**DATE**

1/26/23

PATIENT

Mortimer Guest

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

1/17/16

WEIGHT

13.6 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Ruby

INVOICE

42344

PRESENTING CLINICAL SIGNS

Owner still has his medications. She does have difficulty giving the medications but he has been getting them. This pm seemed distressed. He was in and out of the litter pan a lot and his urine was bloody.

Current Medications: Buprenorphine, Prazosin, Gabapentin, Cerenia, Acepromazine.

Date of Previous IntraPet Ultrasound: 1/21/23. See attached.

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** has nearly normalized. The bladder wall was slightly thickened, yet uniform. The prior ulcerative changes and sand appear to have largely resolved.

The left kidney revealed trace pyelectasia that measured 0.12 cm with increased cortical echogenicity. The corticomedullary definition was maintained. The contour was mildly irregular. The left kidney measured 4.21 cm. The right kidney revealed trace pyelectasia that measured 0.2 cm with corticomedullary mineralization and mildly increased degenerative changes. The right kidney measured 4.5 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 0.54 cm. The right adrenal gland measured 0.54 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 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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Soft shadowing gastric material was noted. This is likely consistent with hairball accumulation. The small intestine and colon were unremarkable. The curvilinear patterns were maintained.

Pancreas

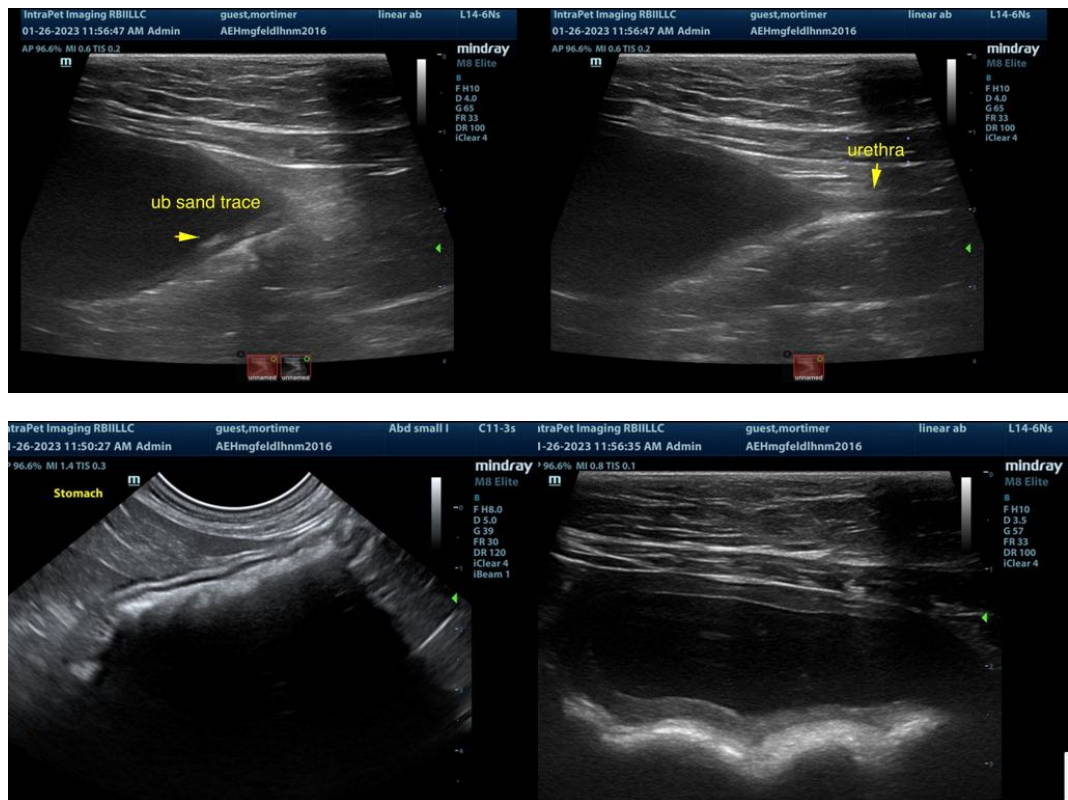
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

