**DATE**

2/21/22

PRESENTING CLINICAL SIGNS

2/19/22: Woke at around 115am- patient was vomiting up food- had around 4 episodes- hairballs were noted in the vomit. Vomiting continued into the morning- changes from clear liquid with mucus to having a pink to redish tinge- owner does not believe patient ate or drank anything last night. Last episode of vomiting was around 715am- started hiding from owner this morning. Keeps separated from children in owners rooms- not a known eater of things. Nothing in the room for him to really eat other than his food, no known dietary indiscretion. Owner did check BG this am and was 152.

PATIENT

Midnight Anderson

Current Medications: Gabapentin 50mg, Amp/Sulb 1.5gm injection 0.33mL, Omeprazole 10mg/mL 0.55mL, Sucralfate 1g/10mL 1mL, Mirtazapine 1mg, Maropitant 10mg/mL inj 0.55mL, Pantoprazole 1.38mL.

SPECIES

Feline

Lab Results: Increased WBCs, mild hyperglycemia.

Radiographs: Stomach distending with fluid, no obvious FB, concern for pyloric thickening/tumor.

Date of Previous IntraPet Ultrasound: No previous.

BREED

Domestic Shorthair

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Neutered male

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 was noted. Ureteral papillae were normal.

AGE

2/2/10

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Calculus was noted in the left kidney. The left kidney measured 4.82 cm. The right kidney measured 3.0 cm.

WEIGHT

12.6 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 right adrenal gland measured 0.52 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**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.

REFERRING VET

Dr. Nacke-Horney

INVOICE

96189

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 and common bile duct were unremarkable.

Gastrointestinal

The **gastric** wall was thickened with increased submucosal echogenicity and thickness. The lumen was empty. The muscularis was hypertrophied. There was some early loss of mural detail noted with reactive surrounding mesentery.

Pancreas

The **pancreas** was enlarged, hypoechoic and irregular with enhanced surrounding mesentery. The left pancreatic limb measured 1.4 cm with pancreatic duct dilation measuring 0.17 cm.

Free Abdomen

A slight amount of free fluid was noted between the liver and diaphragm.

ULTRASONOGRAPHIC FINDINGS

Left renal calculus.

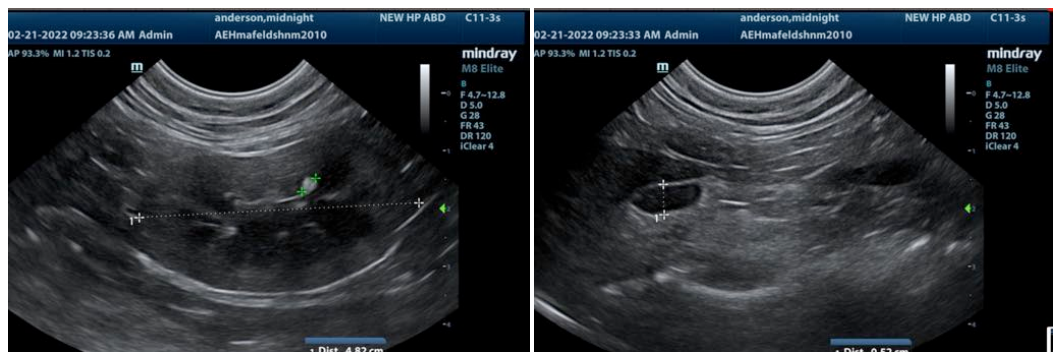
Age related renal changes.

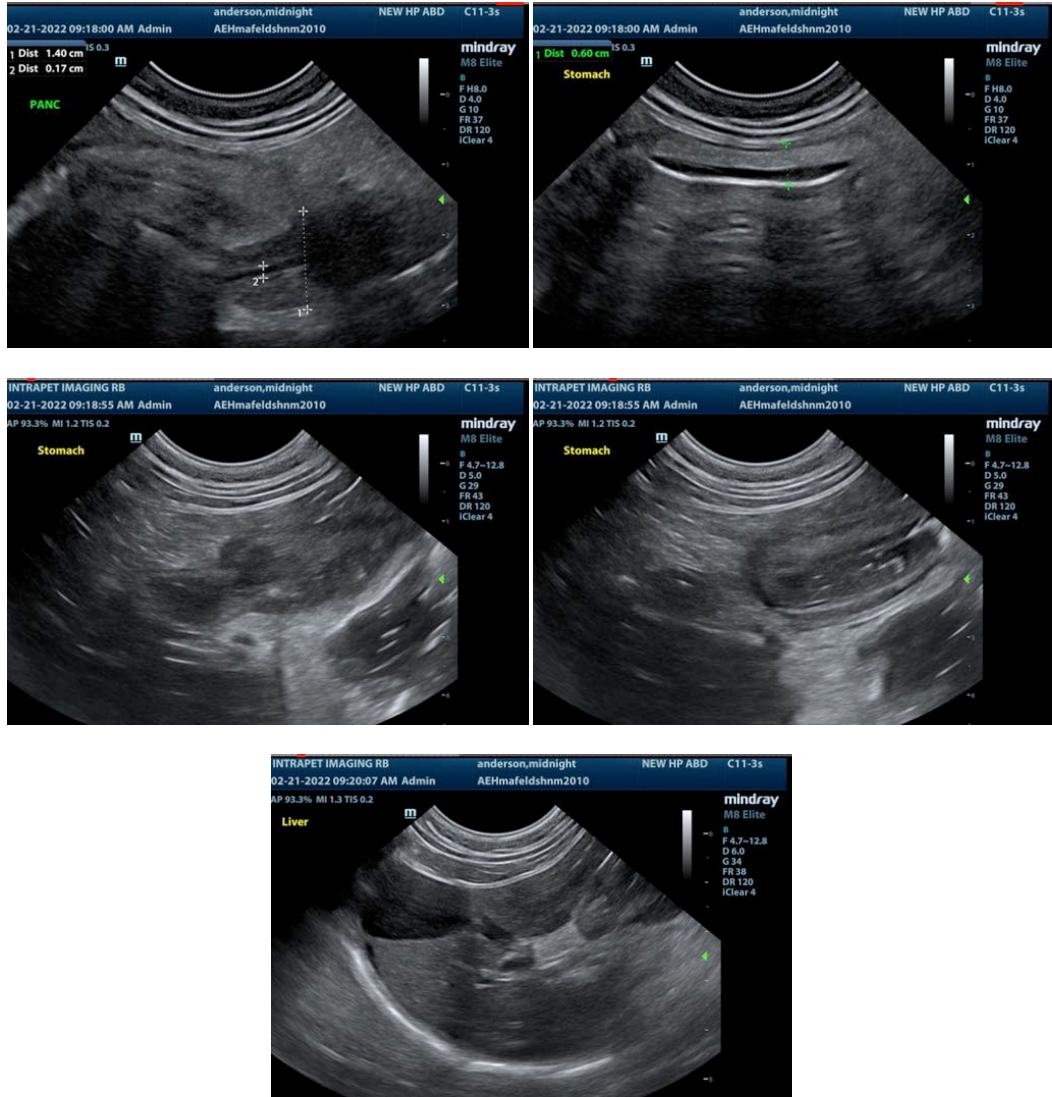
Acute on chronic pancreatitis presentation.

Chronic gastritis with potential for emerging round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally full thickness gastric and pancreatic biopsy would be performed in this patient for further definition; However, empirical treatment for gastritis and pancreatitis as well as testing for Bartonella and Toxoplasmosis is all indicated. IV fluid support, broad spectrum antibiotics, pain management and GI protectants are all indicated. Recheck sonogram is recommended in 48-72 hours.





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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