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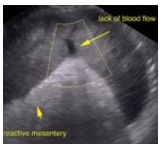

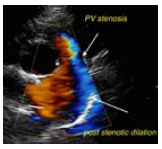

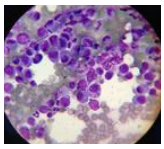
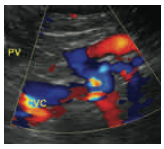

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Spaz Moore

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

4.5 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

94507

DATE

12/13/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for anorexia, weight loss, lethargy, hiding. Previous Health Concerns: none Appetite/When did they eat last: not eating well for 7-10 days Abnormal PE/Chem/CBC/UA Results: Temp: 103.8 Rad- no obvious fb/obstruction; empty stomach; bowel clumping mid abdomen chem: total protein 8.7 H, globulin 5.2 H, cholesterol 64 L cbc: neu 86.2% H, lym 11.8% L epoc: pO2 54.4 H, cSO2 87.7 H, ica ++ 1.16 L, lactate 4.19 H

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. 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** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.07 cm. The right kidney measured 4.07 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 adrenal glands measured 0.4 cm each.

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.

Liver

The **liver** was mildly hyperechoic falciform fat. The gallbladder and common bile duct were unremarkable.

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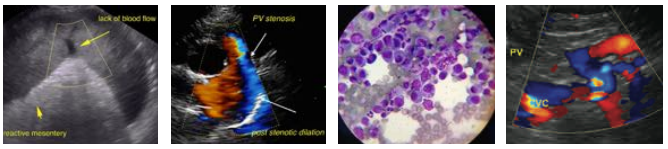

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Gastrointestinal

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.

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

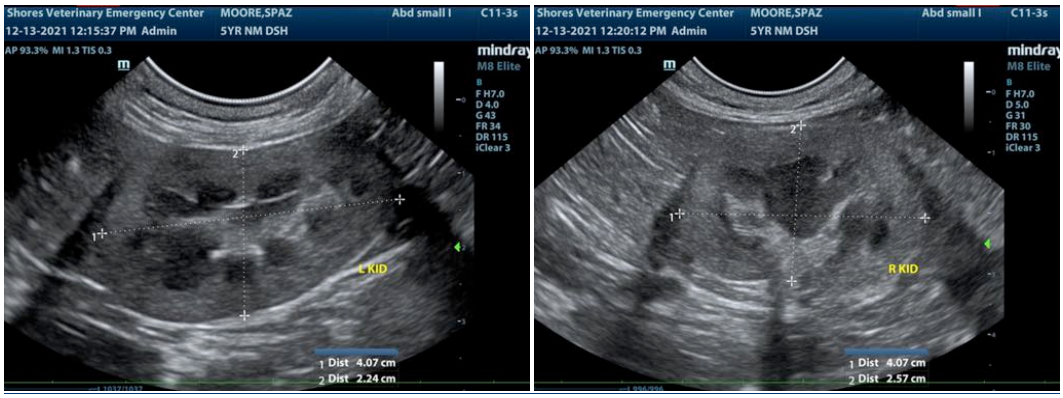
Cranial to the liver in one video clip at 12:18:37 revealed a steatitis pattern with mixed hypoechoic fluid filled region with surrounding, enhanced hyperechoic fat.

ULTRASONOGRAPHIC FINDINGS

Steatitis pattern with hypoechoic fluid surrounding enhanced hyperechoic fat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA and culture of this region is recommended. The exact position was unclear. It appears to be cranial to the diaphragm in subcutaneous space and outside the abdominal cavity. However, only one view demonstrated this region. Further imaging of this region is recommended. Chest radiographs are warranted. Palpation of the deep subxiphoid area and assess for dermal heat in case of abscessation.



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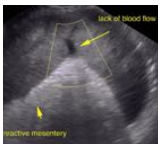
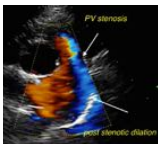
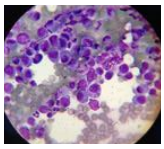
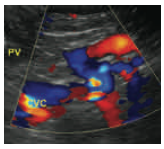

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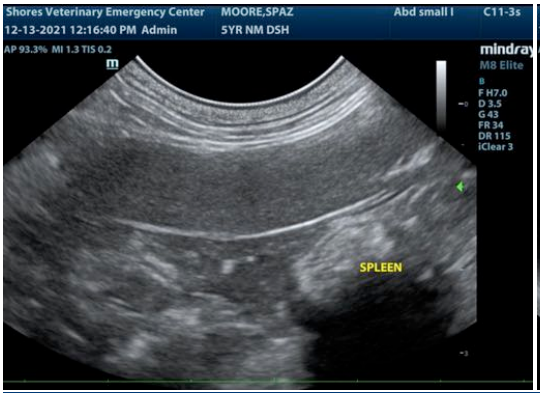

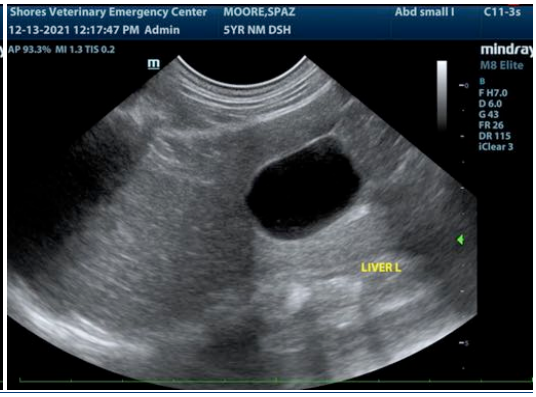

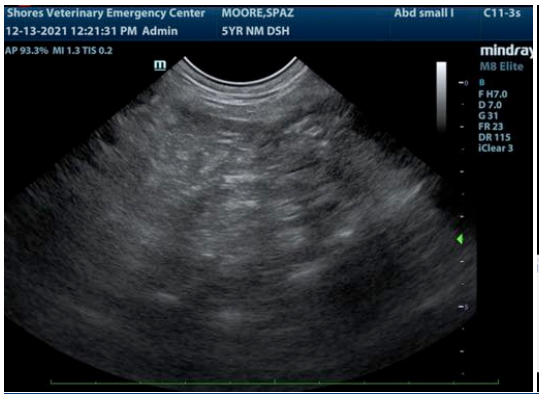

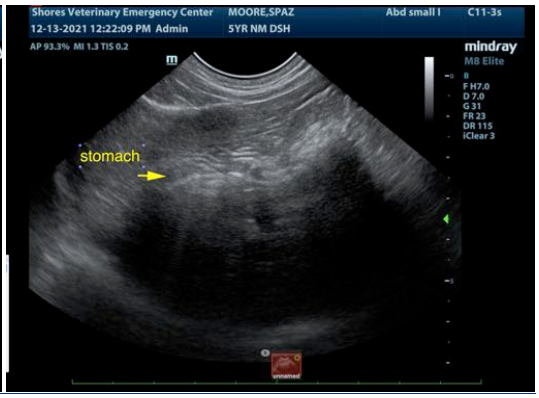

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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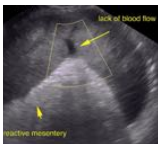

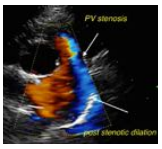

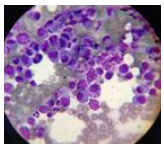
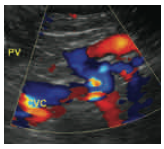

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