



PATIENT PRESENTING CLINICAL SIGNS

Skittles Moore

History: Admitted for change in behavior at home and was acting almost like a blocked cat. Extremely painful on palpation. Was vomiting but no further vomiting since. Has not been eating. Getting Methadone every 4 hours and still so painful he wouldn't relieve his bladder. Has been on IVF. Owner reported recent diet change at home.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Bloodwork neuts elevated and fPL abnormal and SDMA elevated, otherwise mostly NSF. Urine had some blood in it but was obtained from cysto.

BREED

Siamese

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

The **urinary bladder** revealed minor ventral wall thickening. Anechoic urine was present. Turgid urinary bladder was noted.

AGE

9 Years

The **kidneys** were bilaterally swollen. A cortical infarct was noted in the right kidney. Mild to moderate degenerative changes were noted. The left kidney measured 5.11 cm. The right kidney measured 4.91 cm.

WEIGHT

5.9 kg

Adrenal Glands

The **left adrenal gland** was 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 0.41 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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

Spleen

IMAGING PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

Hamilton Regional EC

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. Beckstead

INVOICE

17922

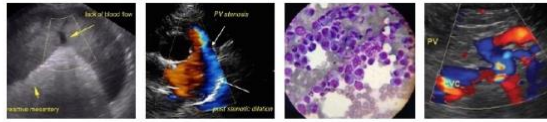
Gastrointestinal

The **stomach** revealed slight shadowing material consistent with hairball density, nonobstructive. Variable small intestinal thickening was noted with reactive mesentery. The colon was filled with stool, radiographic evaluation is warranted to assess for megacolon, given that excessive artifact was noted associated with the colon.

DATE

11/8/22

Pancreas



PATIENT

Skittles Moore

The **pancreas** was enlarged and irregular and hypoechoic to surrounding fat. Irregular contour to the pancreas was noted. The pancreas was hypervascular.

SPECIES

Feline

- Full colon with hard stool
- Hairball density in the stomach
- Pancreatitis presentation
- Swollen kidneys with infarcted right kidney
- Urinary bladder thickening- turgid bladder

BREED

Siamese

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

This is an enteritis/pancreatitis/cystitis pattern. IV fluid support, aggressive pain management, broad spectrum antibiotics indicated. Enema may be appropriate in this patient given the hard stool noted in the colon. Hairball therapy is also indicated. No overt evidence of neoplasia. Multiple organ inflammatory event appears to be present. Infectious agents should be considered as a potential. Toxoplasmosis should be considered as a potential as well as bartonella.

AGE

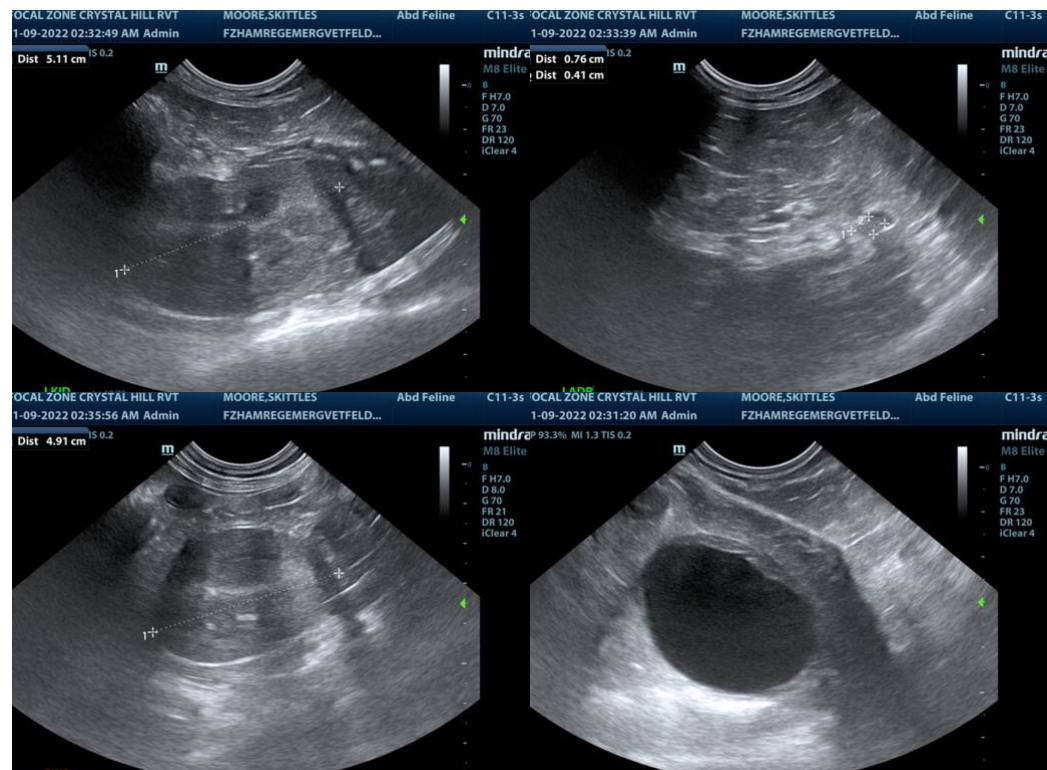
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WEIGHT

