

**DATE**

12/29/22

PATIENT

Charlie Johnson

SPECIES

Feline

BREED

Bengal

SEX

Intact Male

AGE

8/5/22

WEIGHT

4.8 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Nacke-Horney

INVOICE

43829

PRESENTING CLINICAL SIGNS

Endoscopy on 12/22; removed about 8 hair ties. Seemed comfortable and eating well immediately following, but on 12/27, stopped eating and had some diarrhea.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Torb.
Stat Report: Not requested.
Imaging Performed By: Rachel Brillhart, RDMS.

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 **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 3.43 cm. The right kidney measured 3.56 cm.

Adrenal Glands

The **right 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 right adrenal gland measured 0.25 cm.

The region of the **left adrenal gland** was 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 was slightly overdistended with minor tortuosity to the cystic duct. The common bile duct measured 3.0 mm in width.

Gastrointestinal

The **gastrointestinal tract** was structurally unremarkable and empty. No evidence of foreign bodies. Curvilinear patterns maintained. Minor areas of muscularis hypertrophy noted.

Pancreas

The **pancreas** was hypoechoic and irregular with coarse architecture, suggestive for inflammation. Dilated duct noted. The left limb of the pancreas measured 0.84 cm with dilated duct at 0.19 cm.

Other

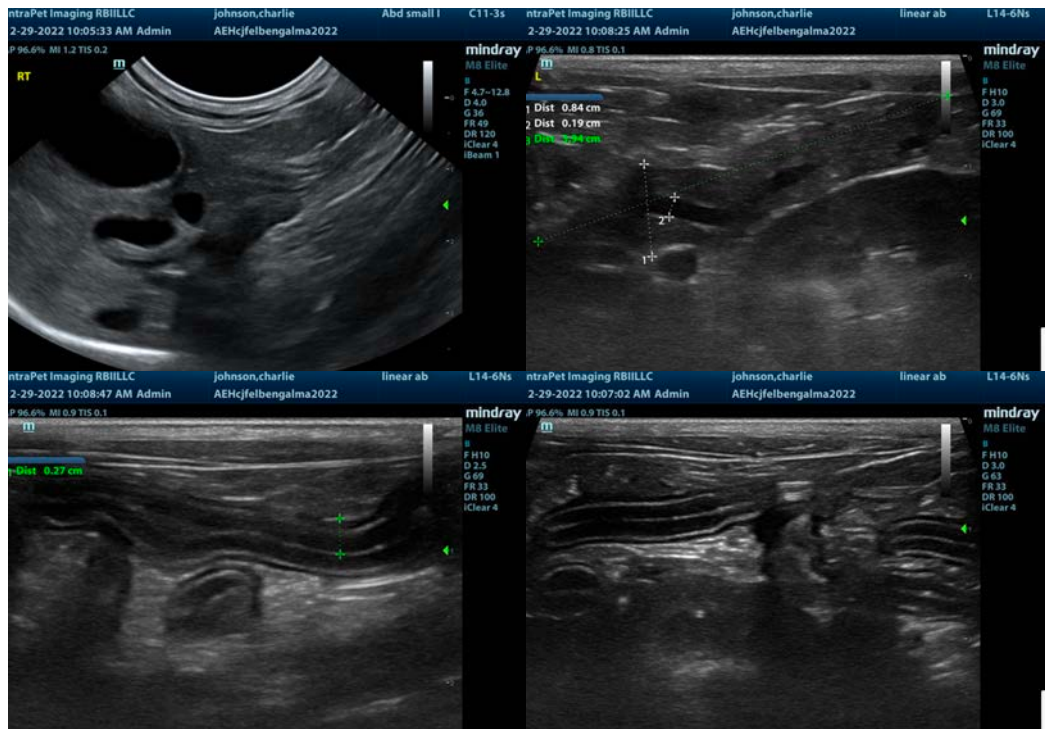
Reactive mesenteric lymph node noted measuring 3.14 cm x 0.91 cm.

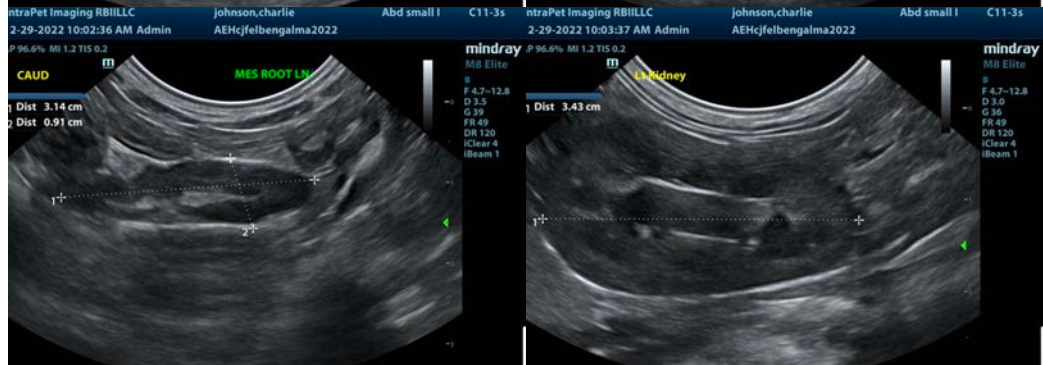
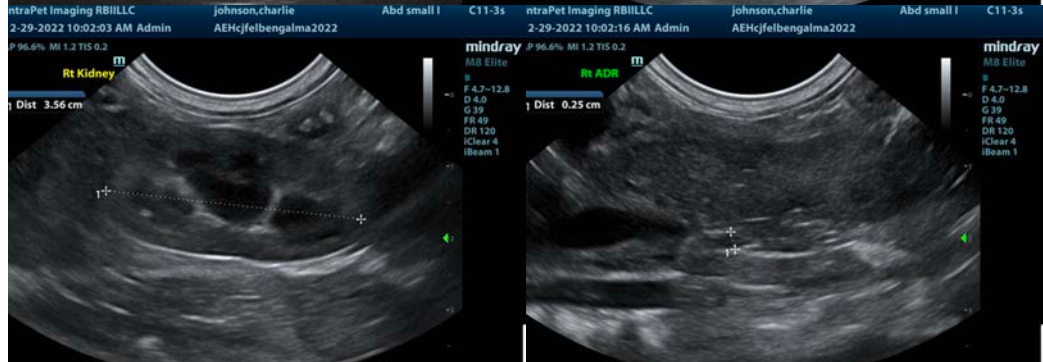
ULTRASONOGRAPHIC FINDINGS

- Pancreatitis/lymphadenitis pattern with minor intestinal thickening
- Tortuous cystic duct

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign bodies. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Supportive GI care and pain management should prove effective. Liver enzyme values should be monitored carefully in this patient. Assessment for parasites and broad-spectrum anti-parasitic protocol warranted. Consideration should be given to diet change.





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.

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