

**DATE PRESENTING CLINICAL SIGNS**

11/16/21 History: Presented with anorexia, vomiting, dehydration, and weight loss. Liver values (ALT/AST) elevated. Xray showed possible mass effect near spleen, liver and left kidney.

PATIENT

Courtland Michel Current Medications: Started 11/12/2021: Amoxicillin 13mg/kg, Denamarin, Cerenia.
Lab Results: Elevated ALT (421) and AST (177), mild hypoproteinemia, hypoglobulinemia, mild lymphopenia.
Radiographs: Possible mass effect near liver, spleen and right kidney.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Dexdomitor/Ketamine/Valium/Midazolam.
Stat Report: Not requested.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5/25/15

WEIGHT

7.8 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Andi Parkinson RDMS

HOSPITAL NAME

Greenbrier Vet Clinic

REFERRING VET

Dr. Whitfield

INVOICE

29833

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. Irregular contour noted. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 4.25 cm. The right kidney measured 4.47 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 right adrenal gland measured 0.36 cm. the right adrenal gland measured 0.3 cm.

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** 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. Slight free fluid noted.

Gastrointestinal

The **stomach** revealed shadowing material measuring approximately 2.0 cm, consistent with foreign matter or possible hard hairball accumulation less likely. Distal small intestinal thickening present, yet minor.

Pancreas

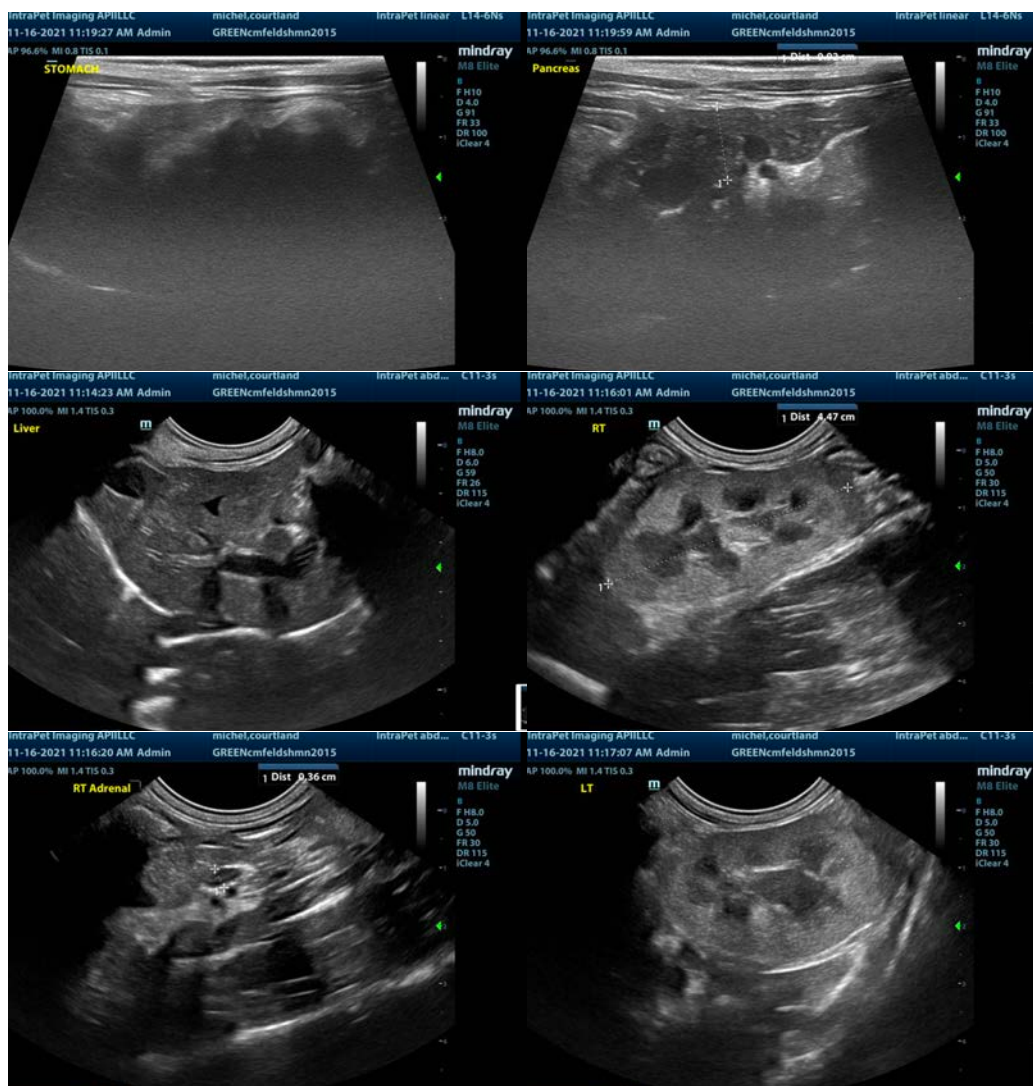
The **pancreas** was enlarged, irregular and hypoechoic with undulating contour, measuring 0.92 cm.

