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**DATE**

11/11/22

**PATIENT**

Ooma Martin

**SPECIES**

Feline

**BREED**

Siberian

**SEX**

Spayed Female

**AGE**

4/1/21

**WEIGHT**

9 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Martinoli

**INVOICE**

42759

**PRESENTING CLINICAL SIGNS**

2 days ago (Monday) owner came home from work and found a large amount of vomit containing a hairball. Overnight she threw up multiple small amounts of clear fluid. Yesterday they took her to rDVM; she spent the day there; UA showed a UTI so she was sent home with Amoxicillin. She got the first dose then appeared really lethargic; she ate dinner but didn't get upstairs on her own or play like she normally does in the evening. This morning went back to rDVM due to lethargy. They sent out BW (will be back in morning); did not feel she needed xrays at that time since exam was WNL and she had stopped vomiting. They brought her home this afternoon and she vomited again and has been very lethargic still so came here. Owners had another young cat pass away from suspected heart disease (but basically unknown causes) after going to rDVM and ER previously, and are very concerned about something similar happening to Ooma.

Current Medications: gabapentin, buprenex, maropitant, convenia

Lab Results: See attached.

Radiographs: No obvious obstruction or obstructive gas pattern but some irregular gas bubbles in SI.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

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 left kidney measured 4.08 cm. The right kidney measured 4.1 cm with pyelectasia of 0.44 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 measures 0.37 cm. The right adrenal gland measured 0.41 cm.

**Spleen**

The **spleen** was enlarged with scalloping contour, measuring 1.03 cm. Slight amount of free fluid noted adjacent to the spleen.

**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. The stomach was empty, no evidence of hairballs. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### Pancreas

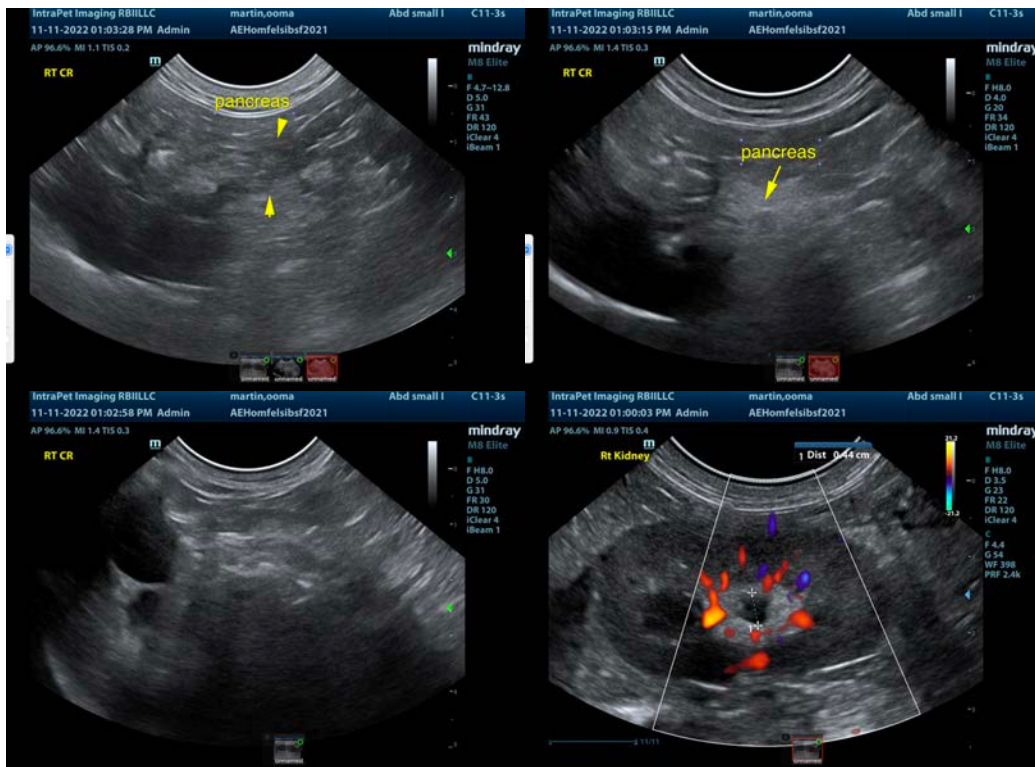
Some hyperechoic remodeling was noted in the region of the **pancreas**, consistent with history of pancreatitis. Some low-grade inflammation possible. Some areas also present hypoechoic parenchyma. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

