



PATIENT

Mya Husman

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

11 years

WEIGHT

3.9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Hayley Heindel, CVT

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Longbottom

INVOICE

42575

DATE

1/10/23

PRESENTING CLINICAL SIGNS

History: hx of feeding tube, O states P has been vomiting since tube was pulled last week, recheck u/s
Abnormal PE/Chem/CBC/UA Results: BUN 72 Creat 5.3 Potassium 2.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 normal size contour with slightly increased cortical echogenicity. This is a non-specific presentation. Acute on chronic insult is suspected. The left kidney measured 3.9 cm. The right kidney measured 4.07 cm. Blood flow to the kidneys was subnormal on color flow assessment.

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 adrenal glands both measured 0.4 cm.

Spleen

The **spleen** appeared volume contracted and isoechoic to the surrounding fat.

Liver

The **liver** revealed increased portal markings with lobar biliary mineralization and gallbladder calculi. The common bile duct was free of evident pathology and measured 0.2 cm. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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. Soft stool was noted in the colon. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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Pancreas

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The **pancreas** was hypoechoic and mildly irregular with undulating contour measuring up to 0.8 cm in width.

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ULTRASONOGRAPHIC FINDINGS

Subjectively mild, degenerative renal changes.

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Prominent, irregular pancreas, potential low-grade pancreatitis.

Hepatic remodeling with biliary mineralization and calculi.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72 hour IV fluid protocol is warranted to correct the azotemia. Toxin or infectious insult should be considered. Compared to the prior sonogram the pancreas is significantly resolved and appears to be stable. The reactive mesentery noted appeared to be resolved; however, I am concerned about the insult to the kidneys. Blood flow appears to be reduced to the kidneys and given the azotemia secondary renal insult is suspected. Continual treatment for azotemia +/- cortical FNA may be appropriate. If not ruled out underlying infectious agents such as Toxoplasmosis and Bartonella should be considered. I recommend continuation of Ursodiol therapy long term to attempt to dissolve the biliary mineralization.

