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DATE

1/20/23

PATIENT

Lord Brixton Aiken

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

8/3/18

WEIGHT

24 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

44413

PRESENTING CLINICAL SIGNS

This week started monday - was licking at back end more - tuesday appetite seemed off and started vomiting bile - wasn't really interested in eating yesterday, was licking his lip excessively - still following for food but only licked at things then walked away Grooming himself a bunch yesterday - noted he had diarrhea trapped in his fur Vomited again overnight, small amounts with 1 piece of food Typically a good eater Known eater of things FB 1.5 years ago: was vomiting excessively, very lethargic - had sx, enterotomy Presented to rdvm: - Vomiting, hyporexia, diarrhea - PE: NSF - Rads: suspicious gas dilated bowel, gas dilated colon

Current Medications: Buprenorphine, Potassium Chloride, Unasyn, Protonix.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was overdistended with mild suspended debris. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** presented moderate degenerative changes and interstitial nephrosis pattern. Cortical infarcts and mineralization noted on both kidneys. The left kidney measured 4.71 cm. The right kidney measured 3.42 cm. Blood flow to the kidneys appeared to be mildly subnormal from a subjective standpoint.

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 0.52 cm. The right adrenal gland measured 0.62 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 were 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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor excessive GI gas noted. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. A reactive colic lymph node was noted measuring 1.5 cm x 0.60 cm.

Pancreas

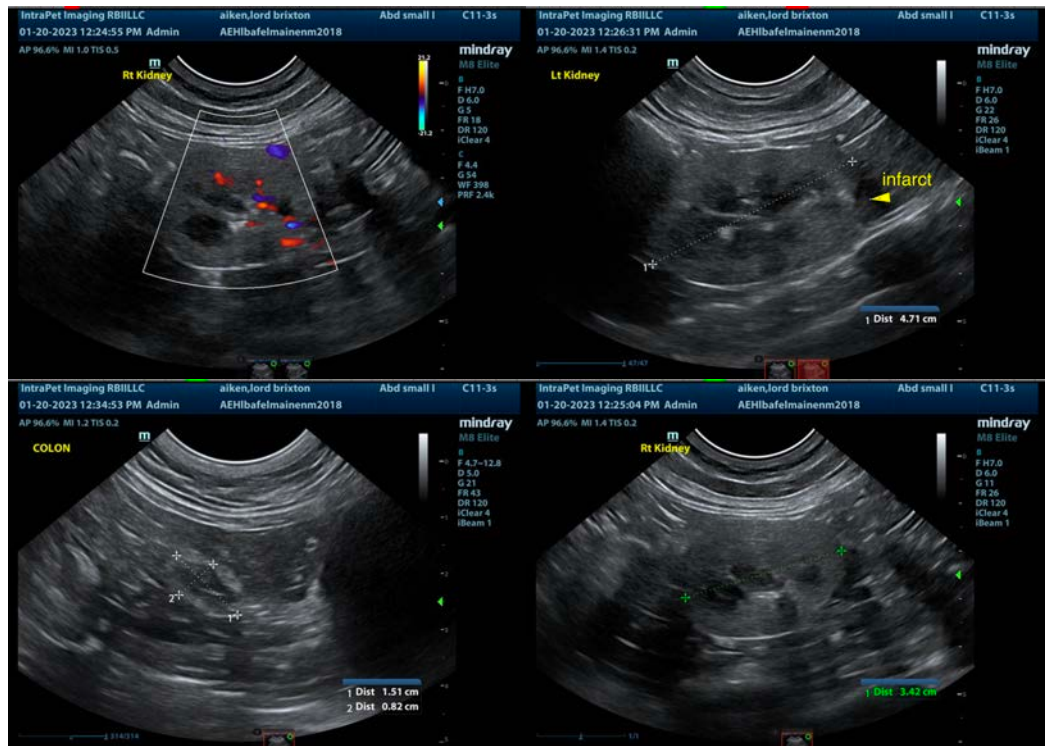
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