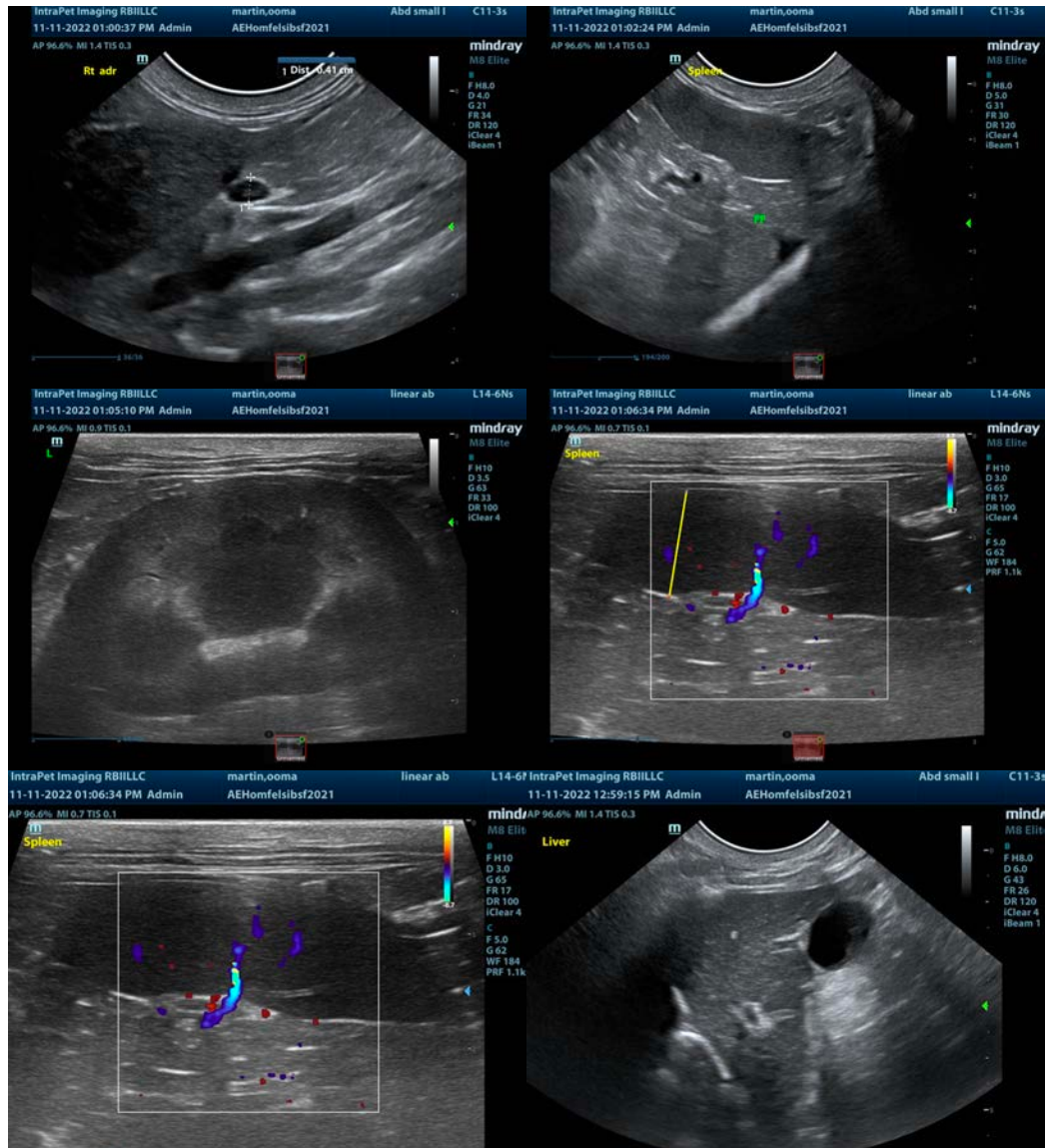
### ULTRASONOGRAPHIC FINDINGS

- Splenic enlargement – reactive spleen versus emerging round cell neoplasia or splenitis all possible.
- Minor right renal pyelectasia
- Suspect low-grade pancreatitis
- Likely reactive hepatopathy or non-specific inflammatory hepatopathy

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis warranted to assess for any evidence of UTI. Suspect low-grade pancreatitis and reactive spleen. Possibility of emerging round cell neoplasia. Splenic FNA indicated. FNA of the liver indicated to assess inflammatory cell type. Supportive care warranted otherwise.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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