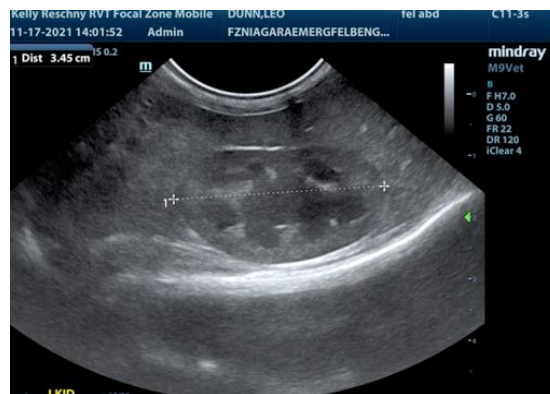
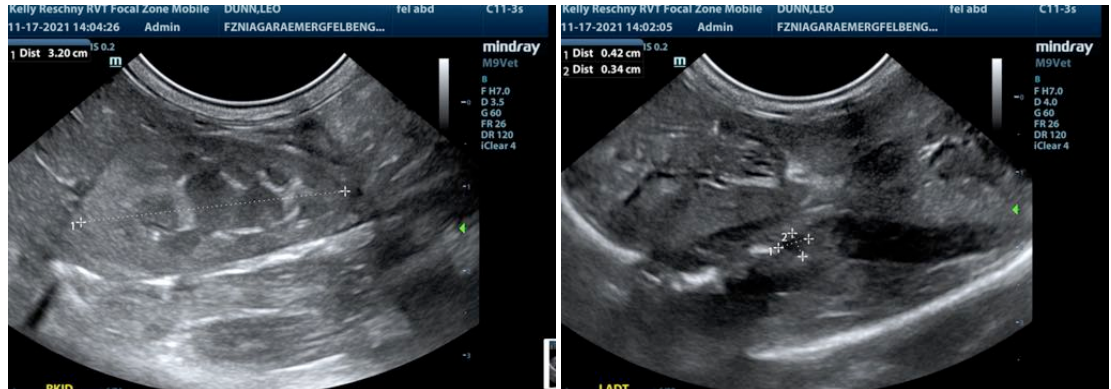
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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