

DATE PRESENTING CLINICAL SIGNS

10/21/22

Momo is an 8 y/o MN DSH who was referred for continued care - was acting normally, O were away on vacation 7-10th, did not eat much of the food - some vomit around, no blood in vomit, will occ vomit up food when eats too fast - was eating less over the last week, was eating wet food then stopped eating wet food about 3 days, last meal about 3 days ago - interested in food but will not eat, O tried chicken as well - drinking from water fountain, will not drink from water fountain, unsure if drinking more. asking for water facet to be turned - no further vomiting - no defecation in 3 days - no excessive C/S - change in vocalization, sounded like lost meow for about a day - was on some diet food back in March, then switched back to regular, was losing weight, more dramatic weight loss over the past 1.5 weeks - no known toxin, or FB ingestion, never had surgery - Indoor only - Felv/FIV negative O thinks - vx - UTD - hx - urinary obstruction Medications: - none, preventatives none BW: BUN 10 (L), Creat 0.7 (L), Glob 5.3 (H), ALT 133 (H), ALKP 641 (H), GGT 18 (H), T.Bili 2.5 (H), Chol 228 (H), T4 WNL

PATIENT

Momo Broiles

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10/20/14

WEIGHT

10.6 lbs

Current Medications: Gabapentin, Buprenorphine, Adenosyl, Cerenia, Unasyn.
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: Andi Parkinson, BS, 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 was noted. Ureteral papillae were normal.

The **kidneys** were mildly swollen and slightly irregular. The right kidney measured 4.69 cm. The left kidney measured 4.07 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

HOSPITAL NAME

Animal Emergency
Hospital

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and 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.

REFERRING VET

Dr. Thompson

Liver

The **liver** revealed mild coarse architecture with increased portal markings. The liver was mildly swollen. Lobar biliary duct dilation was not an issue. There was a minor amount of gallbladder debris without post hepatic obstruction.

INVOICE

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Gastrointestinal

The **gastrointestinal tract** was tethered by the pancreatic pathology, yet empty. There was no evidence of foreign bodies present.

Pancreas

The **pancreas** revealed extensive, mixed, hypoechoic parenchymal changes with enhanced, surrounding mesentery.

ULTRASONOGRAPHIC FINDINGS

Extensive pancreatitis.

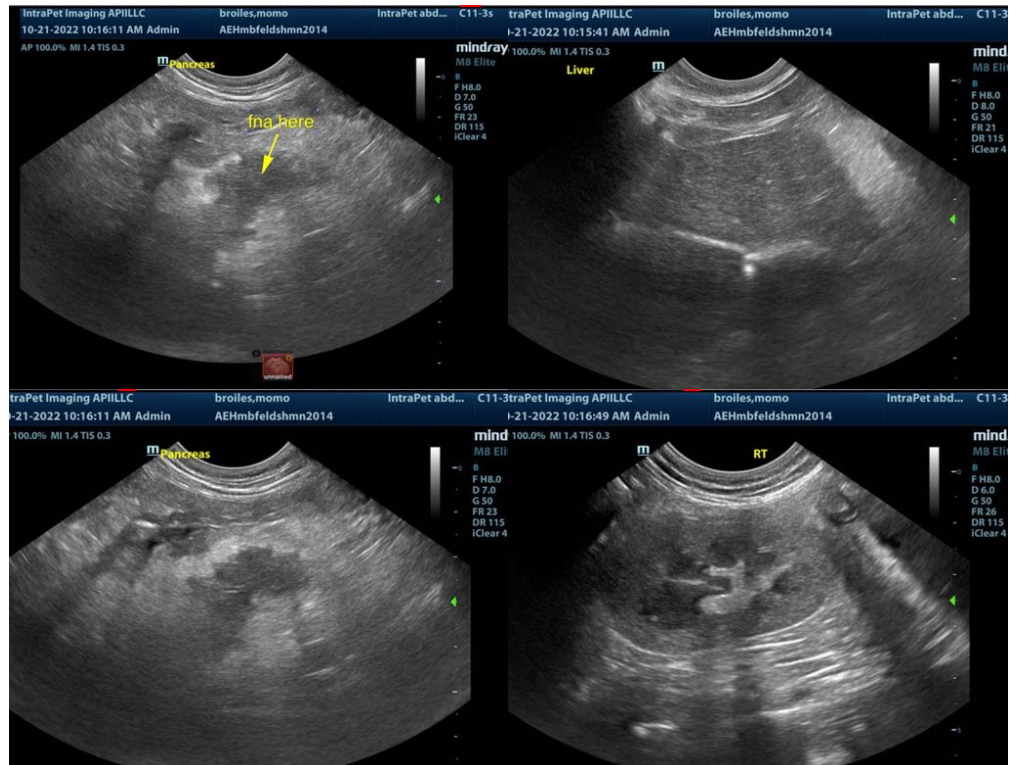
Minor degenerative renal changes.

