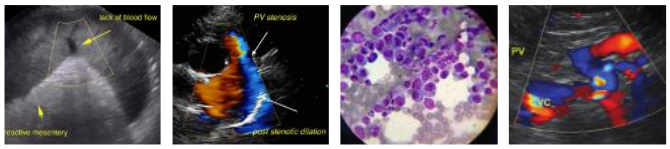

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1-800-838-4268 info@sonopath.com

PATIENT

Sam Alden

SPECIES

Feline

BREED

Turkish Angora

SEX

Neutered Male

AGE

5 Years

WEIGHT

6.1 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Daggett

INVOICE

13315

DATE

1/7/22

PRESENTING CLINICAL SIGNS

History: Vomiting and lethargy for 1 day. Low temperature on presentation.

Abnormal PE/Chem/CBC/UA Results: bloodwork showed lymphocytosis, monocytosis, azotemia, elevated ggt and alt, subjectively large left kidney and thickened intestines on xray.

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 left kidney measured 3.5 cm. The right kidney measured 3.5 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 0.5 cm. The right adrenal gland measured 0.4 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

The **stomach** revealed a 2 cm, progressively shadowing luminal material consistent with hairball accumulation. A minor amount of gastric fluid was present. A portion of the small intestine revealed chyme or hair passage. Minor distal small intestinal thickening noted with hypertrophied muscularis. No loss of mural detail and no evidence of foreign body.

Pancreas

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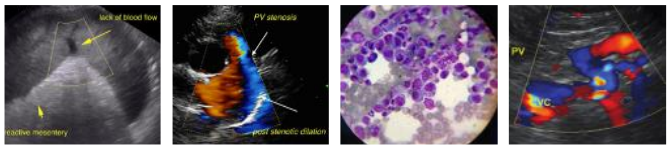

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The left limb of the **pancreas** was slightly heterogeneous. Minor duct dilation was noted.

Free Abdomen

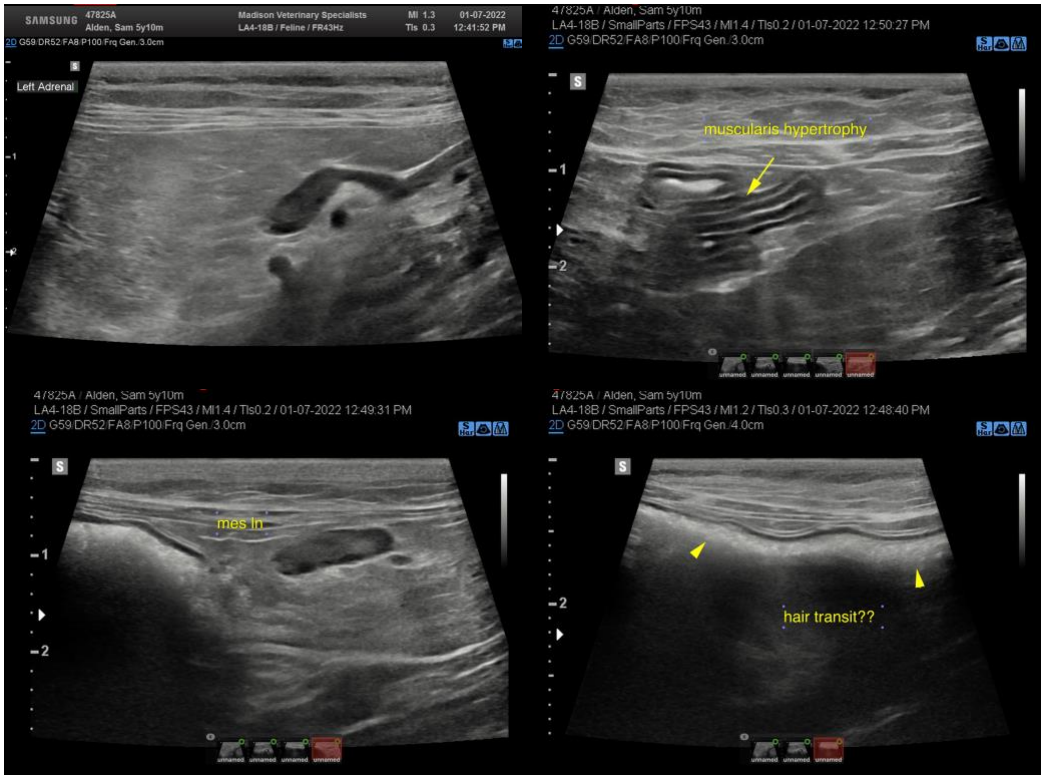
The mesenteric **lymph nodes** (the largest node measuring 1 cm x 0.5 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Minor distal small intestinal thickening with reactive mesenteric lymph nodes
- Hairball density in the stomach and possible transiting of hairballs given the duodenal presentation.
- Concurrent reactive hepatopathy
- Minor pancreatitis, left limb suspected

