

**DATE**

2/25/22

PRESENTING CLINICAL SIGNS

Presented 2/23/22 for referral for pancreatitis. ATO: didn't eat this am; o found 5 piles of vomit (foamy), then breathing rate and effort both increased. Went to RDVM this am- did BW (increased fpl_ and rads seemed normal yesterday. Not known to get into anything, picky about food- likes dry. O tried to give Royal Canin, does not like soft/wet foods. Currently on Hill's Urinary Diet- Hx of blood in urine several months ago; went to RDVM placed on special urinary food.

PATIENT

Jackson Savage

Current Medications: Cerenia, Buprenorphine, Mirtazapine, Gabapentin.

Lab Results: Abnormal fpl @ RDVM.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Domestic Longhair

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.

SEX

Neutered male

AGE

2/23/16

The **kidneys** are mildly enlarged with minor pyelectasia and increased cortical echogenicity. The left kidney measured 4.1 cm. The right kidney measured 4.55 cm with pyelectasia that measured 0.57 cm.

WEIGHT

10.9 lbs

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.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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.

HOSPITAL NAMEAnimal Emergency
Hospital**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.

REFERRING VET

Dr. Martinolli

INVOICE

96351

Gastrointestinal

The stomach presented distinctly shadowing luminal material that is consistent with hard hairball accumulation and measured up to 4.0 cm.

Pancreas

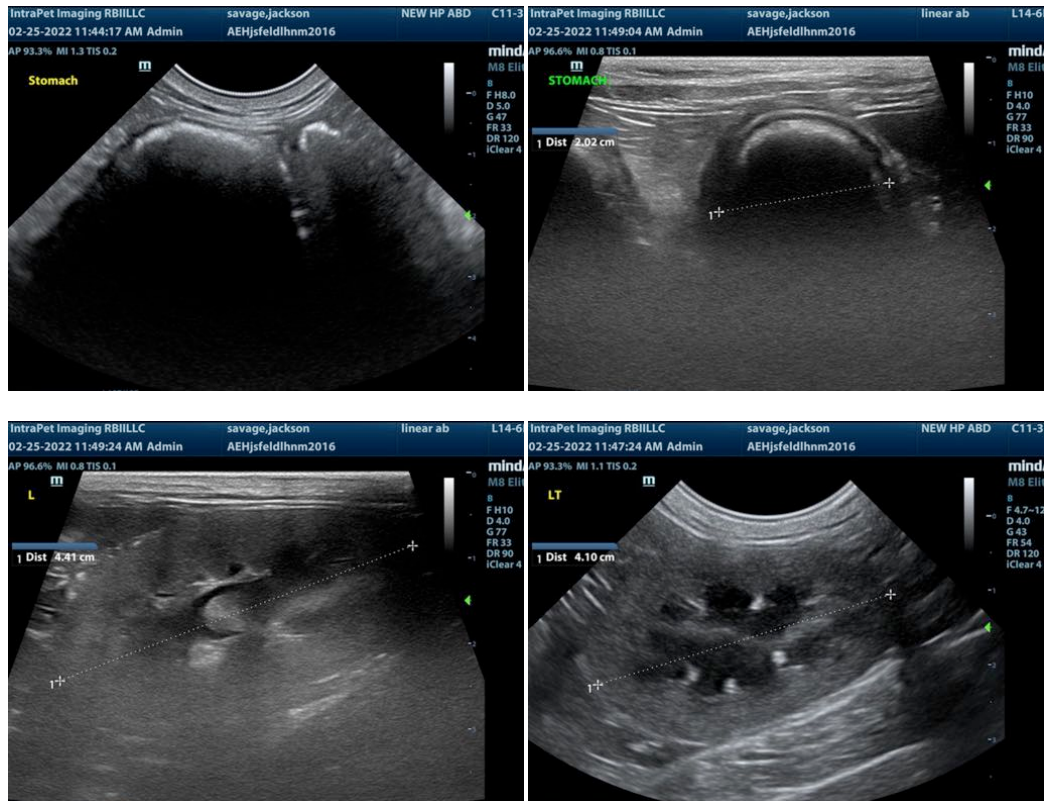
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

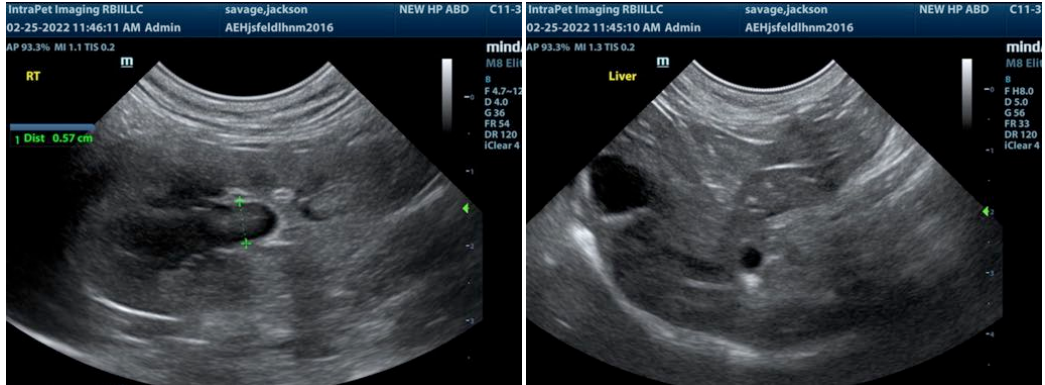
ULTRASONOGRAPHIC FINDINGS

- Hairball density in the stomach. This may necessitate surgical removal.
- Mild degenerative renal changes with swelling and pyelectasia, rule out UTI.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If surgical removal of the presumed hairball occurs then GI biopsies are indicated. Medical management for hairballs can be considered over the next 10-14 days with a recheck sonogram to assess if successful. However, the hairball is fairly dense and may not dissolve on medical management alone.





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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