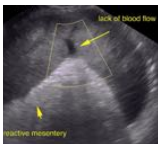
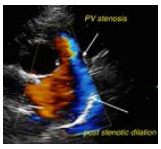
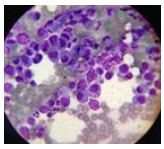
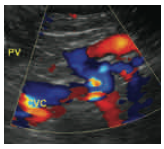
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Melody Stefanko CAH

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

2 years

WEIGHT

4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Dr. Petrone

INVOICE

95165

DATE

1/11/22

PRESENTING CLINICAL SIGNS

2 yo FS DSH, underweight (whole life), "twitchy"/possible seizure activity
Abnormal PE/Chem/CBC/UA Results: NSF FELV/FIV negative

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 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 right kidney measured 2.75 cm. The left kidney measured 2.78 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.

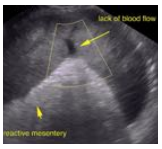
Spleen

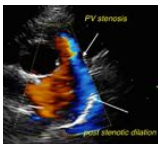
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

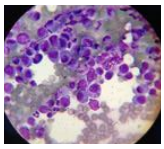
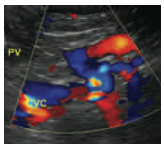
Liver

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.

Gastrointestinal





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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was some retention of ingesta noted in the stomach. This is most consistent with kibble. 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

Trace free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

Free fluid, unexplainable.

Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If ultrasound-guided abdominocentesis of the free fluid with cytospin is possible, then I would recommended this. The liver structurally appears unremarkable with normal volume. There was no obvious portosystemic shunting noted. However, if the bile acids are elevated then further imaging of the portal hilus is indicated. Intrahepatic volume appears normal and the liver size is normal. There was no evidence of bladder sand, calculi or renal calculi, all of which are negative predictor factors for shunting. If the bile acids are elevated then further imaging of the portal hilus is indicated. MRI of the CNS would be ideal or CT with contrast. Underlying FIP is a potential in this case.

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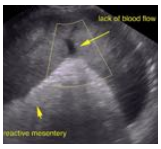
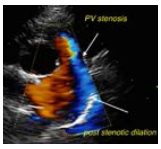
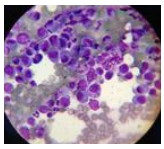
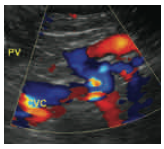

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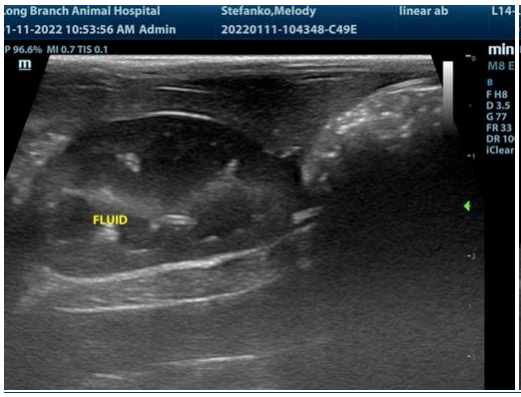

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com