



PATIENT PRESENTING CLINICAL SIGNS

Bucky Pinkston

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered male

AGE

3 ½ years

WEIGHT

11.6 lbs

History: YESTERDAY PRESENTED FOR: vomiting and anorexia HISTORY: Episodes of loose stool with mucous starting 4/29/2019, with episodes of constipation. 6/2/20: Normal abdominal ultrasound. TLI, PLI, folate, and cobalamin normal, Managing constipation with increasing water intake recommended. Metamucil at 1/4 teaspoon two to three times daily and / or canned pumpkin. OWNER REPORTS: Acute vomiting yesterday. 24 hours of anorexia. Diarrhea with blood and mucous yesterday VITALS: 11.6# Temperature: 103.0 Heart Rate: 120 bpm Respiratory Rate: 48 bpm Mucous Membrane Color: pink Capillary Refill Time: <2 CURRENT MEDICATIONS: Apoquel 4 mg po q24h EXAM FINDINGS: Gas and liquid palpated in the intestine. Abdominal pain cannot be assess because Bucky was under anesthesia for his exam due to temperament. Rectal exam reveals light pink mucous with a foul odor. Dental disease Otitis externa LAB RESULTS: Fecal direct reveals abundant red and moderate white blood cells. Chemistry and electrolyte panel results reveal slightly low phosphorus, potassium, with elevated creatinine (chronic and slightly increased). The fPLI is normal. CBC results reveal elevated hematocrit indicating dehydration, mild leukopenia due to a lymphopenia. An AFAST was performed yesterday. Three images from that study were sent today because this area does not look as remarkable as it did yesterday. A hypoechoic C shaped hypoechoic ring with a hyperechoic center suspected to be pancreas and edema was present caudal to the pylorus. The fluid was aspirated withdrawing 0.3 ml clear pink tinged fluid. Cytology revealed mostly degenerate neutrophils on one ultrasound guided aspirate sample. The other revealed mostly small lymphocytes with some intermediate and large lymphocytes. The lymphocytes may have been picked up passing through the spleen (inadvertent and did not notice) however there are large numbers of lymphocytes. These slides were sent to an oncologist for further evaluation, ASSESSMENT AND PLAN: Bucky was hospitalized and Cerenia injection and subcutaneous fluids were administered. Gabapentin, Sucralfate, famotidine, prednisolone, Pentoxifylline were begun. No vomiting or diarrhea overnight. Ate well overnight.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Rupley

HOSPITAL NAME

All Pets Medical Center

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 4.05 cm. The right kidney measured 4.59 cm.

REFERRING VET

Dr. Rupley

Adrenal Glands

INVOICE

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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.

DATE

10/27/21



PATIENT

Spleen

Bucky Pinkston

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.

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Liver

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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.

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Gastrointestinal

The **gastrointestinal tract** revealed empty stomach. There was no evidence of foreign body. Hyperperistalsis was noted in portions of the small intestine. This is consistent with enteritis. There was no loss of curvilinear patterns noted throughout the GI tract. The cecum presented a minor amount of fluid dilation. The mesenteric lymph nodes were mildly enlarged and measured 1.5 x 0.5 cm each. Grouping of which measured approximately 2.0 cm in width. Minor inflammatory pattern was noted in the mesenteric root.

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Pancreas

The **pancreas** revealed minor, heterogenous, slight, irregular parenchyma noted.

IMAGING PERFORMED BY

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ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

All Pets Medical Center

Non-specific enteritis pattern with reactive mesenteric lymph nodes.

There is a potential for low-grade pancreatitis.

REFERRING VET

Dr. Rupley

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of foreign body. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. There was no evidence of neoplasia at this time.

