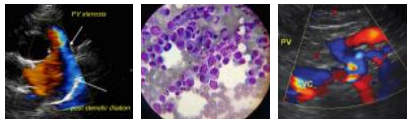
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
1/14/22

PATIENT
Milo Constable

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
6/21/13

WEIGHT
21 Lbs.

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Homeward Bound VS

REFERRING VET
Dr. Vance

INVOICE
13457

PRESENTING CLINICAL SIGNS

History: Presents for being lethargic and wobbly. Enlarged spleen on xray. Felv/FIV negative.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 were 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. Slight pinpoint mineralization noted. The left kidney measured 4.21 cm. The right kidney measured 4.48 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 0.57 cm. The right adrenal gland measured 0.53 cm.

Spleen

The **spleen** was slightly enlarged, measuring 1.2 cm.

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

The **stomach** in this patient revealed a progressively shadowing material, consistent with likely hairball accumulation. The gastric wall was unremarkable. The small intestine and colon were unremarkable. Curvilinear patterns were maintained. Intestinal wall thickness measured up to 0.25 cm.

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.

Other

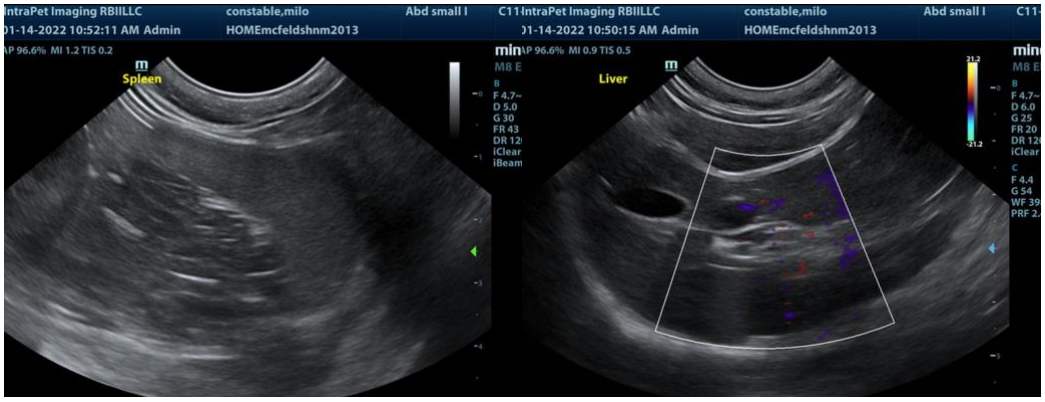
A rapid view of the **heart** revealed no evident pathology. The clinical signs are not likely of a cardiogenic source.

