

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

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DATE

2/10/23

PATIENT

Ace Laliberte

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2/9/16

WEIGHT

18 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

45066

PRESENTING CLINICAL SIGNS

Started vomiting sunday or monday - later that day found a piece of plastic in the vomit, was hard plastic (like the tear here for cheese packets) - continued to vomit for 2 additional days Did find vomit again today - vomit around 1 hr after eating. Has not been eating as much - not as excited about his snacks Presented to rdvm: - vomiting for 4-5 days - vomiting up plastic - Bw: Lym 0.77 (0.92-6.88) - No rads due to patient disposition

Current Medications: Buprenorphine, Protonix, Gabapentin.

Radiographs: Left kidney more caudal in position, mild gassy changes, no obvious obstruction.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV Propofol.

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** were mildly enlarged with slight pyelectasia. Structurally unremarkable. The right kidney measured 5.06 cm with pyelectasia at 0.26 cm. The left kidney measured 4.84 cm with pyelectasia at 0.37 cm. Enhanced fat noted around both kidneys, suggestive for inflammation and capsular expansion.

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 0.62 cm. The right adrenal gland measured 0.56 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 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

The **stomach** was empty. Minor intestinal thickening noted with hypertrophied muscularis. No loss of mural detail. No evidence of foreign body.

Pancreas

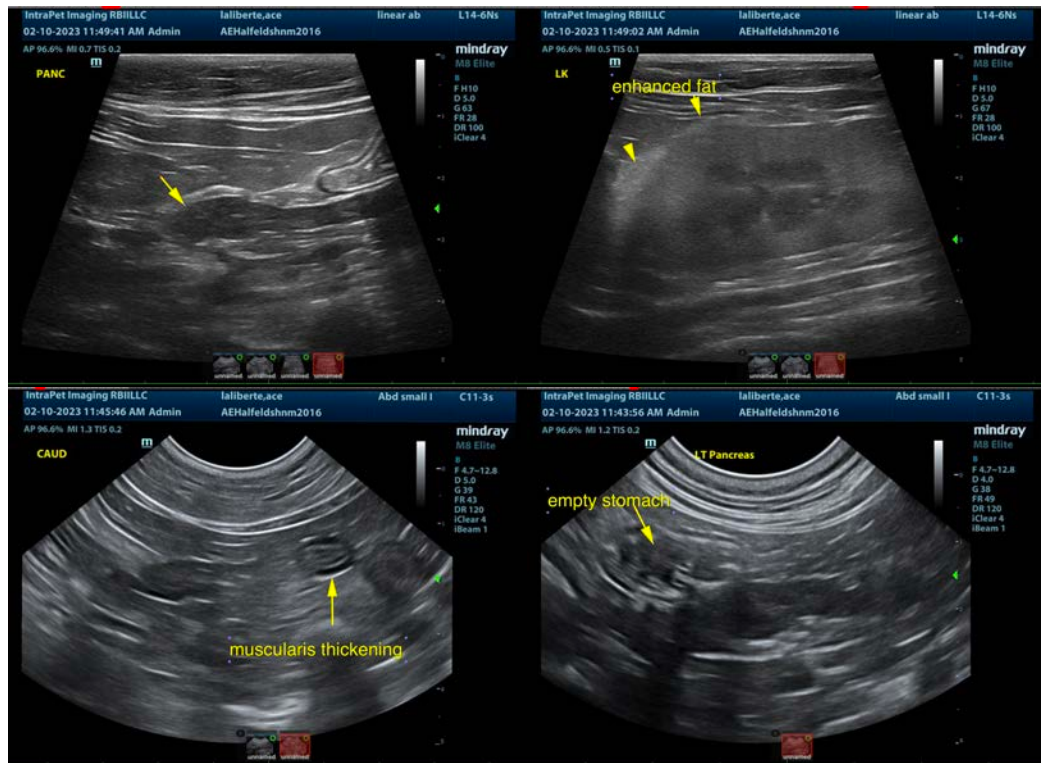
The pancreas presented mild undulating contour, fairly uniform, distinctly hypoechoic to surrounding fat. Low-grade inflammation possible.

