



PATIENT

Storm Novick

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

10.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Velasco

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Velasco

INVOICE

33696

DATE

12/23/21

PRESENTING CLINICAL SIGNS

Pt had abd US after vomiting for one week and being severely azotemic. Revealed FB in duodenum. Had enterotomy and gastrotomy (FB removal from both areas) on 12/4/21. Had been doing really well, but vomited yesterday and didn't want to eat today. Temp = 102.4, which is high for him. Possible pain in abdomen (bit me when palpated)

Abnormal PE/Chem/CBC/UA Results: pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** were non-specific with mild increased cortical echogenicity. Slight pyelectasia noted in the right kidney. Both kidneys measured 3.5 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.

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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed variable intestinal thickening with slight increased submucosal echogenicity and thickening as well as minor muscularis hypertrophy. Some fluid accumulation noted in the gastric lumen.

Pancreas

The **pancreas** was hypoechoic and irregular in a region of approximately 2.0 cm, strongly consistent with pancreatitis.



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ULTRASONOGRAPHIC FINDINGS

- Pancreatitis pattern
- Inflammatory bowel GI pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If biopsies were performed at surgery, assessment for underlying inflammatory bowel would be recommended. Treatment for pancreatitis with supportive care, broad-spectrum antibiotics, pain management and fluid therapy all indicated.