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BREED

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SEX

Neutered Male

AGE

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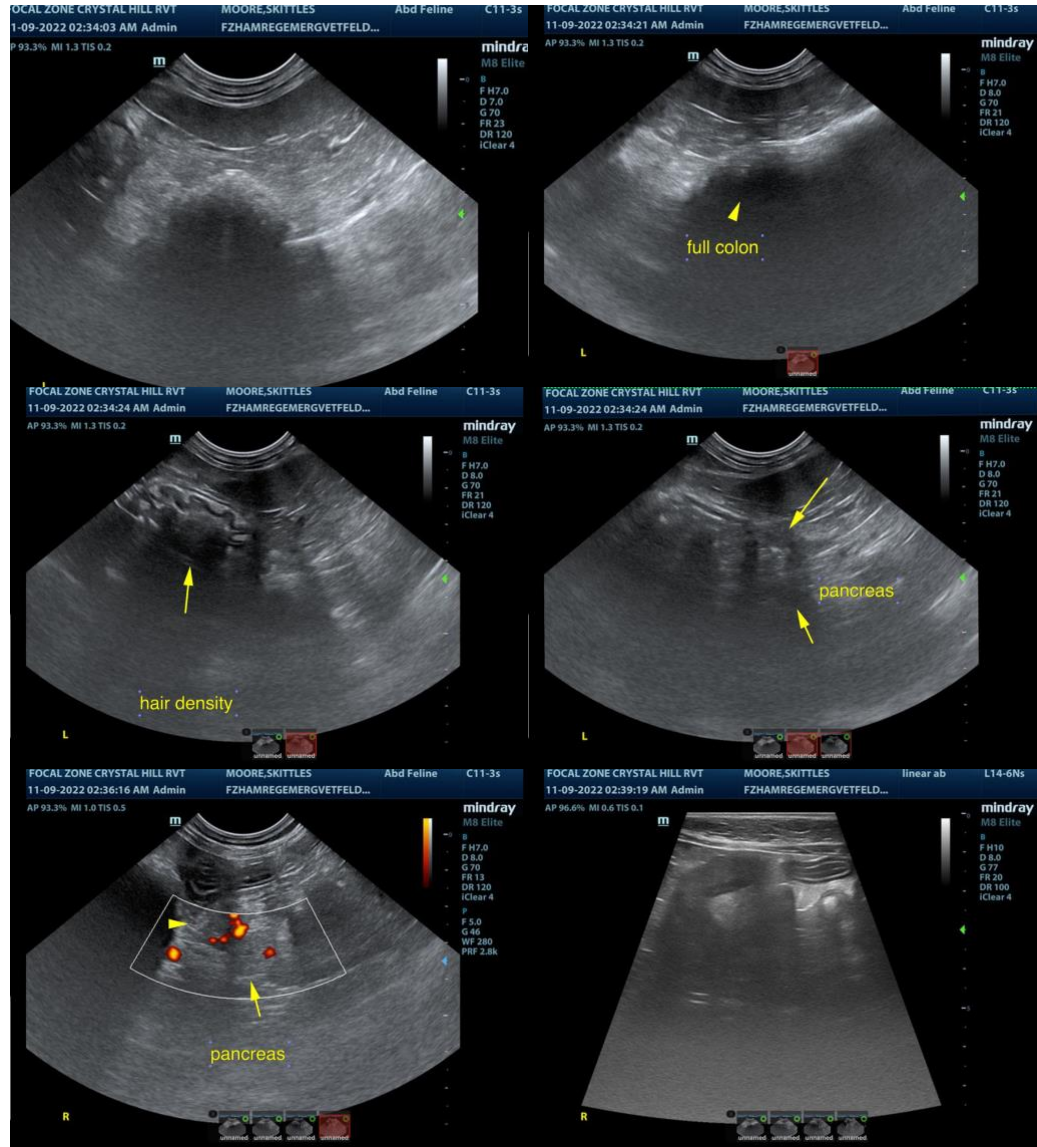
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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