

**DATE**

12/17/21

**PRESENTING CLINICAL SIGNS**

History: Presenting Complaint: Straining (Unspecified); Not Eating. Date: 12-16-2021 Notes: P presents for inappetence of 2 days duration and stranguria. Vomited entire food about 2 days ago. Has been going around to all litter boxes in the house and straining to urinate. O watched pet and nothing came out this morning. Per O - has been acting normally prior to this. Indoor only, lives with two other cats. Previous history of heart murmur per owner - not worked up. O thinks P may have lost some weight recently. Eats canned Science diet for 7+ yr old cats. Assessment: Mildly febrile, stranguria, Inappetence/ vomiting, diarrhea, mod dehydration, heart murmur grade 2-3/6 (NORMAL probnp) r/o: infectious vs metabolic vs endocrine vs other. Plan:

**PATIENT**

Spooky Ranney

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12/16/07

Exam- Discussed plan w/O - rec full workup, then tx plan to follow pending diagnostics, many possibilities at this time as to what could be going on. May need to be hospitalized pending workup. Called O w/labs results - rec hospitalization d/t degree of dehydration and inappetence, supportive care w/GI meds (Cerenia, probiotics, Metronidazole, B12 inj 0.25mL once, Omeprazole) +/-mirtazapine if not eating.

Current Medications: Provable, Gabapentin, Maropitant, Mirtazapine, Provable, Omeprazole, Vitamin B12. Lab Results: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**WEIGHT**

10.2 Lbs.

**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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The right kidney measured 4.0 cm. The left kidney measured 3.88 cm.

**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**Adrenal Glands**

The regions of the **adrenal glands** were imaged. No evident pathology.

**HOSPITAL NAME**

Animal Emergency H

**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 were noted.

**REFERRING VET**

Dr. Kraselski

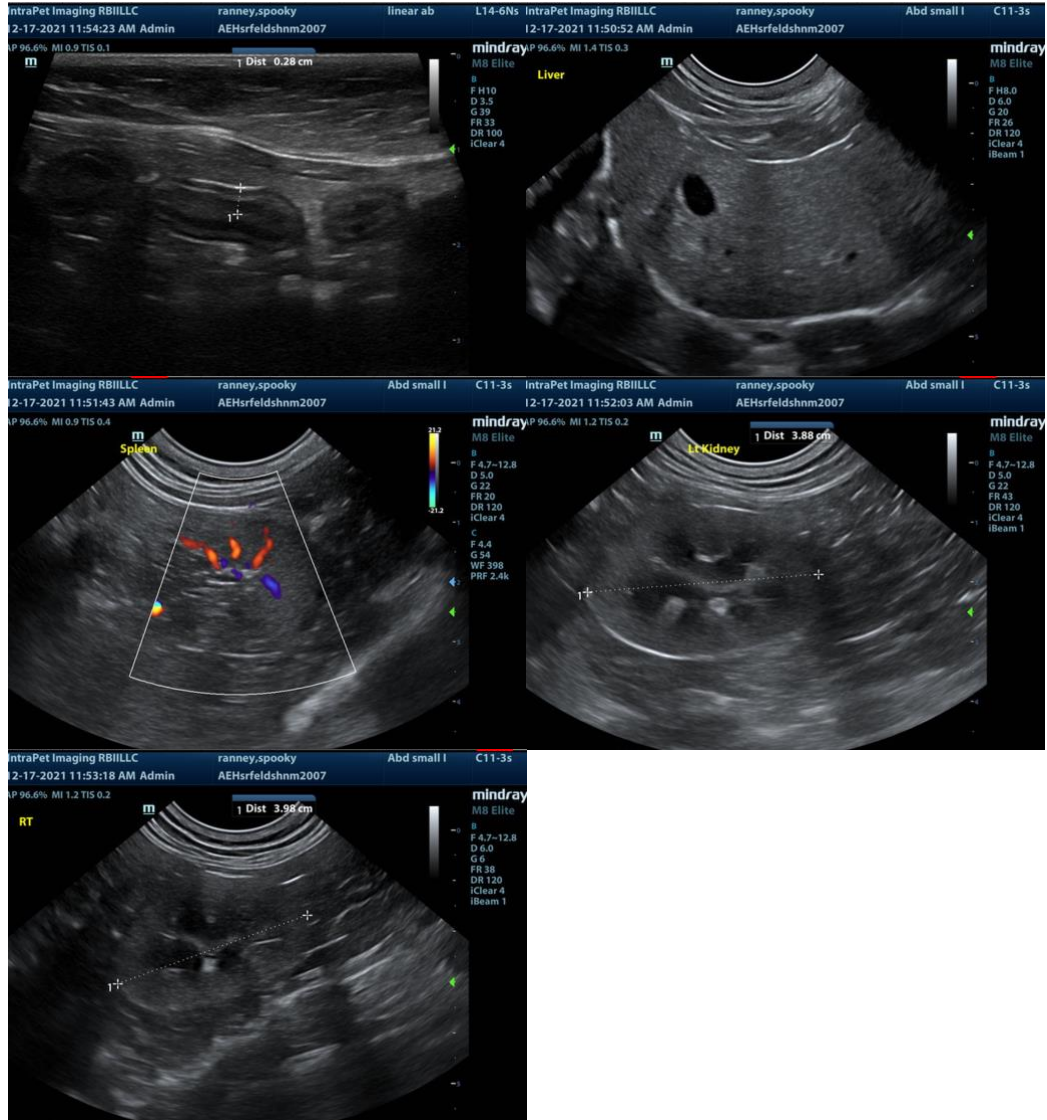
**INVOICE**

13105

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically





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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