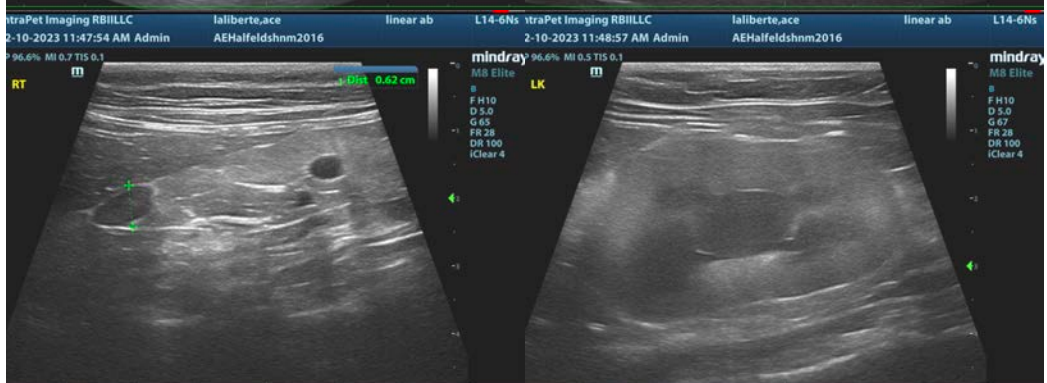
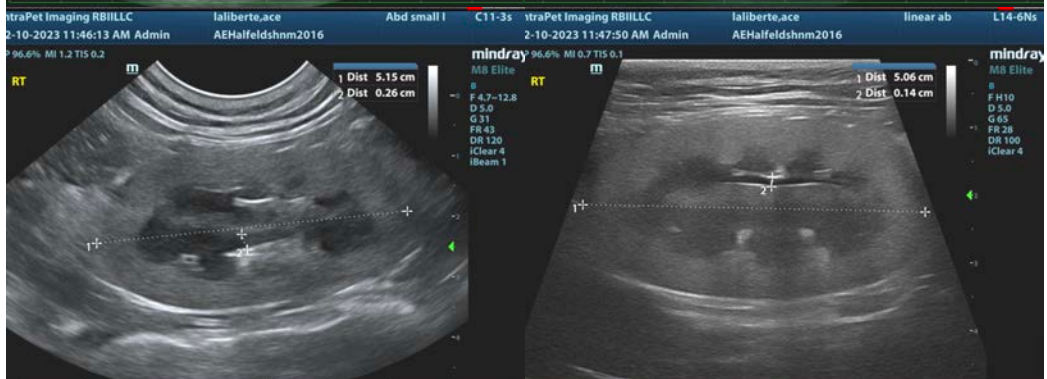
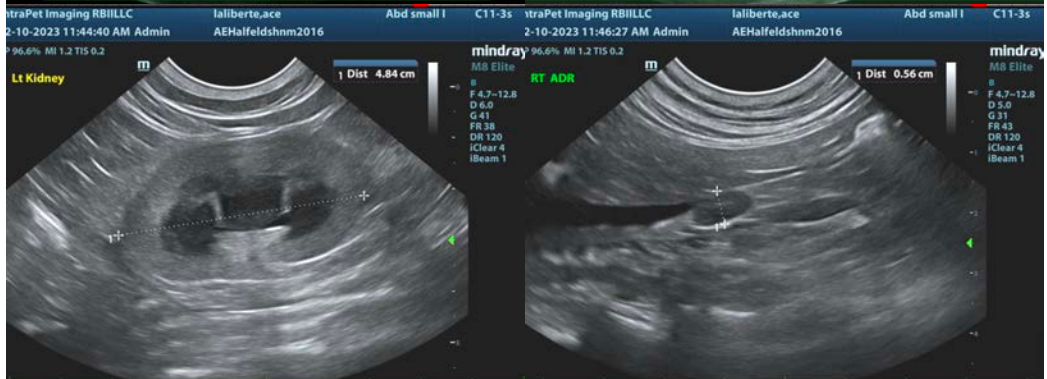
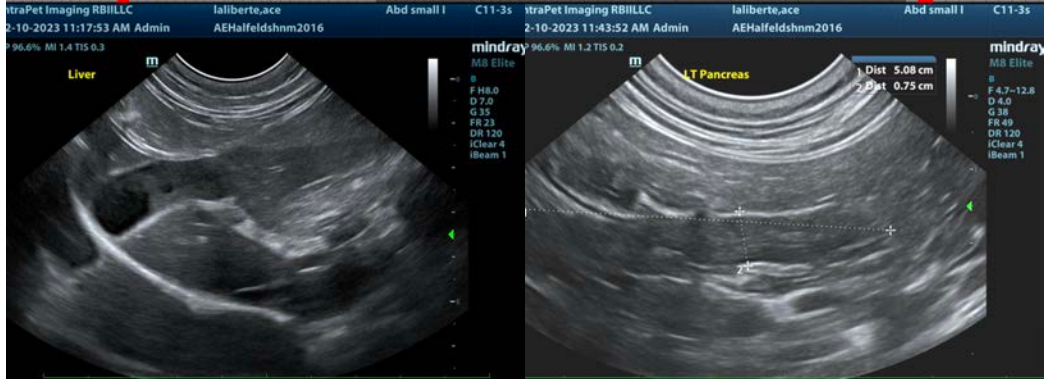
ULTRASONOGRAPHIC FINDINGS

- Minor intestinal thickening
- Swollen kidneys with pyelectasia
- Prominent pancreas, possible low-grade inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary workup warranted to assess for any evidence of UTI, given the pyelectasia and generalized enlargement of the kidneys. No evidence of neoplasia or foreign bodies, however minor intestinal thickening was present. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.





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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