

**DATE**

1/10/22

PRESENTING CLINICAL SIGNS

History: Sudden onset of diarrhea end of November 2021.

Owner unable to get anything into her via oral meds- including fortiflora.

No vomiting, eating less. Tried 2 prescription GI foods. will not eat. Diarrhea responded 2 weeks to Depo Medrol injection and is now back. Weight loss 12.6 pounds to 9.8 pounds in 3 months.

Current Medications: Depo Medrol 20mg SQ 12/13/21. Profender 12/13/21. 1/6/22: Depo Medrol 18mg SQ, Dex 0.5mg, B12 injection, Cerenia injection 0.45ml SQ.

Lab Results: negative fecal float 12/13/21. CBC vet screen: increased albumin 4.2, decreased cholesterol 38, HCT 39%, t4 1.9= normal. Maldigestion profile: cobalamin 298 normal, folate 19.4 normal, pLi 1.4 normal, tLi 21.6 normal.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Siamese

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

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.**AGE**

10/1/15

The **kidneys** were largely normal in size and contour with mildly increased cortical echogenicity. Slight pyelectasia was noted in the right kidney. The left kidney measured 3.4 cm with a cortical infarct at the cranial pole. This is stable with no evidence of active inflammation. The right kidney measured 3.99 cm.**WEIGHT**

9.8 lbs

Adrenal GlandsBoth **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.**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.**HOSPITAL NAME**

Jacksonville VC

REFERRING VET

Dr. Larsson

LiverThe **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. Slight gallbladder wall thickening was noted.**INVOICE**

95089

GastrointestinalThe **stomach** was filled with progressively shadowing ingesta that obscured some visibility. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** revealed slight coarse architecture and slight duct dilation. There was no evidence of significant disease.

ULTRASONOGRAPHIC FINDINGS

Non-specific abdominal changes.

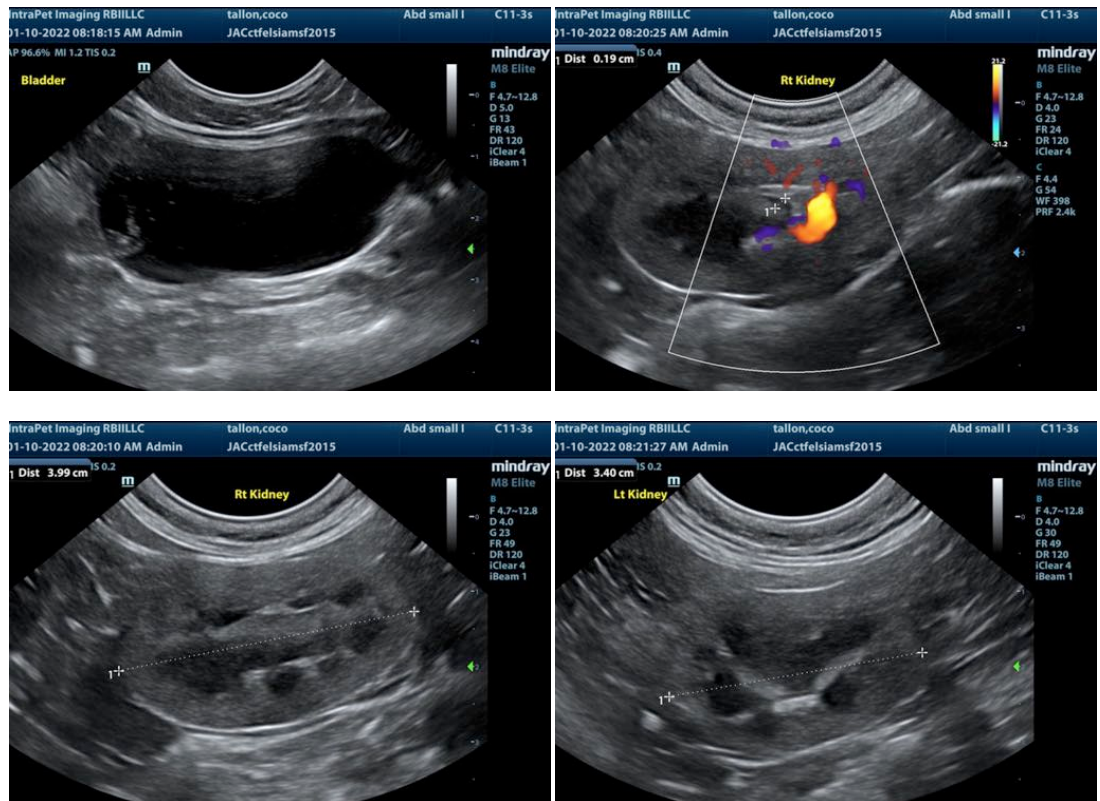
Slight, coarse pancreatic changes.

