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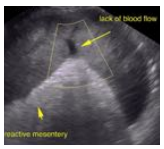

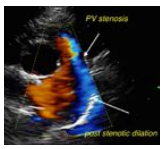

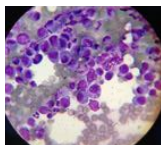
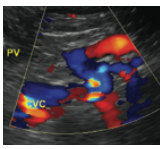

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Buttercup Lonz

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

18 months

WEIGHT

3.1 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Paul Tackett

HOSPITAL NAME

Vet DMS Mobile Ultrasound

REFERRING VET

Dr. Caffey

INVOICE

42879

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: Presented for drooling, not eating well. Mouth and teeth normal. Soft abdomen, not painful. Profuse salivation.
Bile acids: pre 63 post 53 Chem panel WNL CBC WNL

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.

The **kidneys** had distinct, hyperechoic medullary rim sign with coarse cortical architecture. The kidneys were normal in size and contour. The right kidney measured 3.89 cm. The left kidney measured 4.0 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 measured 0.27 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 was noted. The spleen measured 0.77 cm.

Liver

The **liver** revealed increased portal markings and was mildly subnormal in size. Approximately 1.0 cm prior to the splenic hilus a definitive splenocaval shunt was noted connecting, creating a bridge from the portal vein into the vena cava. This diminished portal vein volume. The residual portal vein measured 0.15 cm. The portal vein prior to the shunt measured 0.27 cm. The shunt itself measured 0.4 cm. The vena cava to aortic ratio was 2:1 in favor of the vena cava. The gallbladder was unremarkable.

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.

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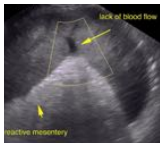

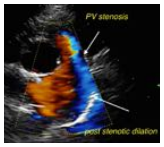

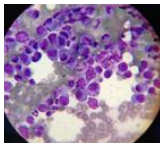
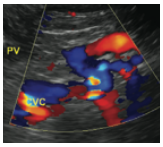

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Pancreas

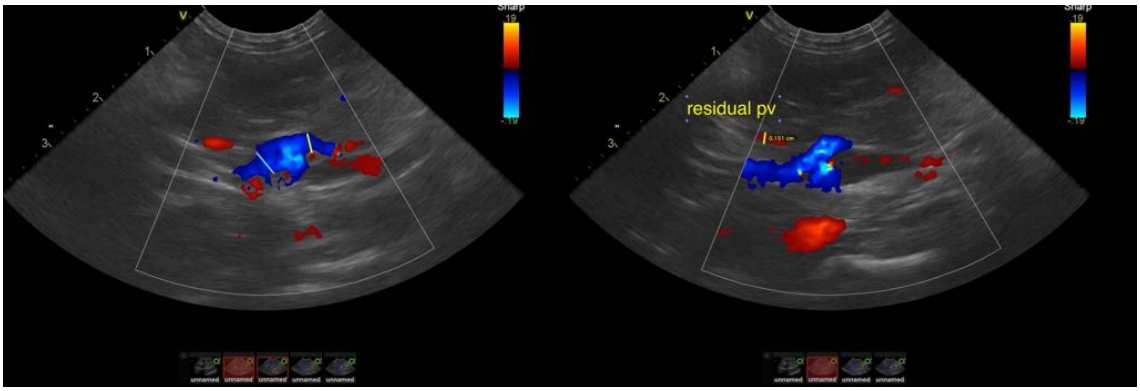
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