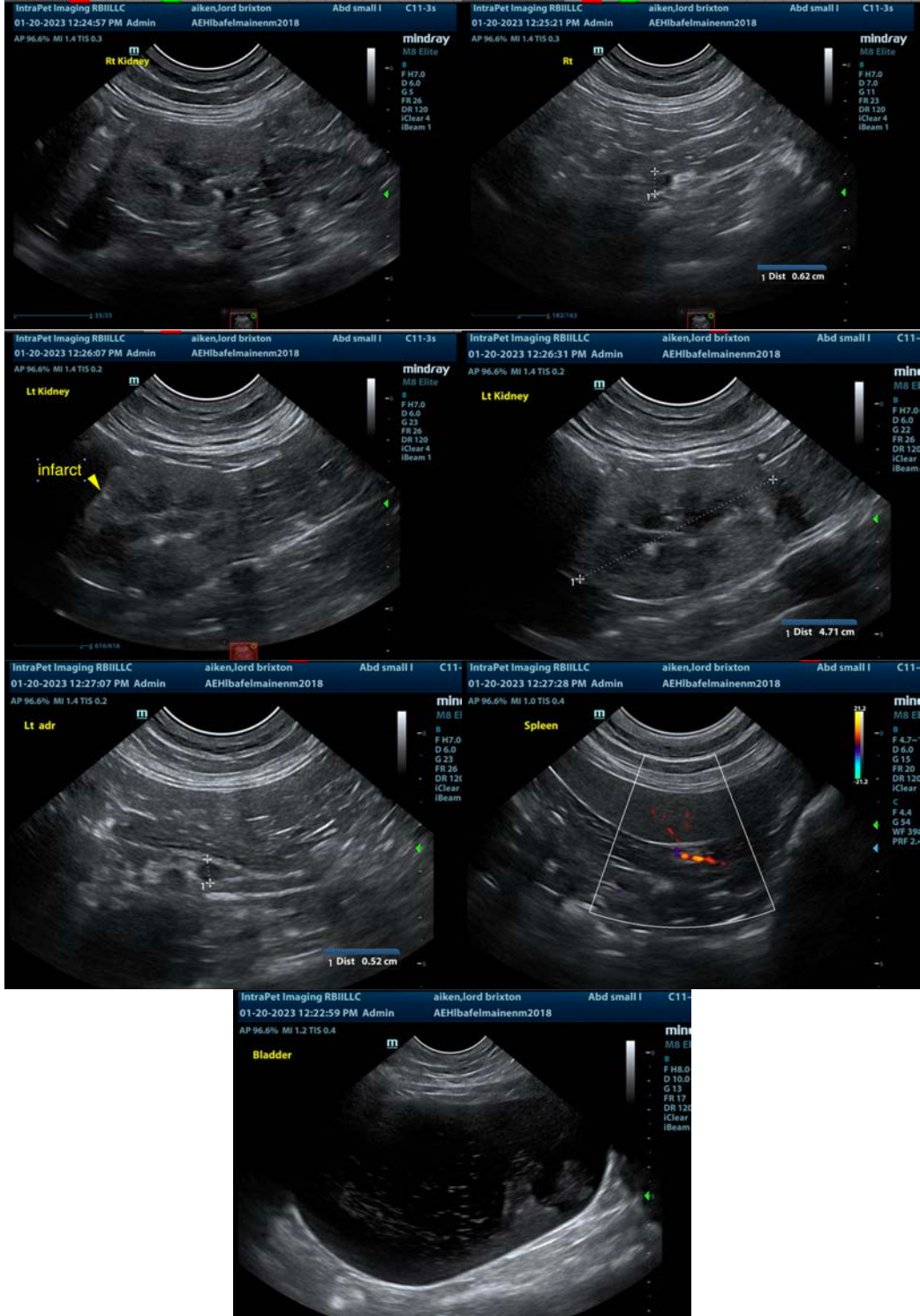
ULTRASONOGRAPHIC FINDINGS

- Reactive colic lymph node
- Dystrophic renal changes
- Mild urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign body. Full urinary workup indicated if not already performed. The kidneys do not appear fully compromised. However, these are early degenerative changes with infarcts. Supportive care should prove effective regarding the GI tract.





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.

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