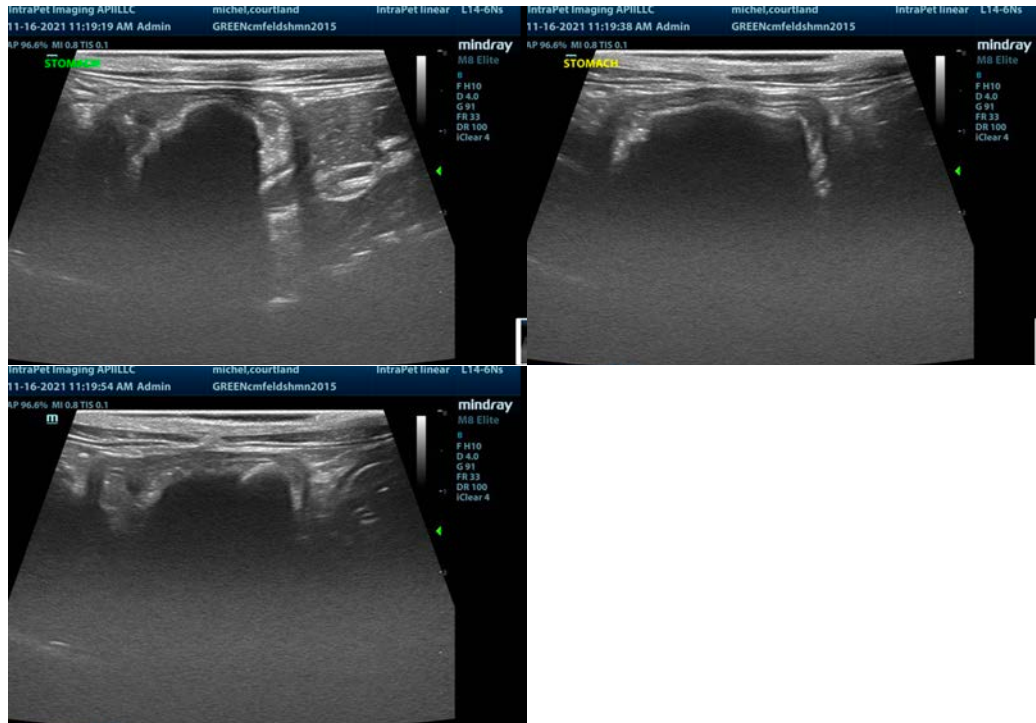
ULTRASONOGRAPHIC FINDINGS

- Gastric foreign matter with probable concurrent pancreatitis
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrotomy and GI biopsies warranted to rule out underlying disease. Inspection of the pancreas warranted at that time. Underlying inflammatory bowel may be present. No evidence of neoplasia.





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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