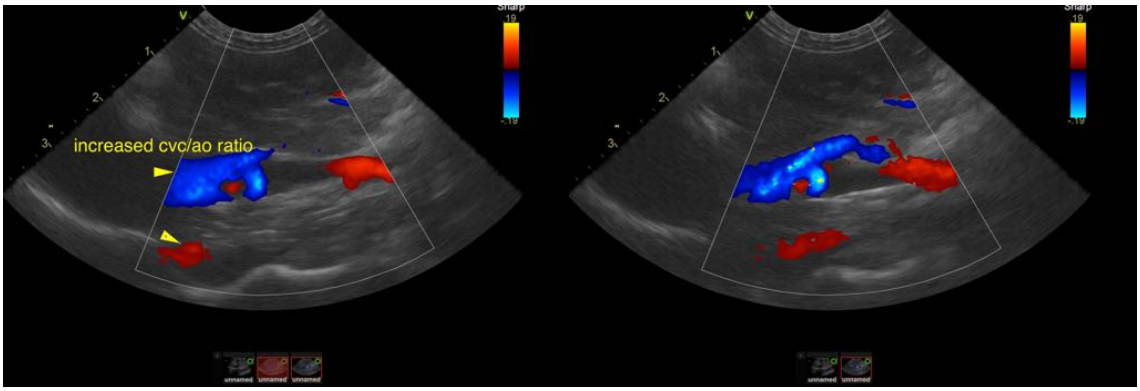
ULTRASONOGRAPHIC FINDINGS

Splenocaval shunt.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical consultation is recommended. Medullary rim sign is likely owing to abnormal biurate metabolism. CT evaluation for surgical planning would also be ideal. However, the shunt presence is definitive. At the time of ameroid constrictor attenuation surgery liver and renal biopsies would be ideal. GI protectant protocol, Metronidazole, L/D diet or similar is recommended in the meantime. The mildly increased portal markings in the liver would suggest concurrent inflammatory response.





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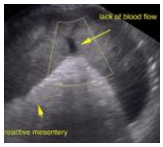
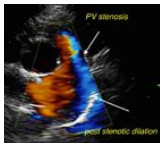
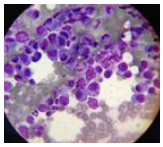
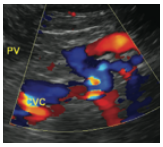

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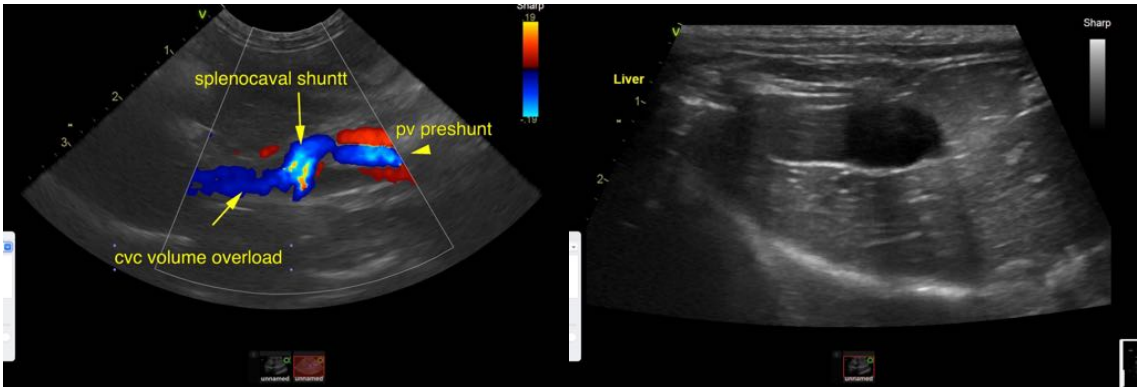

