

**PATIENT**

Luna Lapointe

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

6.7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

Dogs and Cat Clinic of  
Niagara

**REFERRING VET**

Dr. Heidi

**INVOICE**

42618

**DATE**

11/21/22

**PRESENTING CLINICAL SIGNS**

History: Pocket in rectum full of stool, cannot defecate. Did pass some mucousy stool in her carrier today on way to appt for ultrasound. Has been on Fibre food. Do we need to evacuate manually or is this operable? Has been given Lactulose, metacam and Gabapentin. Also on profender.

Abnormal PE/Chem/CBC/UA Results: Please see attached radiographs. CBC normal other than high neuts, high monocytes, low eosinophils. Glucose mild elevation, Creatinine and BUN low, Chloride low, ALP and Amylase low, total T4 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 was noted. Ureteral papillae were normal.

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. Slight, pinpoint mineralization was noted. The right kidney measured 4.0 cm. The left kidney measured 3.0 cm.

**Adrenal Glands**

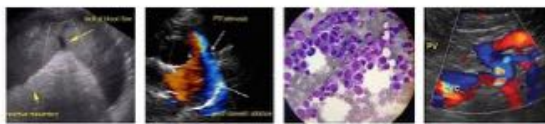
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.33 cm and the right adrenal gland measured 0.4 cm.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. The spleen revealed minor scalloping contour, this is likely reactive state.

**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.



**PATIENT**

**Gastrointestinal**

Luna Lapointe

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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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**

Spayed female

**Free Abdomen**

A slight amount of reactive mesentery was noted associated with the intestinal tract.

**AGE**

12 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

6.7 lbs

Minor intestinal thickening.

Reactive spleen.

Otherwise, age related abdominal changes.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of neoplasia. Fecal exam and maldigestion panel is warranted. Diet change to a geriatric hydrolyzed diet may prove effective, yet the changes were minor and non-specific.

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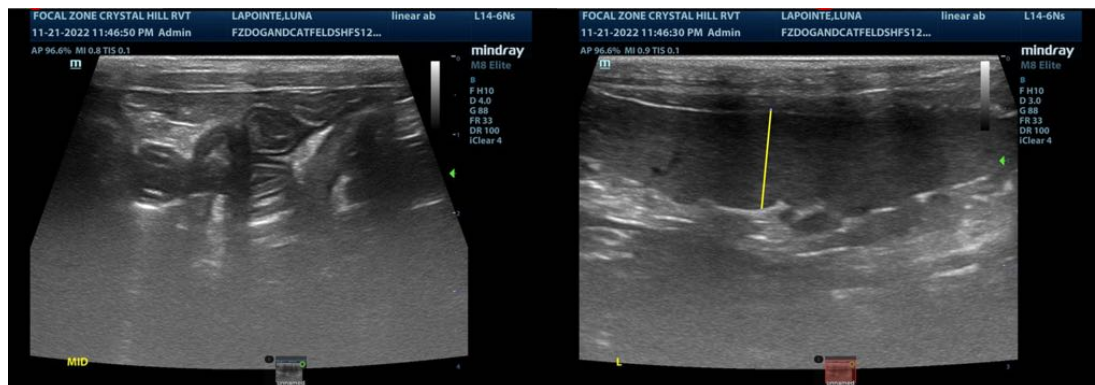
Dr. Heidi

