**DATE PRESENTING CLINICAL SIGNS**

11/29/22

Presenting Complaint: Diarrhea. Vomiting.

**PATIENT**

Penny Garcia

History: Date: 11-28-2022 Notes: Today started squatting outside of the litter to defecate - drops of diarrhea coming out - would lay on side and continue to push to defecate - would cry like she's uncomfortable Started vomiting out foam - started as food Nothing that she could have gotten into - not a typical eater of things Has been healthy otherwise but has not been to the vet since she was a kitten Known to flinch or twitch when you touch her - has been doing since she was a kitten Known mole on her back

**SPECIES**

Feline

Assessment: Vomiting. Diarrhea.

**BREED**

Domestic Shorthair

Current Medications: Oral Buprenorphine 0.3mg/ml, Maropitant Citrate (Cerenia) 10mg/mL Solution, Provable Kit - Feline/Small Dog, Pantoprazole (Protonix) 40mg/vial, Oral Buprenorphine 0.3mg/ml.

Lab Results: Attached.

Radiographs: Xray Abdomen 2 View: Fecal material in the colon No obvious obstruction Mineral opacity in the chest with irregular soft tissue opacity

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SEX**

Spayed female

Imaging Performed By: Rachel Brillhart, RDMS.

**AGE**

2013

**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 was noted. Ureteral papillae were normal.

**WEIGHT**

13.2 lbs

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. Slight pinpoint mineralization was noted. The right kidney measured 3.86 cm. The left kidney measured 3.84 cm.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency  
Hospital**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 0.48 cm. The right adrenal gland measured 0.49 cm.

**REFERRING VET**

Dr. Nacke Horney

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. Scalloping contour was noted. There was no evidence of significant disease. The spleen measured 1.0 cm.

**INVOICE**

42769

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypochoic 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. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Slight mesenteric lymphadenopathy was noted.

### ***Pancreas***

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### ***Free Abdomen***

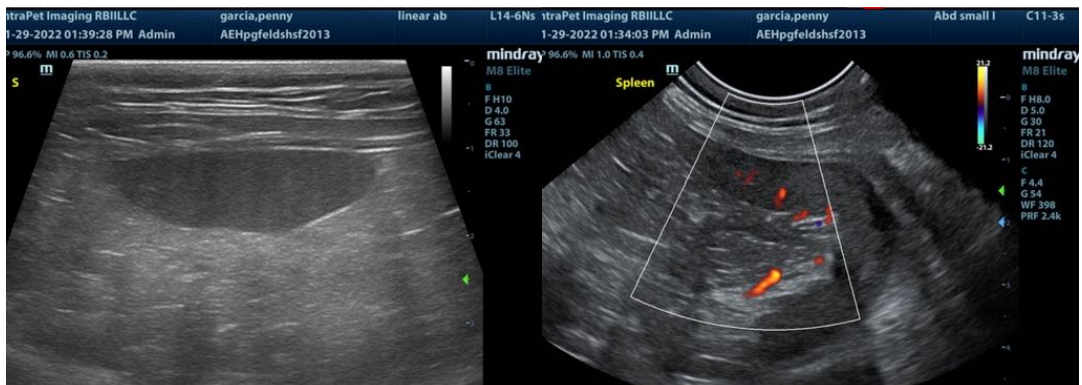
The right thorax revealed a slight, hypoechoic 1.49 x 0.56 cm, hypoechoic lung consolidation.

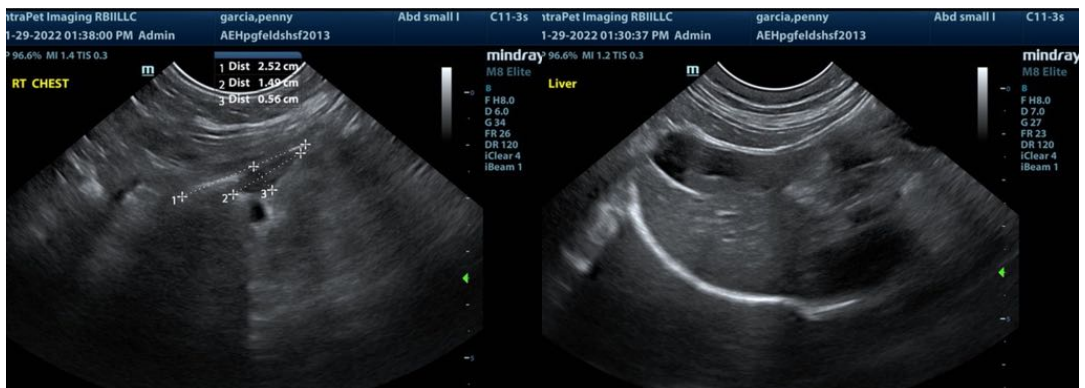
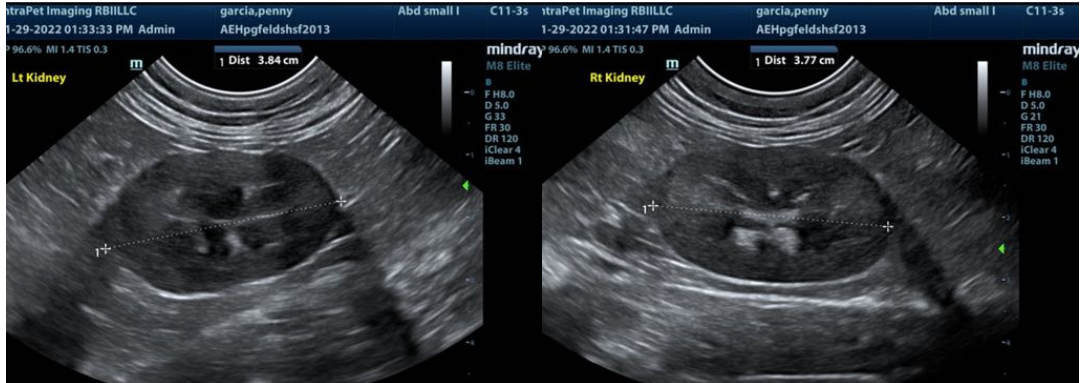
### **ULTRASONOGRAPHIC FINDINGS**

Spleen had scalloping contour.  
Slight mesenteric lymphadenopathy.  
Lung consolidation.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If weight loss is an issue then FNA is indicated. Given the patient's history periodic transiting urolithiasis may be an issue; however, there was no evidence of structural disease that this time. Lung consolidation may be benign and should be monitored for any growth. If any growth occurs on recheck radiograph or sonogram is recommended in the next 10-14 days then FNA is indicated.





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

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