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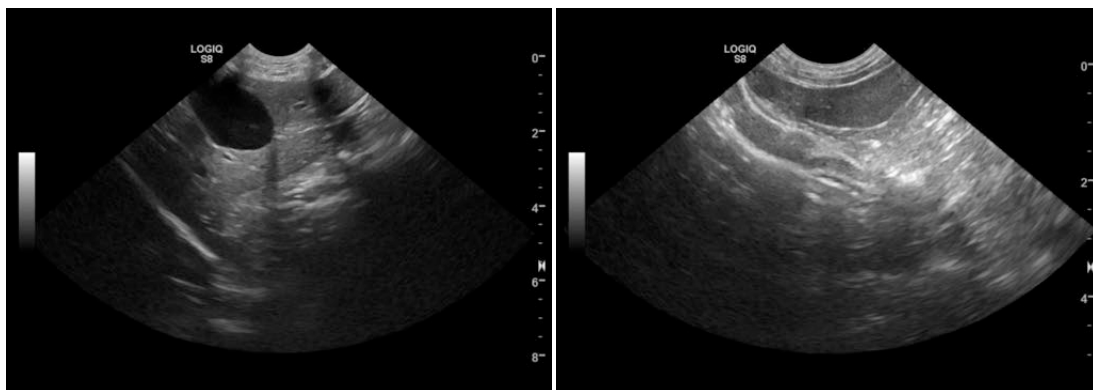
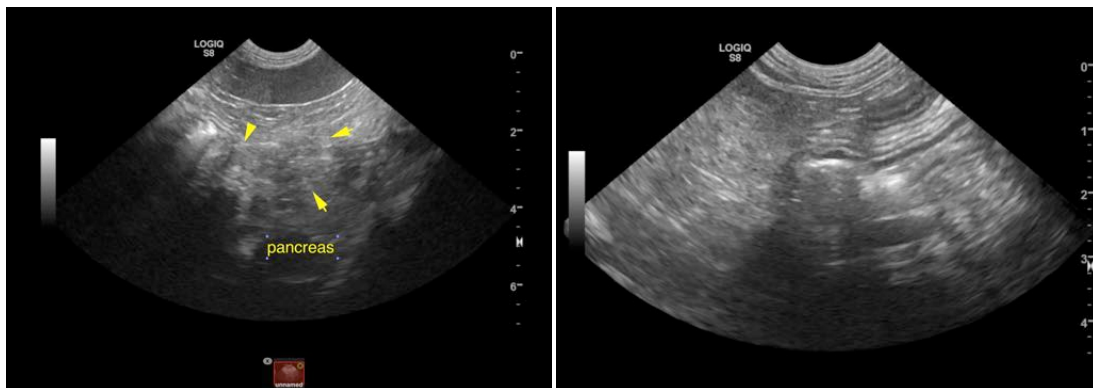
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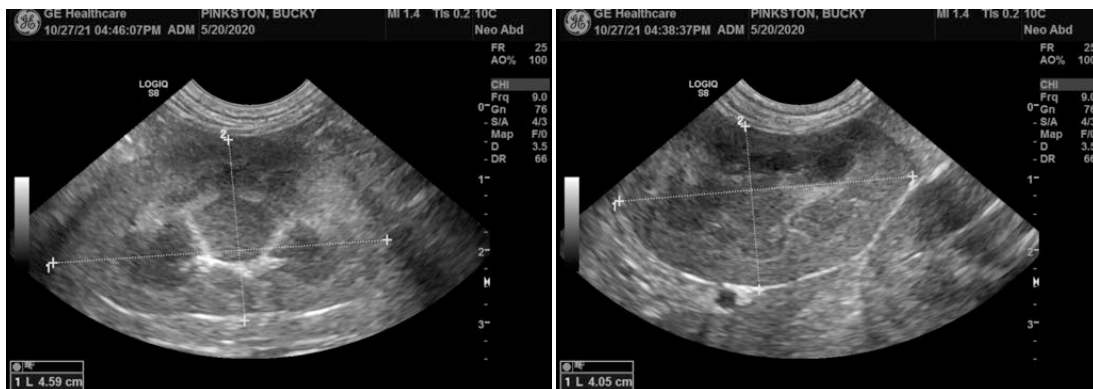
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PATIENT

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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.

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

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