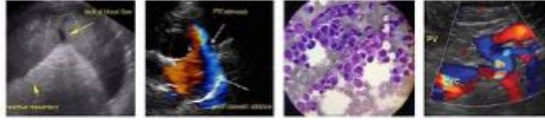
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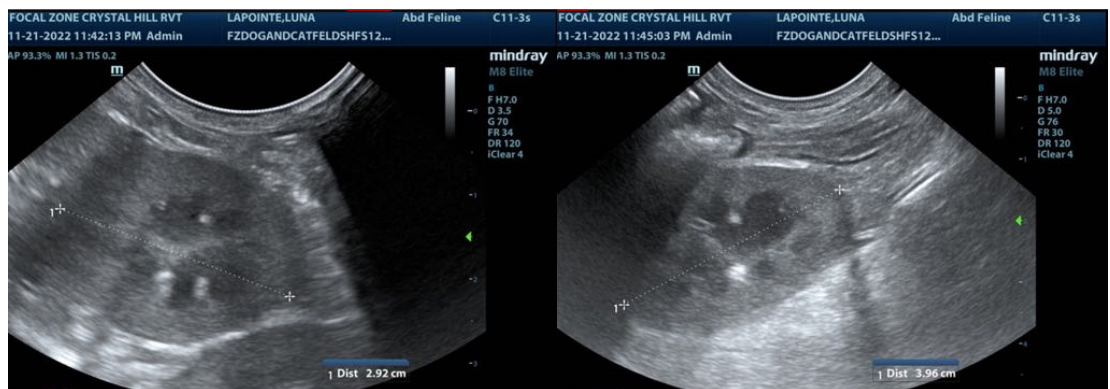
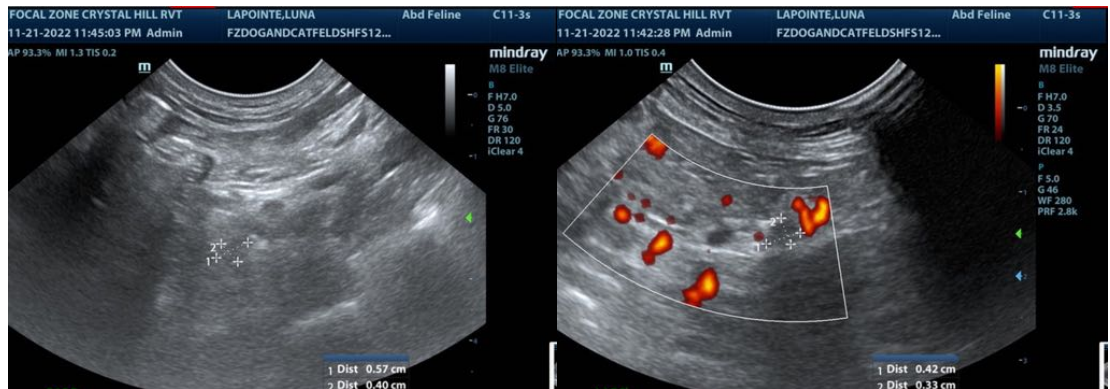
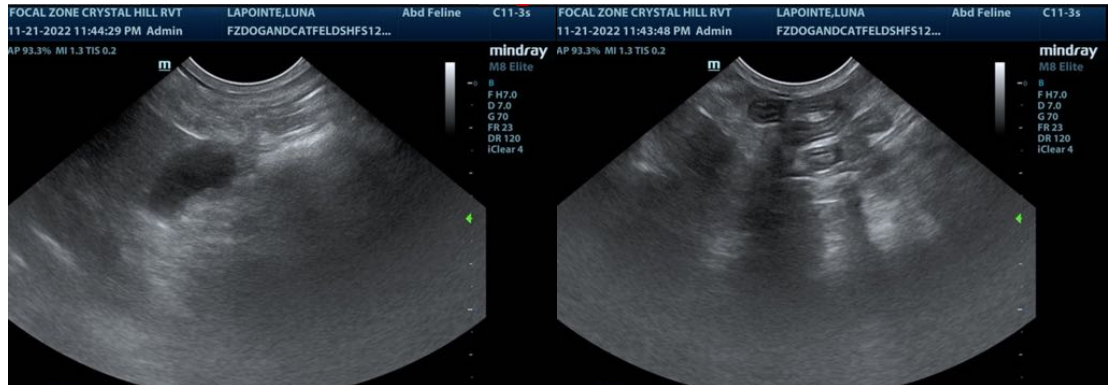
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com