

**DATE PRESENTING CLINICAL SIGNS**

10/1/21

PATIENT

Lainey Kilfeather

SPECIES

Feline

BREED

DSH

SEX

Intact Female

AGE

3/10/2021

WEIGHT

6.8 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Animal Emergency H

REFERRING VET

Dr. Saubier

INVOICE

13437

History: Date: 09-29-2021 Notes: Beginning this morning started vomiting. Has continued throughout the day and has vomited approx. 12 times. Vomitus is now bloody. Current diet Hill's Science Diet Dry and Wet. Unable to get cans of food - had to buy packets. Got package of food yesterday. Also ate owner's grilled chicken and penne yesterday. Does like to counter surf. Did not eat anything today. Owner did buy bouquet of flowers from traders Joe's - no Asiatic lily's. Peruvian Lilly and Calla Lilly - does not think chewed Calla Lily Does have appointment with rDVM tomorrow.

Current Medications: Gabapentin Capsules 100mg, Ketamine 100mg/mL, Buprenorphine 0.6mg/mL, Dexmedetomidine (Dexdomitor) Solution 0.5mg/mL Injection (Per mL), Convenia <40 lbs [80 mg/ml] Inj., Pantoprazole (Protonix) 40mg/vial Injection (Per mL)

Lab Results: attached

Radiographs: Abdomen 2 View- Lateral and VD abdomen - small intestines appear bunched.

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.33 cm. Slight pyelectasia (0.39 cm) noted in the left kidney. The left kidney measured 3.64 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.37 cm.

The region of the **right adrenal gland** revealed no evident pathology.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and minor undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

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** was empty in this patient yet mildly hypertrophied and slightly ill-defined. The small intestine and colon were unremarkable.

Pancreas

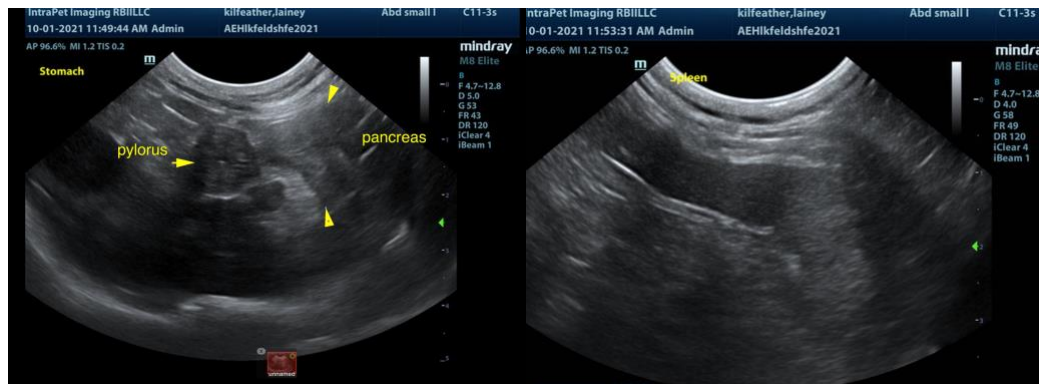
The **pancreas** was swollen and irregular with hypoechoic undulating contour. The pancreas measured 0.68 cm in the left limb.

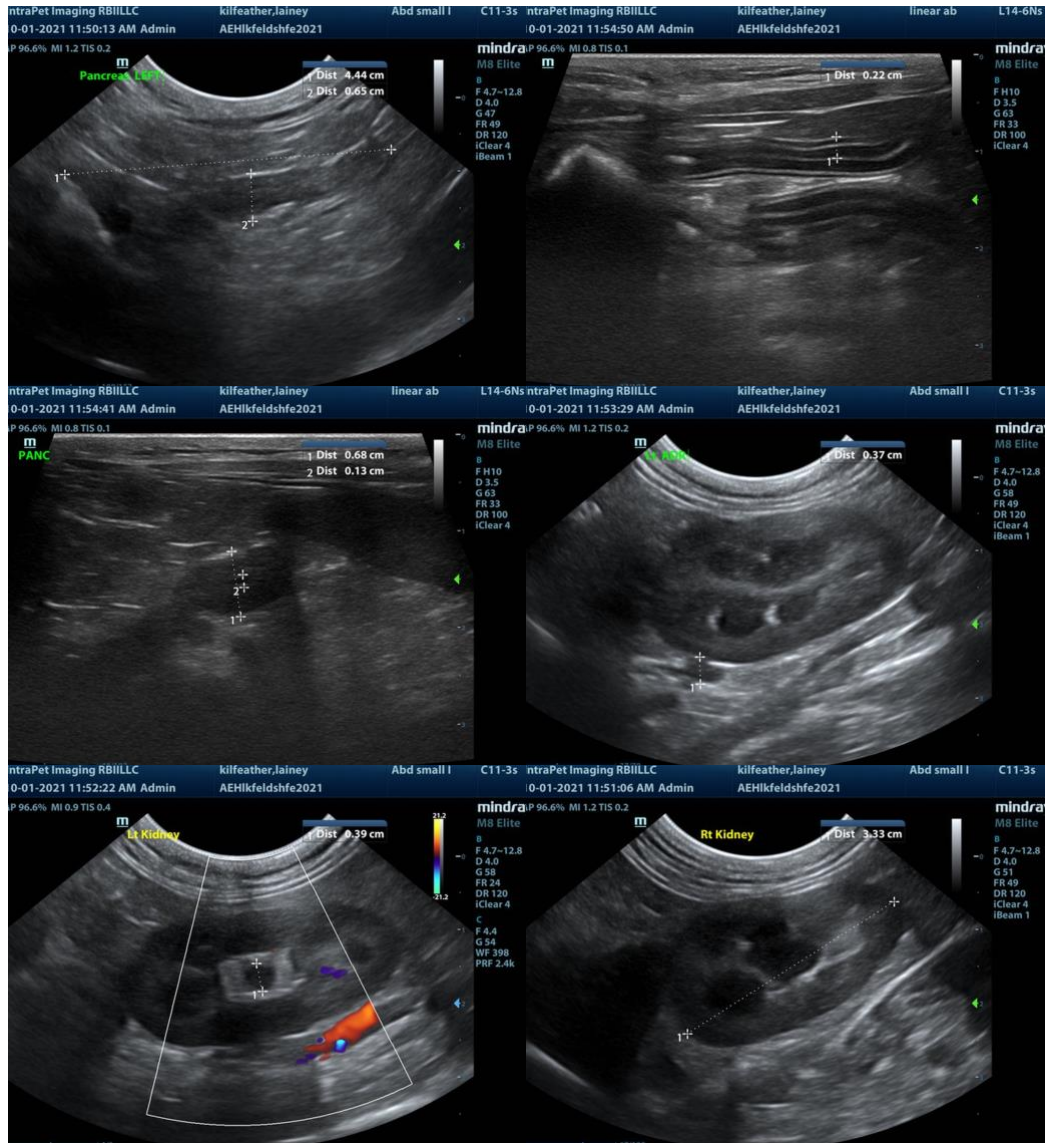
ULTRASONOGRAPHIC FINDINGS

- Pancreatitis/gastritis pattern
- Slight renal pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign body. GI protectants, pain management, IV fluid support and broad spectrum antibiotics all indicated. Urinalysis warranted if not already performed. Infectious agents should be investigated such as bartonella and toxoplasmosis if the patient has been exposed.





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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