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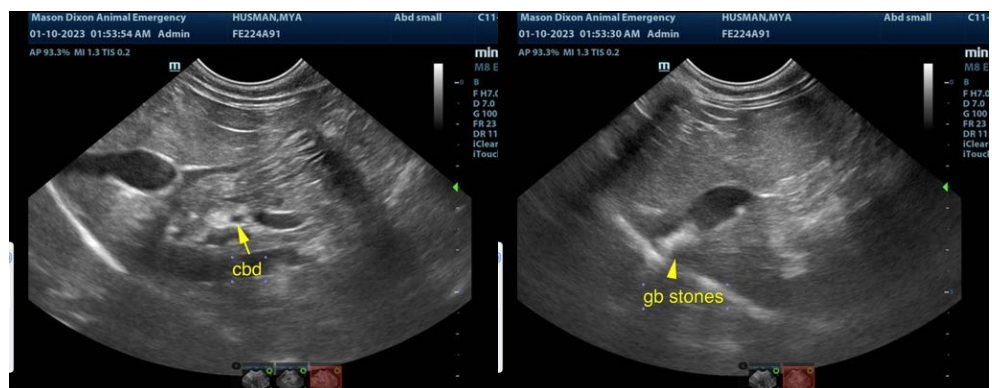
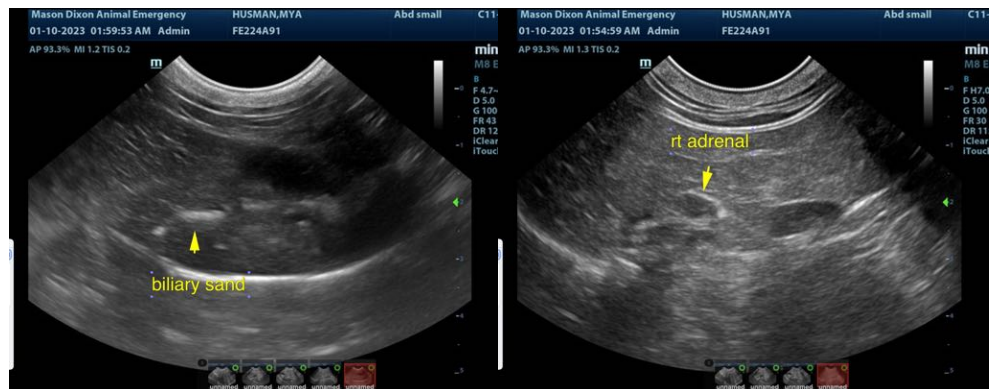
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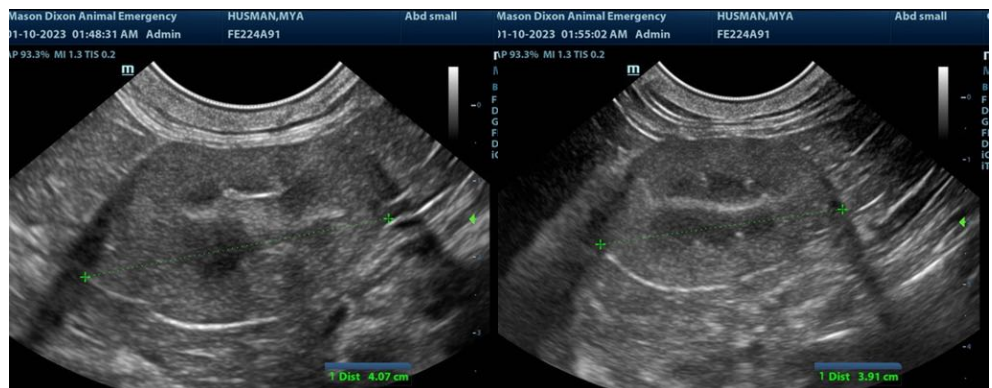
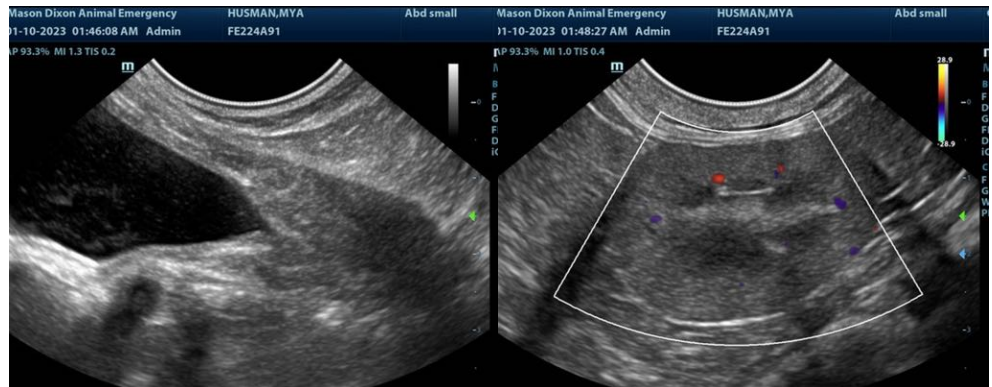
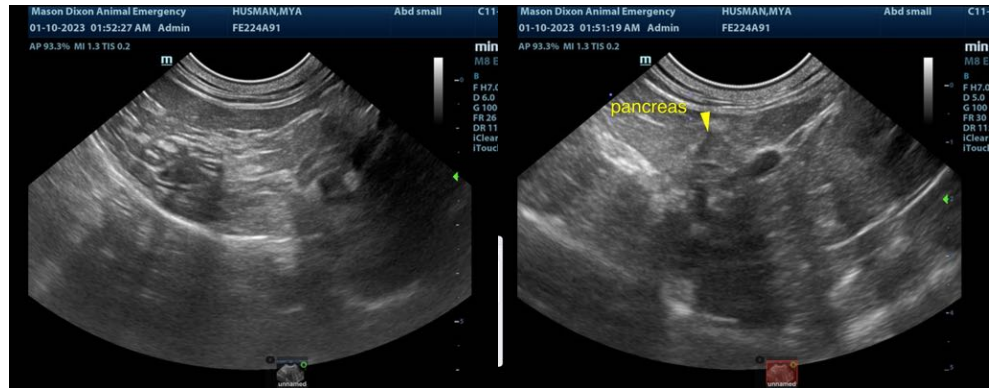
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com