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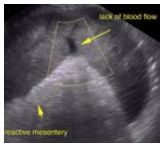
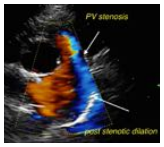
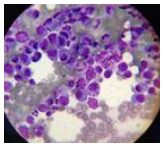
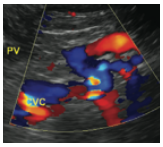

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1-800-838-4268 info@sonopath.com

PATIENT

Mya Husman

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

9 years

WEIGHT

4.4 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Hayley Heindel CVT

HOSPITAL NAME

Mason Dixon Animal Emergency Hospital

REFERRING VET

Dr. Brewer

INVOICE

42343

DATE

12/26/22

PRESENTING CLINICAL SIGNS

History: acute lethargy and weakness, anorexia, pt presented flat out
Abnormal PE/Chem/CBC/UA Results: Blood pressure 200 HCT 24 K 2.5 Lact 3.86 BUN 60 Creat 2.3 IP 1.2 Urine: WBC, cocci present, protein

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 2.0 cm beyond the cystourethral junction and appeared normal. 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Slight mineralization was noted. The right kidney measured 4.27 cm. The left kidney measured 4.06 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 0.4 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.

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 was essentially empty with biliary calculi and a thickened echogenic gallbladder wall with increased portal markings throughout the liver and lobar biliary mineralization. This is likely secondary to cholangitis. The calculi were non obstructive, yet continued into the cystic duct in the form of sand accumulation. The common bile duct also revealed sand accumulation.

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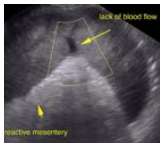
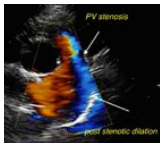
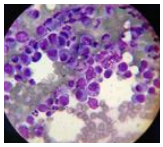
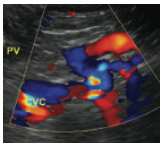

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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. Gastric stasis was noted likely owing to ileus. No obvious neoplastic patterns were noted and luminal content as unremarkable. Mild, reactive mesentery was noted associated with the small intestine.

Pancreas

The **pancreas** was enlarged primarily in the left limb with localized free fluid. Ultrasound-guided FNA of the pancreas and the liver as well as obtaining samples. Cytology and culture of free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

Pancreatitis, cholangitis with secondary non-obstructive, yet possibly irritative biliary sand and calculi.

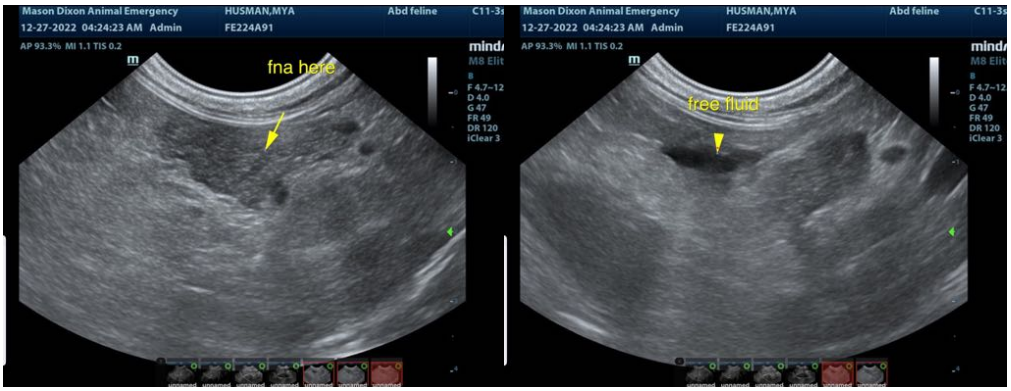
Irregular pancreas with slight areas of free fluid, potential for underlying carcinoma.

Mild intestinal thickening without neoplastic criteria and gastric ileus.

Reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, pain management and broad spectrum antibiotics are all indicated. Sampling of the localized free fluid and adjacent pancreas as well as liver for further definition. Cytospin of the free fluid and culture are indicated. Cytospin is recommended to assess for underlying carcinoma and culture of the free fluid to assess for sepsis.



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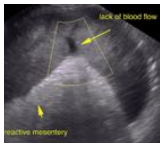
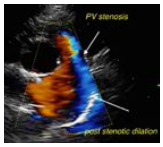
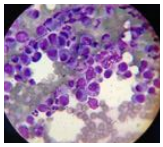
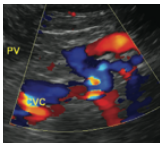

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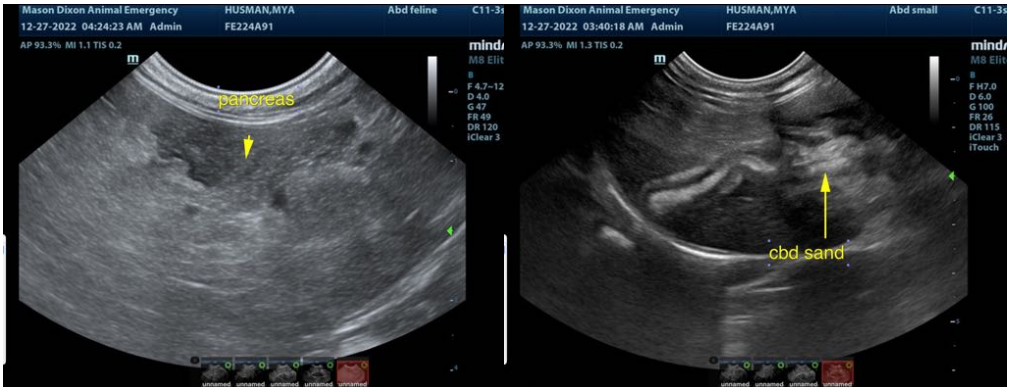

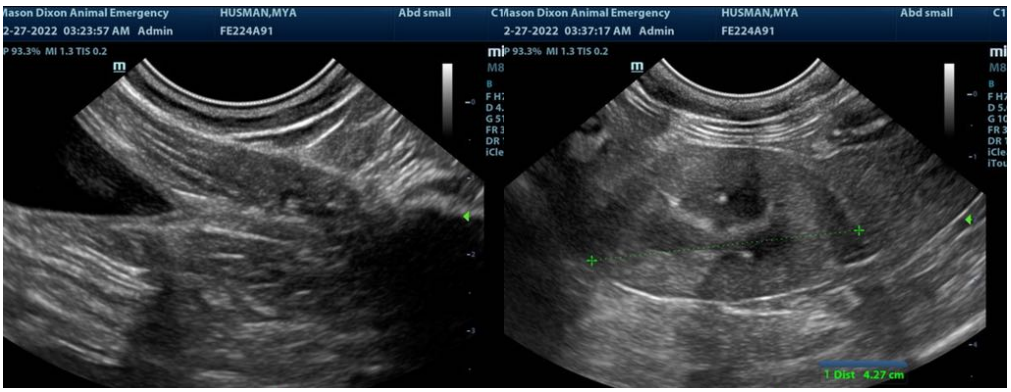

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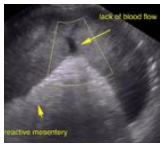
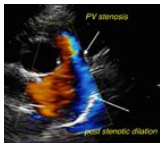
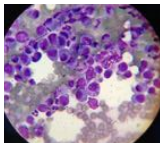
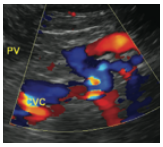

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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