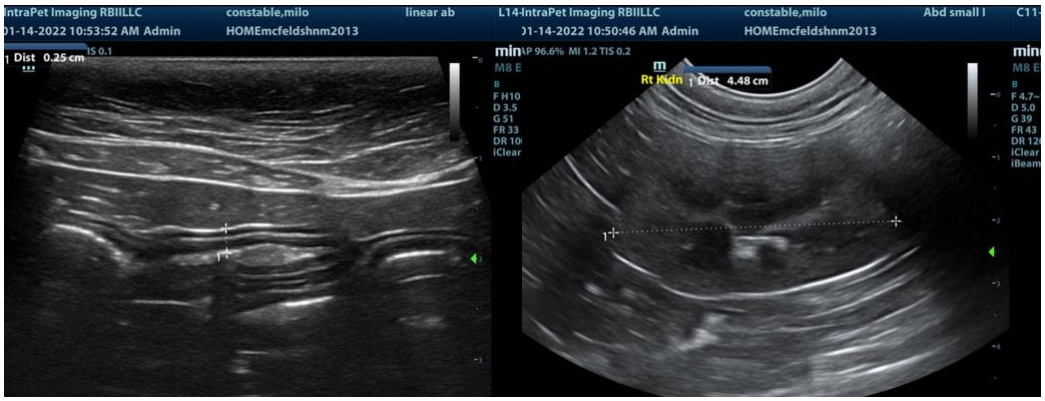
ULTRASONOGRAPHIC FINDINGS

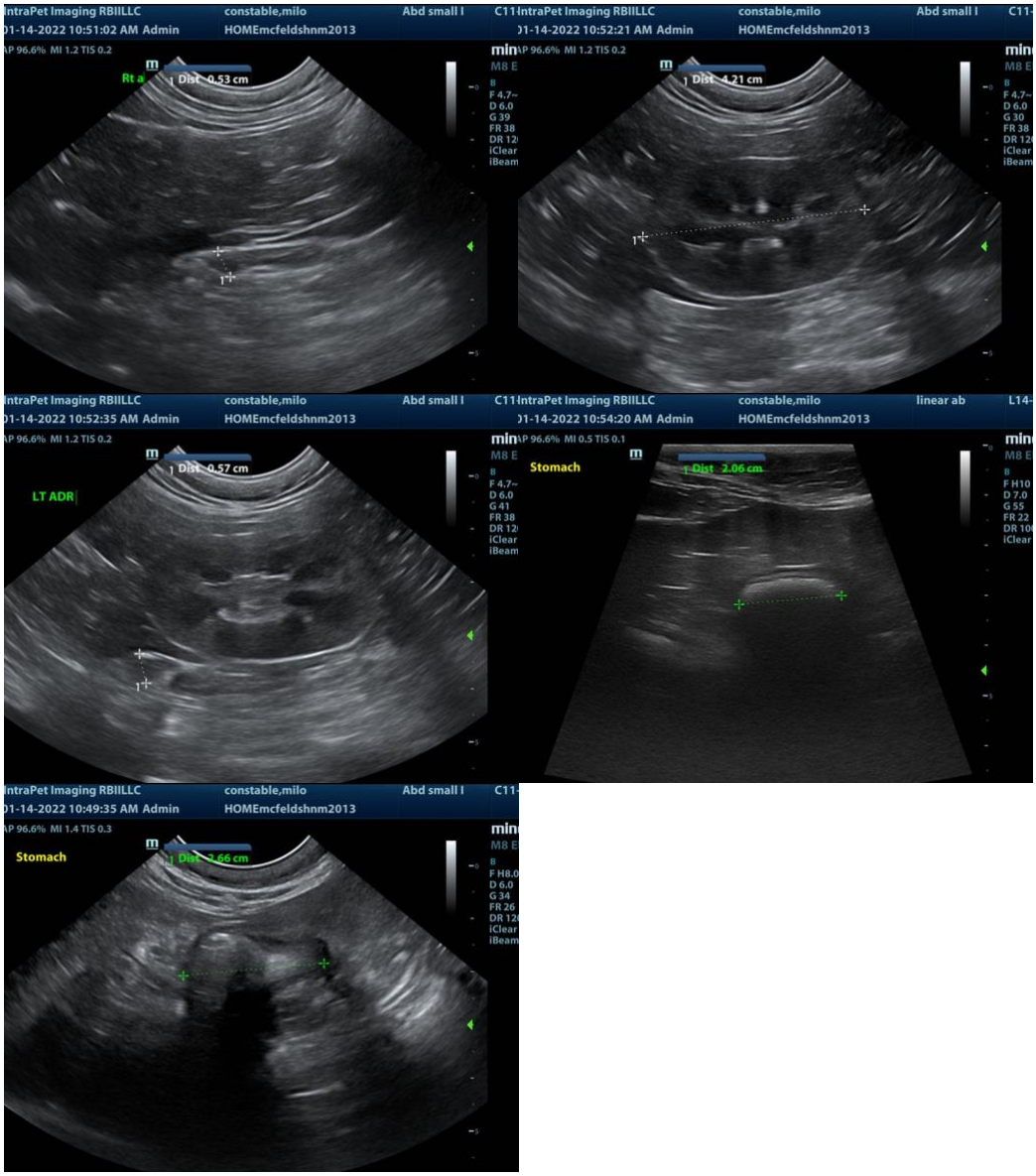
- Hairball density in the stomach
- Slight renal mineralization
- Spleen slightly enlarged
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the clinical signs was not evident in the abdomen, however, hairball therapy warranted given the density in the stomach. Full CNS and orthopedic examination warranted. If any CNS signs are present, CT with contrast warranted. If any weight loss is present, then FNA indicated, likely reactive state, however, underlying emerging round cell neoplasia cannot be completely ruled out hence the necessity for screening FNA.







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
Eric.Lindquist@SonoPath.com