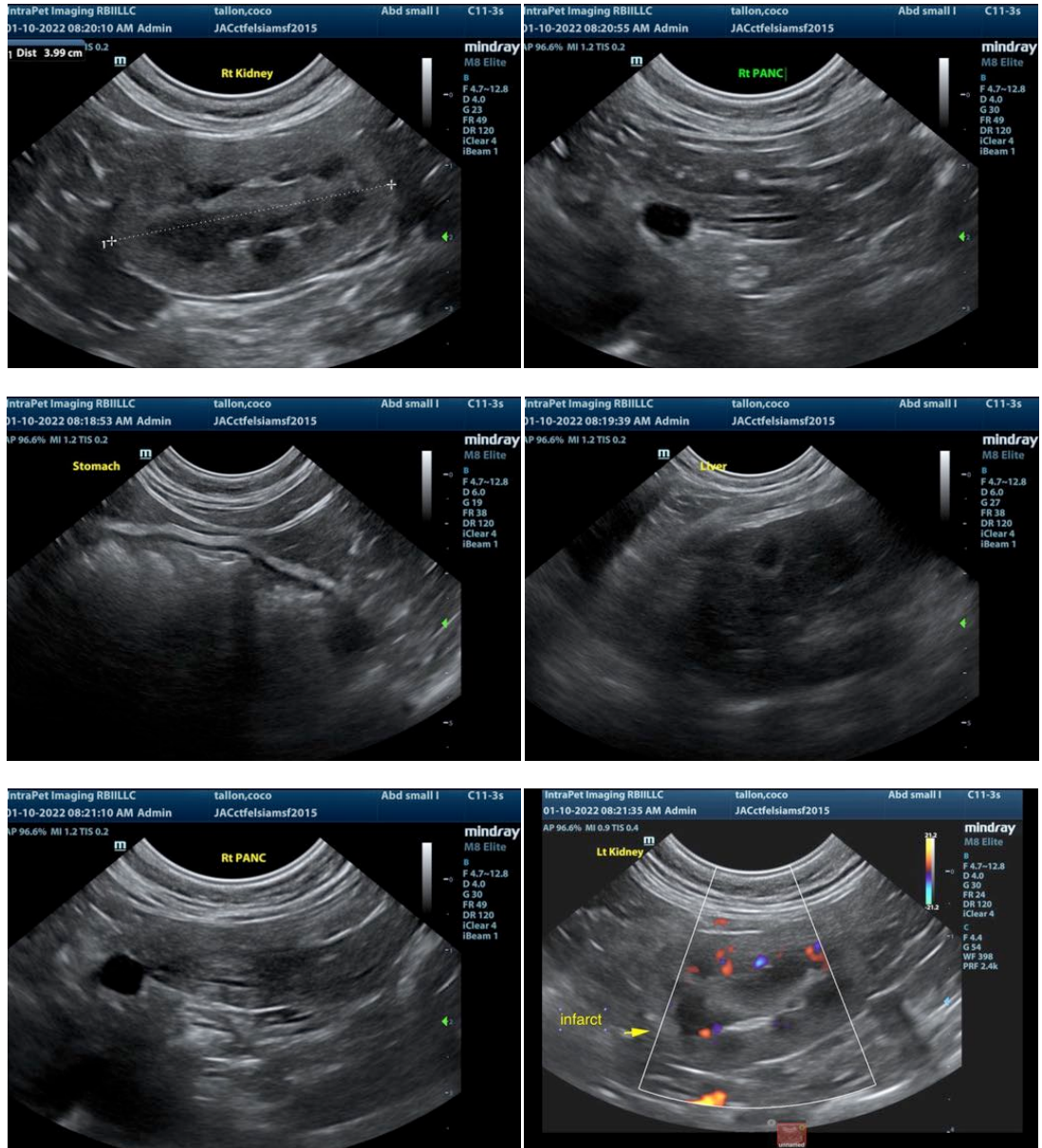
Full stomach, possible hairball accumulation or post prandial presentation.

Minor right renal pyelectasia. Slightly infarcted left kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The full stomach limits full evaluation. The Depo Medrol therapy may be suppressing a more significant presentation. Hairball therapy is warranted if the patient was not post prandial at the time of the sonogram. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected.





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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