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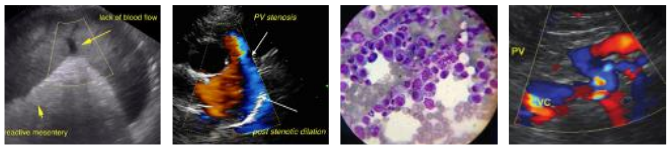
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Avi Stovey

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

5.5 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Woodside

HOSPITAL NAME

Sherwoof FPC

REFERRING VET

Dr. Woodside

INVOICE

12521

DATE

11/13/21

PRESENTING CLINICAL SIGNS

History: Two-year history of hard swallows noted by owner and rough purr. Vomiting present as well, prior to diet change to Hills i/d. The diet change also helped with the hard swallow episodes but they did not resolve completely. Prednisone, prescribed by dermatologist for atopic dermatitis, did not help. The episodes seem less frequent when Omeprazole is given daily. Avi doesn't eat well in the morning, prior to omeprazole. Appetite for lunch and dinner seems normal. Testing for pancreatitis (fPL), folate, cobalamin, CBC, Chem and UA all normal.

Abnormal PE/Chem/CBC/UA Results: None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a minor change. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 3.81 cm. The left kidney measured 4.67 cm. Slight pyelectasia was noted in the left kidney.

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 0.36 cm.

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

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** was diffusely hyperechoic to falciform fat with uniform parenchyma. The gallbladder and common bile duct were unremarkable.

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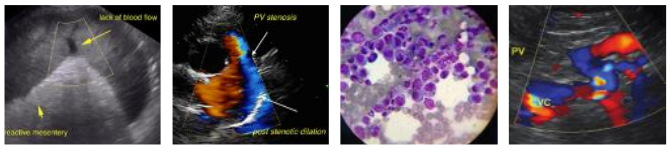

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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

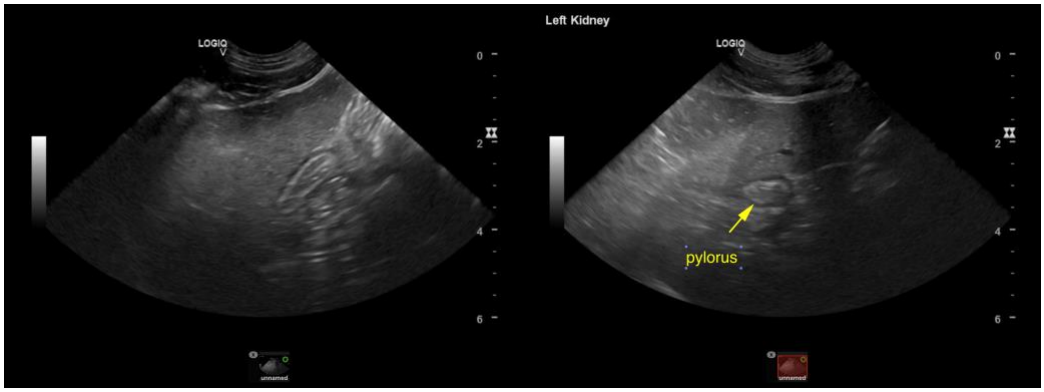
The visible **pancreas** appeared structurally unremarkable, yet low grade inflammation cannot be completely ruled out.

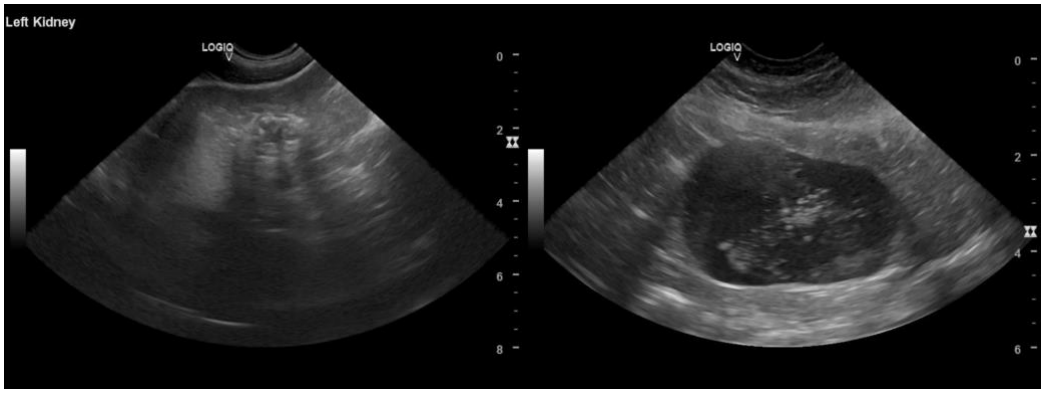
ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen
- Urinary bladder debris
- Age-related renal changes
- Hyperechoic liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. Other causes of hyporexia, such as orthopedic pain, thoracic or CNS disease should be considered.





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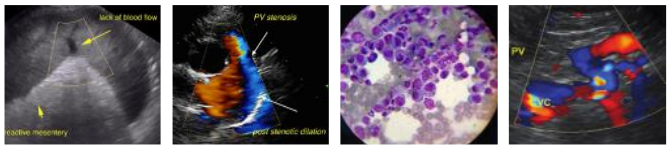

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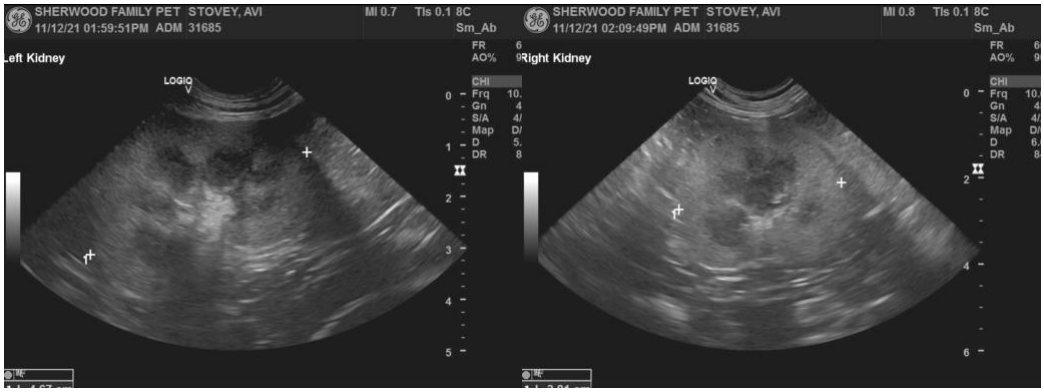

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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