

**DATE PRESENTING CLINICAL SIGNS**

11/16/21

History: Referral.

PATIENT

Date: 11-13-2021 Notes: Referred by Belvedere Vet Center for ultrasound for possible stomach blockage.

Cannot Keep Anything In

Moonlight Byrd

Stomach (Vomited Barium Contrast For Radiograph As Well) Vomiting- Vomited Everything Up Last Night Has Had No Interest In Food Today At All. On urinary SO food ATO- Indoor only hx of DI in past nothing in particular - likes string like material history of vomiting ~ 18 hrs saw decline today.

SPECIES

Feline

Current Medications: Omeprazole 10 mg (per ml), Oral Buprenorphine 0.3mg/ml, Gabapentin Capsules 100mg, Mirtazapine 1mg (per cap), Clavamox Tablets 125mg, Ondansetron 2mg/mL Injection (Per mL), Marbofloxacin (Zeniquin) Tablets 25mg, Amp/Sulb (Unasyn) 1.5gm Injection (Per mL)

Lab Results: ALT 232

BREED

DSH

Radiographs: Stomach mildly distended with gas, mild gas in intestines (subjectively improved as compared to previous rDVM x ray). Repeat lat abdomen- stomach has not become more distended with gas but also hasn't emptied compared to previous film. No obvious foreign material/ obstructive pattern.

SEX

Neutered Male

Date of Previous IntraPet Ultrasound: No previous

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

AGE

2014

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**The **urinary bladder** revealed a thin line of sand accumulation measuring 7.0 cm.**WEIGHT**

17.4 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 and no evidence of pelvic dilation was present. Mild mineralization noted in both kidneys. The right kidney measured 4.62 cm.**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**The regions of the **adrenal glands** were unremarkable.**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

SpleenThe **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.**HOSPITAL NAME**Animal Emergency
Hospital**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.**REFERRING VET**

Dr. Kalwa

INVOICE

29837

GastrointestinalExamination 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

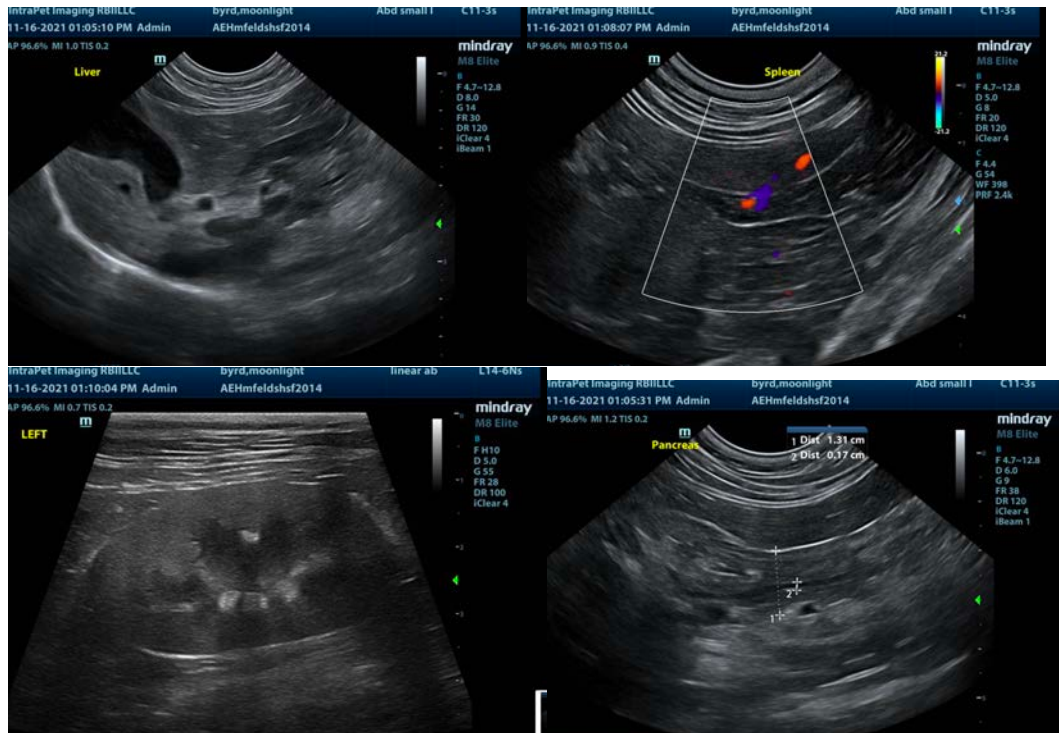
The **pancreas** was distinctly hypoechoic with undulating contour, enhanced surrounding mesentery and dilated duct. The left limb measured 1.15 cm in width with a 0.2 cm in width. The right limb measured 1.31 cm in width with a 0.17 cm duct dilation.

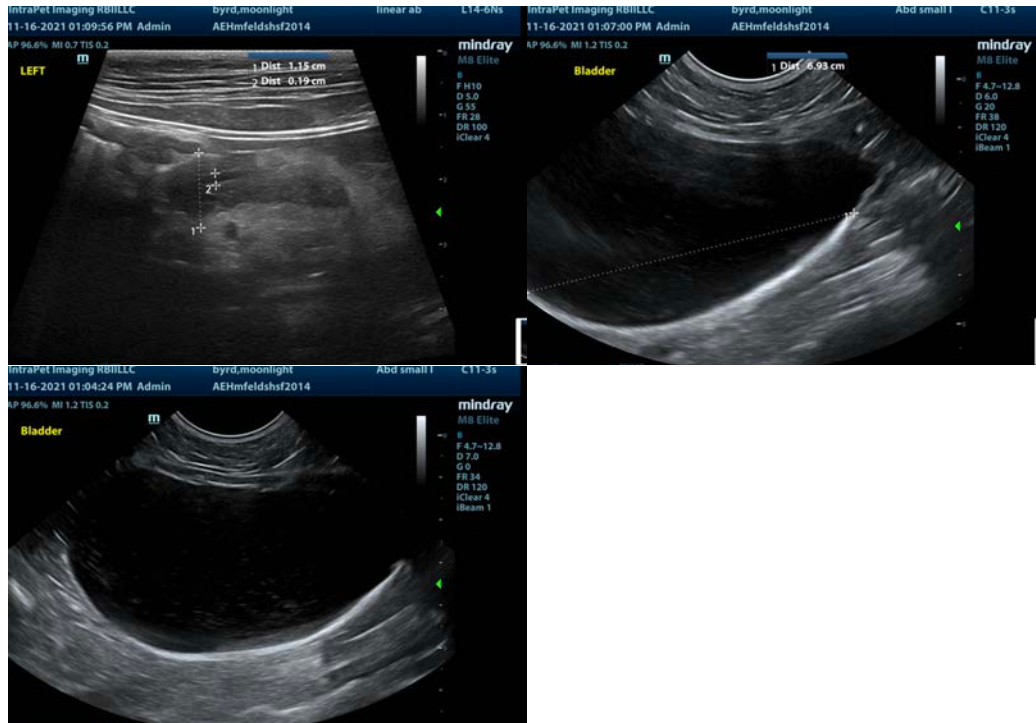
ULTRASONOGRAPHIC FINDINGS

- Bladder sand
- Aggressive pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, pain management, and broad-spectrum antibiotics indicated. Diuresis may allow for dissolution of the bladder sand. FNA of the pancreatic pathology would be ideal to assess inflammatory cell type as to lymphocytic versus neutrophilic predominance. Recheck sonogram in 72 hours.





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