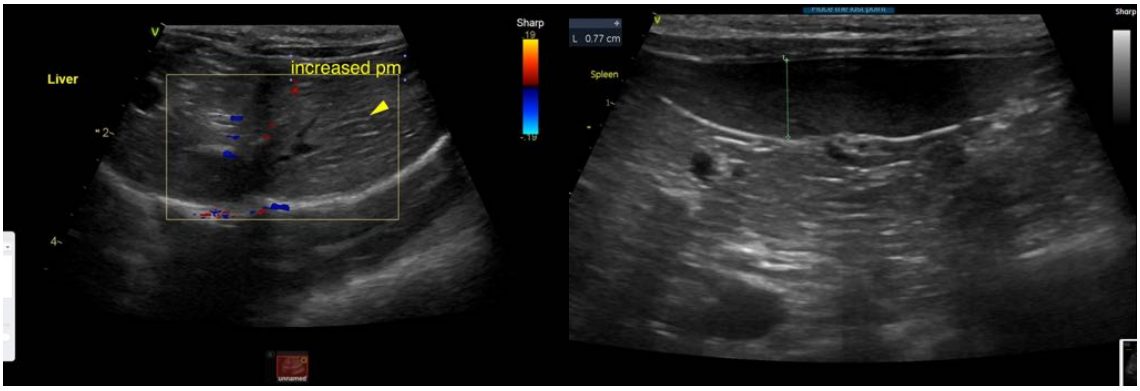

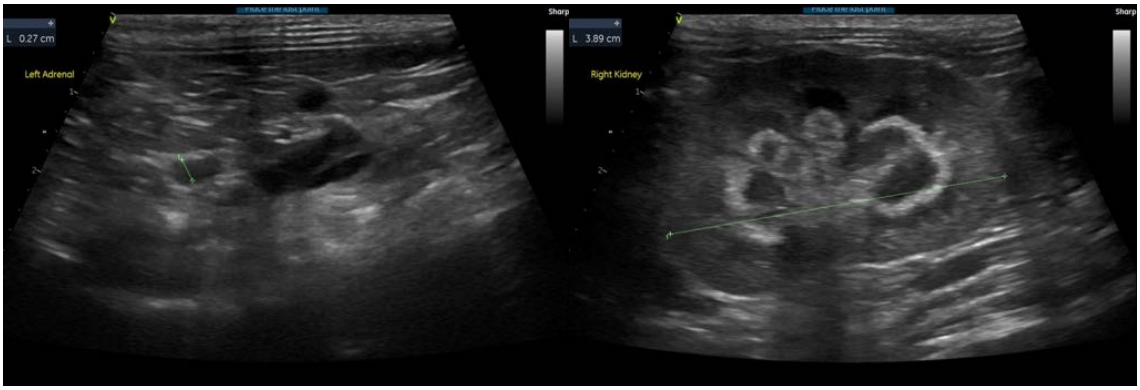

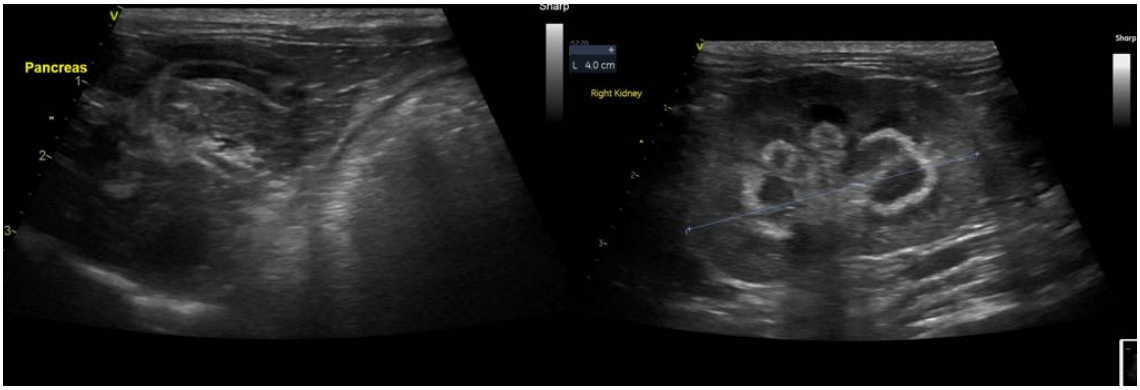

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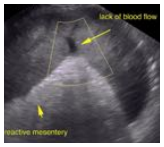
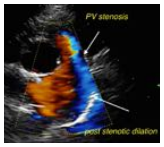
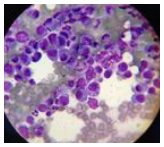
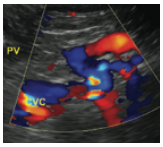

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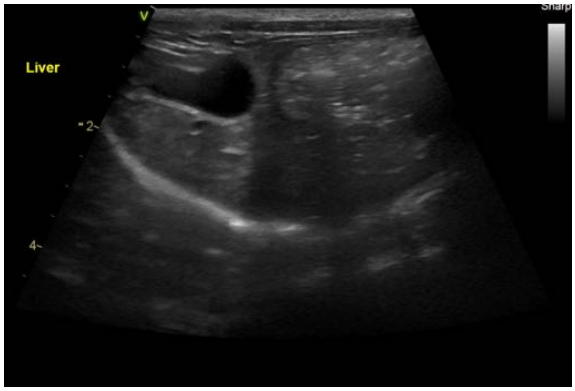

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com