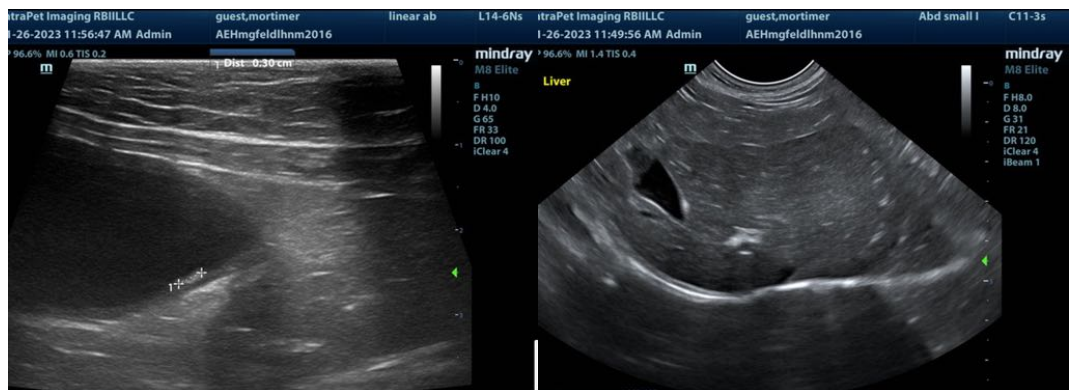
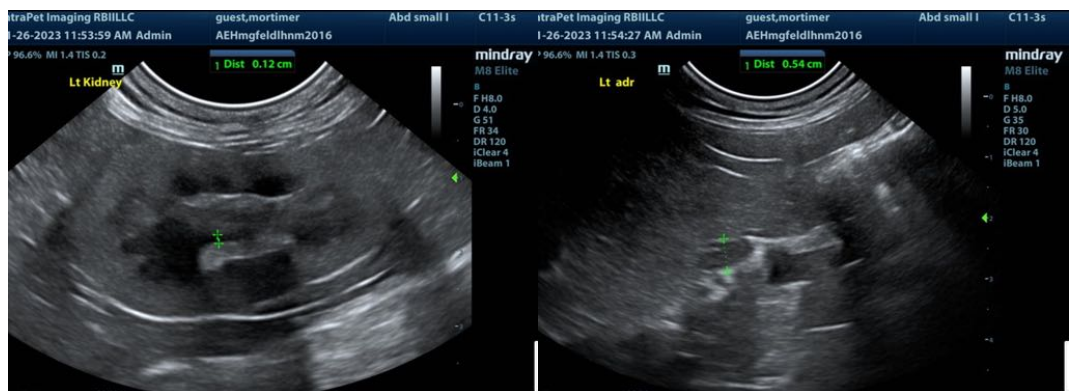
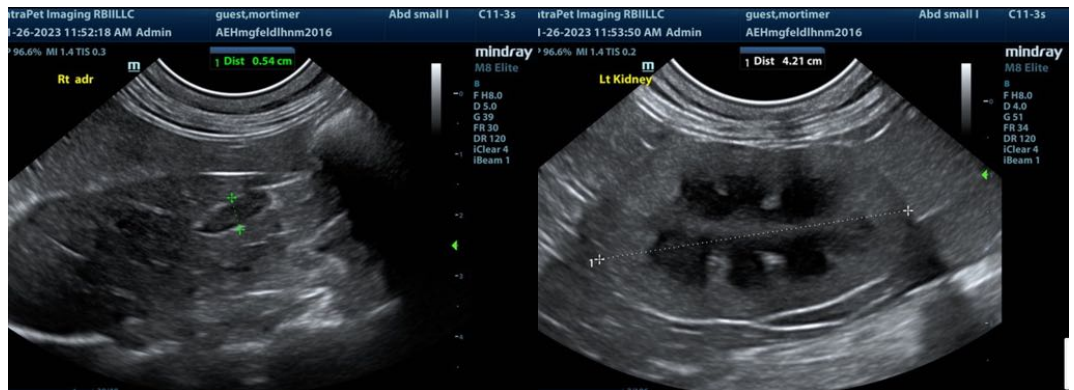
ULTRASONOGRAPHIC FINDINGS

Mild, degenerative renal changes with minor residual pyelectasia and slight mineralization.
Trace bladder sand and minor wall thickening.
Hairball density in the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If no significant inflammatory sediment is present left in the bladder and culture is negative medical management with diet and reducing environmental stressors would be appropriate. If residual infection or inflammation is present then continuation of treatment for another 2-3 weeks is warranted to avoid recurrence if evidence of UTI is present.





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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