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hairball therapy, IV fluid support, pain management and possible diet change (to hydrolyzed diet) may all be fruitful in this patient. This does not appear surgical, unless GI biopsies and evacuation of the stomach are intended. Recheck sonogram in 5-7 days to ensure adequate resolution of the gastric presentation.



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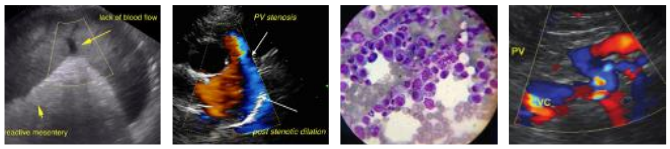

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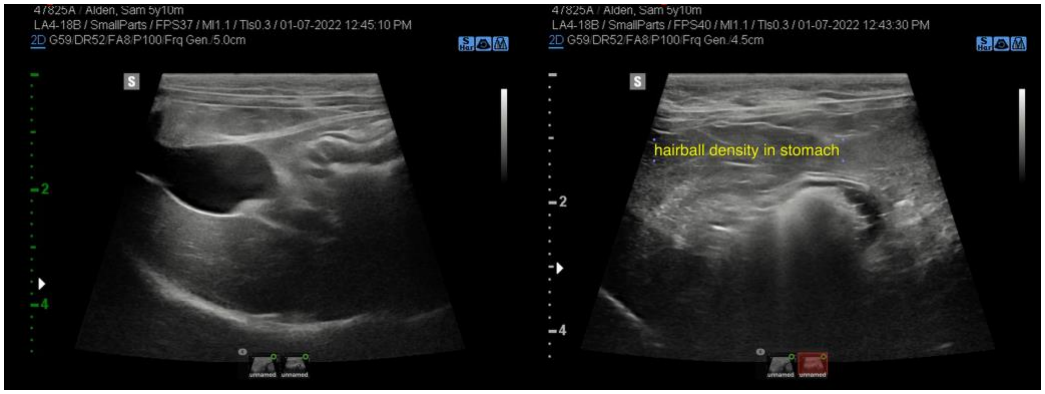

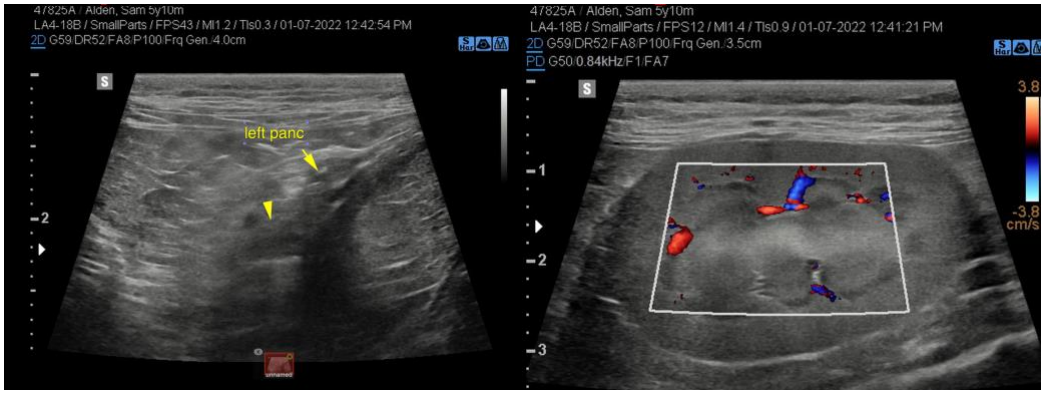

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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