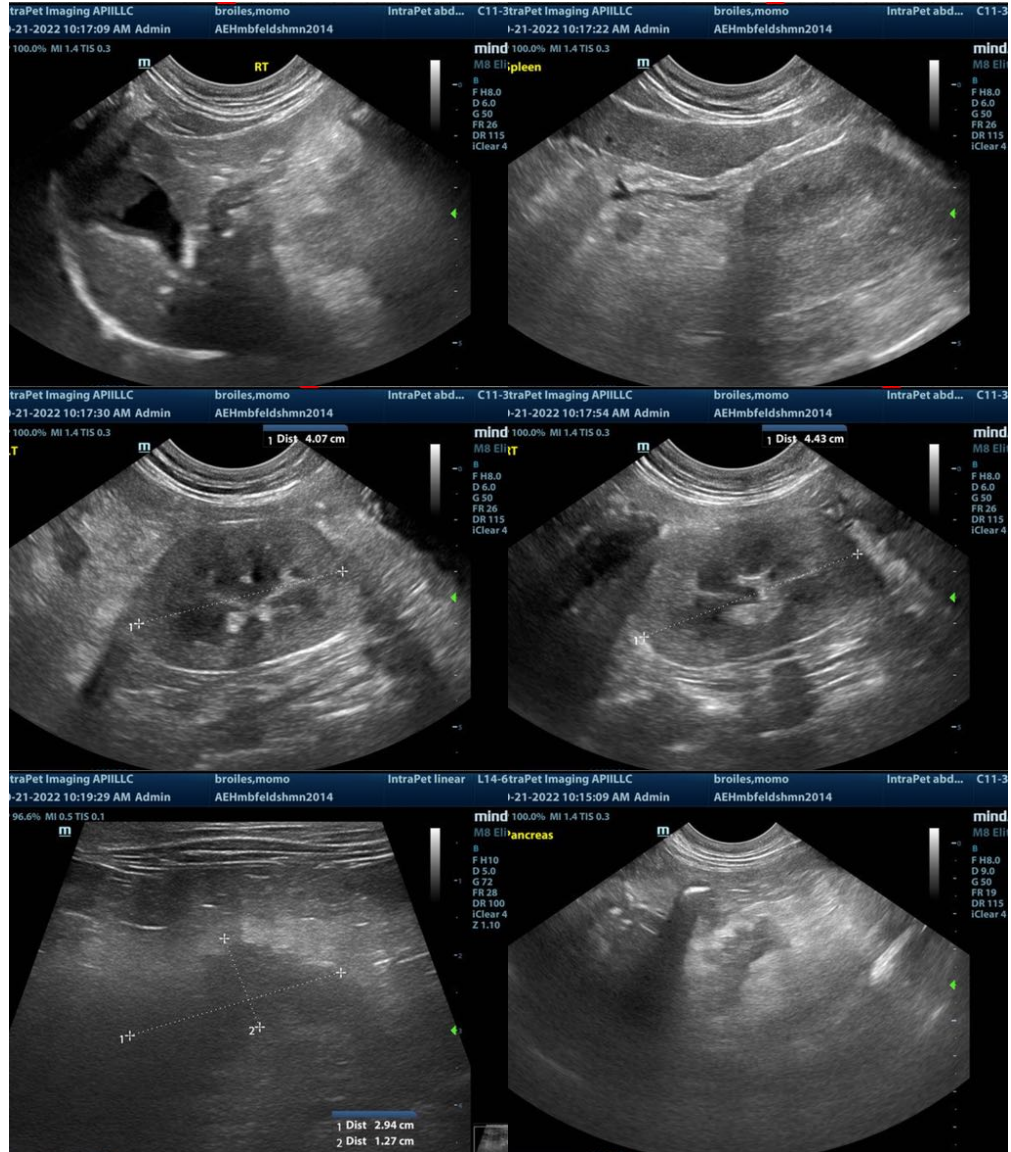
Concurrent hepatitis given the chemistry profile.

Enlarged, micronodular spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the pancreas and liver is indicated to ensure emerging round cell neoplasia is not an issue. Treatment for pancreatitis and cholangitis is warranted. The prognosis is very guarded. Recheck sonogram in 3-5 days. Intensive care will likely be necessary for 3-5 days in this patient if not longer assuming no underlying neoplasia 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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
 Eric.Lindquist@SonoPath.com