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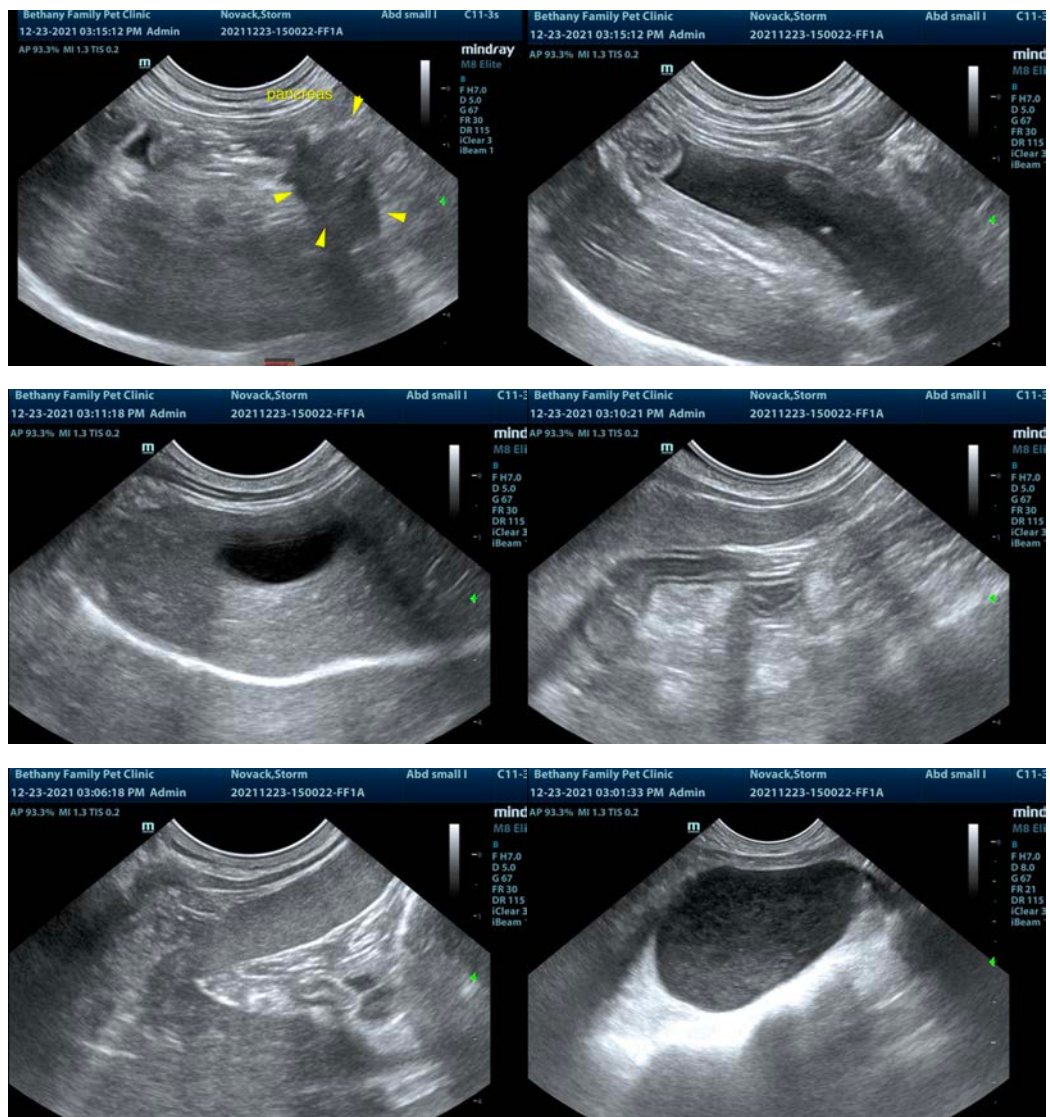
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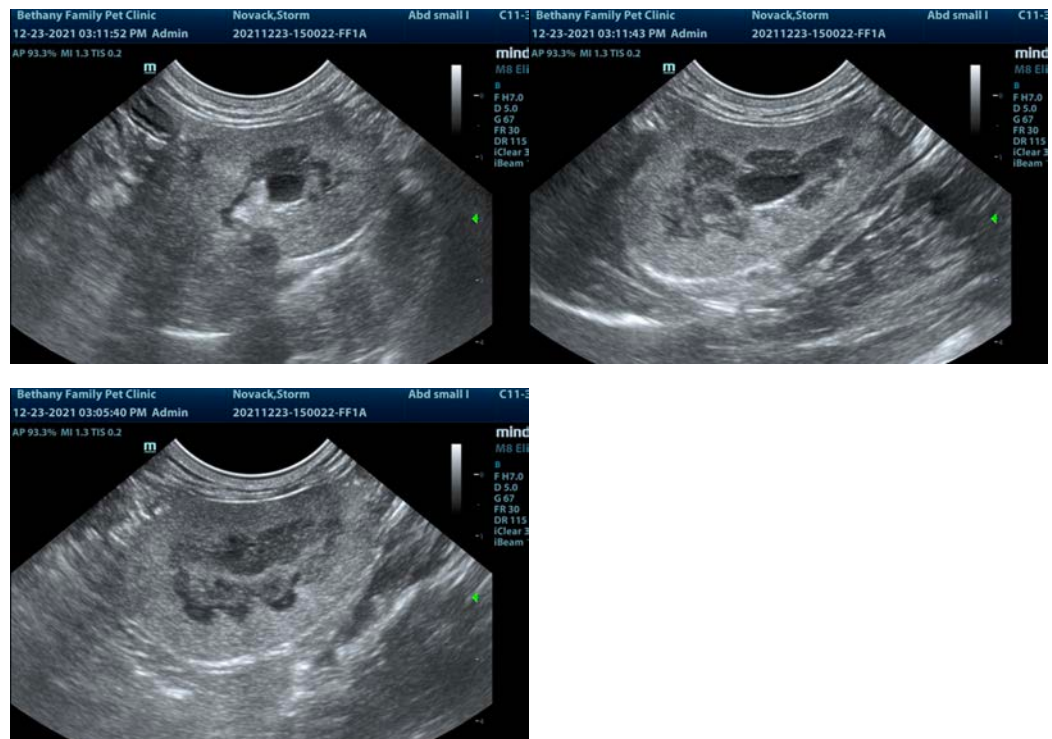
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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