



PATIENT

Rocket Tarantino

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

3 years

WEIGHT

7.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Hayley Heindel CVT

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Parr

INVOICE

42430

DATE

12/31/22

PRESENTING CLINICAL SIGNS

History: Painful abdomen, anorexia, hx of UO
Abnormal PE/Chem/CBC/UA Results: HCT 28

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. Sand accumulation was noted as well as bladder debris. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** were bilaterally swollen likely owing to prior obstructive disease. The left kidney measured 5.0 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 0.46 cm. The right adrenal gland measured 0.51 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** was uniform with no evident pathology. There was no evidence of passive congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

Gastrointestinal

The **stomach** was filled with ingesta or other material. Variable intestinal thickening was noted with reactive surrounding mesentery and regional stasis. No associated abnormal lymphatic activity was noted.



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Pancreas

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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.

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Free Abdomen

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Slight free fluid was noted cranial to the spleen. A large amount of free fluid was noted with enhanced surrounding mesentery.

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ULTRASONOGRAPHIC FINDINGS

Ascites, exact cause is unclear.

AGE

3 years

Variable intestinal thickening with enhanced mesentery.

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7.7 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis and cytospin is warranted with immediate slide preparation to assess for underlying exfoliating neoplasia or possibility of septic abdomen. Otherwise, exploratory surgery is indicated to assess the underlying cause. Eventual cystotomy is recommended as well as bladder lavage. I believe that the amount of ascites present is excessive for what I would expect for a post urinary obstructive ascites. The prognosis is guarded.

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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.

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