



PATIENT

Greyson George Crooks

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

19 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hornbuckle

HOSPITAL NAME

Golden Isles AH

REFERRING VET

Dr. Hornbuckle

INVOICE

30761

DATE

5/27/22

PRESENTING CLINICAL SIGNS

GG presented 5/24 for being inappetant and lethargic. Owner reported that he seemed to have difficulty walking and couldnt stand up well. Labs were wnl, Catgram rads were free of fracture and dislocation, spine was wnl as well. Generally rads were free of abnormality. Px did not respond to a single dose of NSAID so AUS was ordered to further investigate

Abnormal PE/Chem/CBC/UA Results: Severely overweight, Severe weakness in rear limbs. Px displays withdrawl and has pain sensation in all four but cannot stand. CBC/Chem are wnl, no fever

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 a hyperechoic medullary rim sign was noted in both kidneys. This is an idiopathic finding. However, it can be related to FIP or lymphoma, yet there is no suspicion of either disease. The left kidney measured 4.0 cm. The right kidney measured 4.0 cm with a medullary rim sign similar to the prior sonogram.

Adrenal Glands

The right **adrenal gland** was visualized and measured 0.4 cm. The left adrenal gland was visualized from the right approach and measured 0.3 cm.

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.

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

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.

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.

Free Abdomen

There was a large amount of abdominal fat noted in this patient.

ULTRASONOGRAPHIC FINDINGS

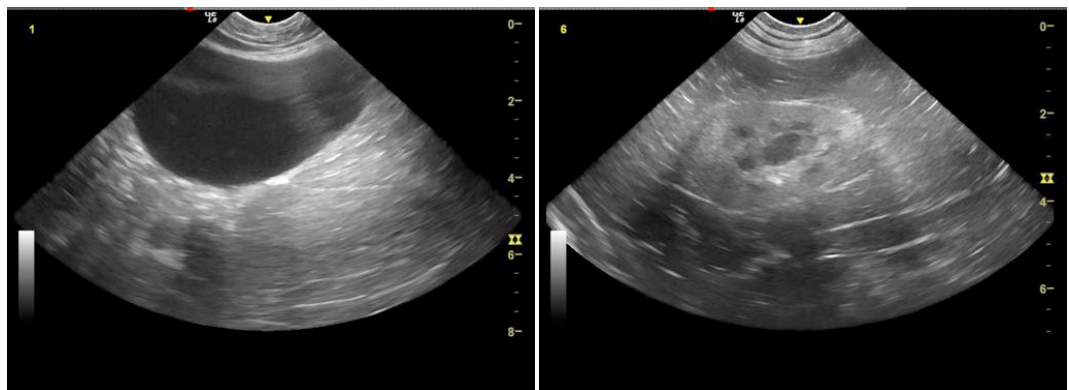
Large amount of abdominal fat.

Minor medullary rim kidney.

No evidence of visceral disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Weight loss protocol is recommended in this patient. Inappetence and lethargy may be owing to orthopedic/spinal pain. There was no evidence of visceral disease that would be responsible for anorexia.





PATIENT

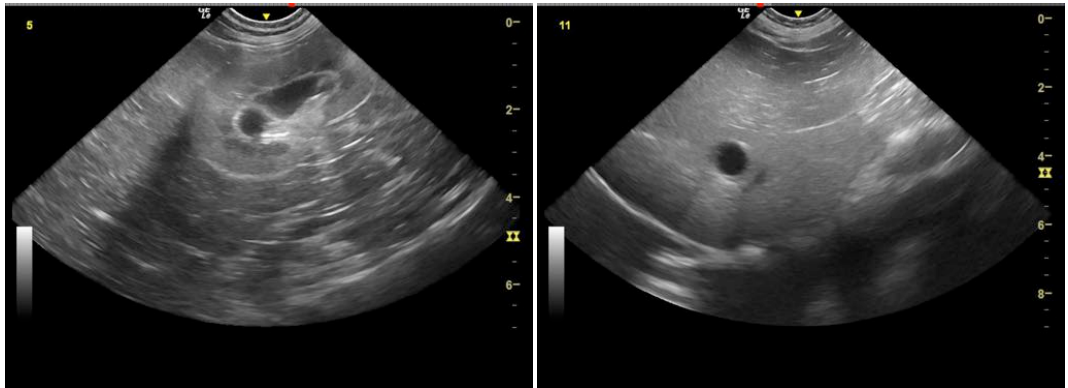
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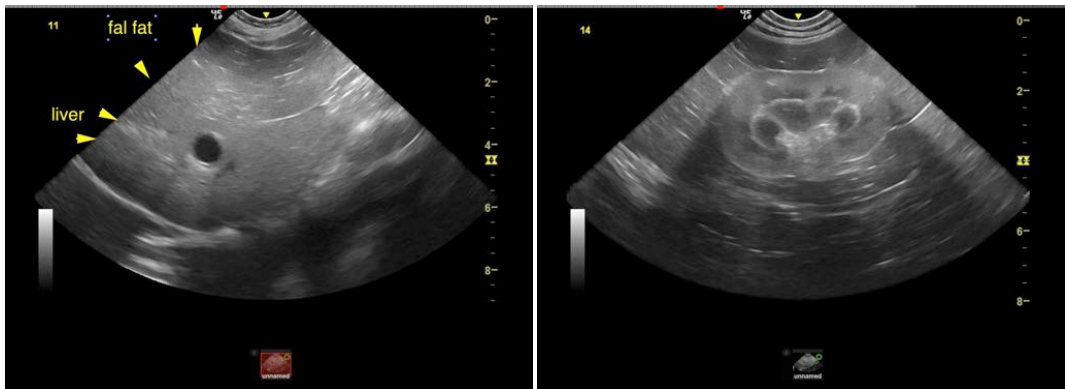
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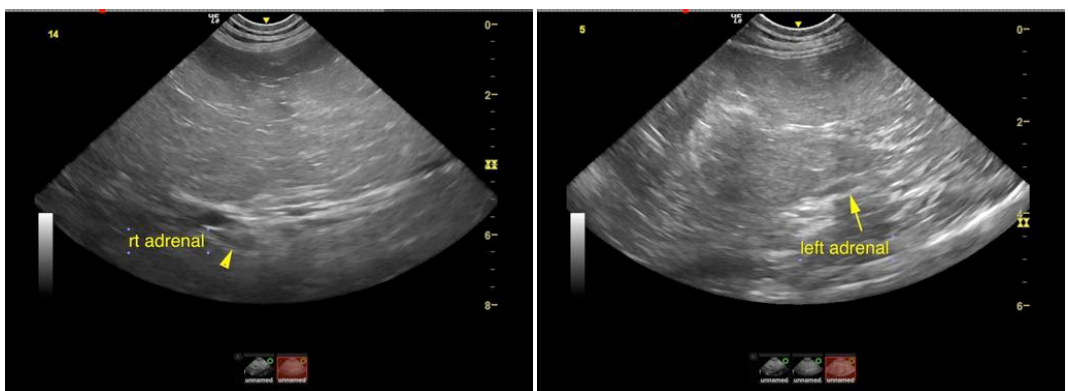
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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