



PATIENT

Leelah Joao

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

3

WEIGHT

3.27

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Valentina Fresta

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

Dr. Valentina Fresta

INVOICE

45504

DATE

2/26/23

PRESENTING CLINICAL SIGNS

Presented for 1 vomiting and not interested in food. Also reported a rash around the anus and vulva due ,according to the owner's perception to some poop stuck on .The cat has been suffering over these years of seizures during which the patient is unconscious and displays fecal and urinary incontinence .The seizures appear once per year and are triggered by a stress. At the clinical presentation the cat is BAR Hr 180,RR 34,heart and lung sound clear. MMC are moist and pink. The area around the anus is reddish and slightly inflamed .The rest of the examination is unremarkable.

Abnormal PE/Chem/CBC/UA Results: The CBC reveals parameters in the normal average. The comprehensive reveals decreased phosphorus level. The collection of urine by cystocentesis reveals brownish urine.

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 3.7 cm. The right kidney measured 3.8 cm.

Adrenal Glands

The **adrenal glands** are not visualized.

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** presented coarse architecture and increased portal markings. The gallbladder was mildly echogenic with a minor amount of physiologic debris. Minor hepatic remodeling noted.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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Pancreas

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The **pancreas** was enlarged, hypoechoic, and irregular. The left base measured 1.2 cm. Mild enhanced surrounding mesentery noted. The right limb was largely unremarkable with slight hypoechoic parenchyma, measuring 7.0 mm in width.

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ULTRASONOGRAPHIC FINDINGS

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- Suspect pancreatitis

DLH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. If patient is on medication for seizure activity, assessment for contraindication for pancreatitis warranted, as some seizure medications can induce pancreatitis. Pain management, IV fluid support, hydrolyzed diet may all prove effective in this patient. If the patient has been exposed to toxoplasmosis, then toxo testing would be indicated. No evidence of neoplasia.

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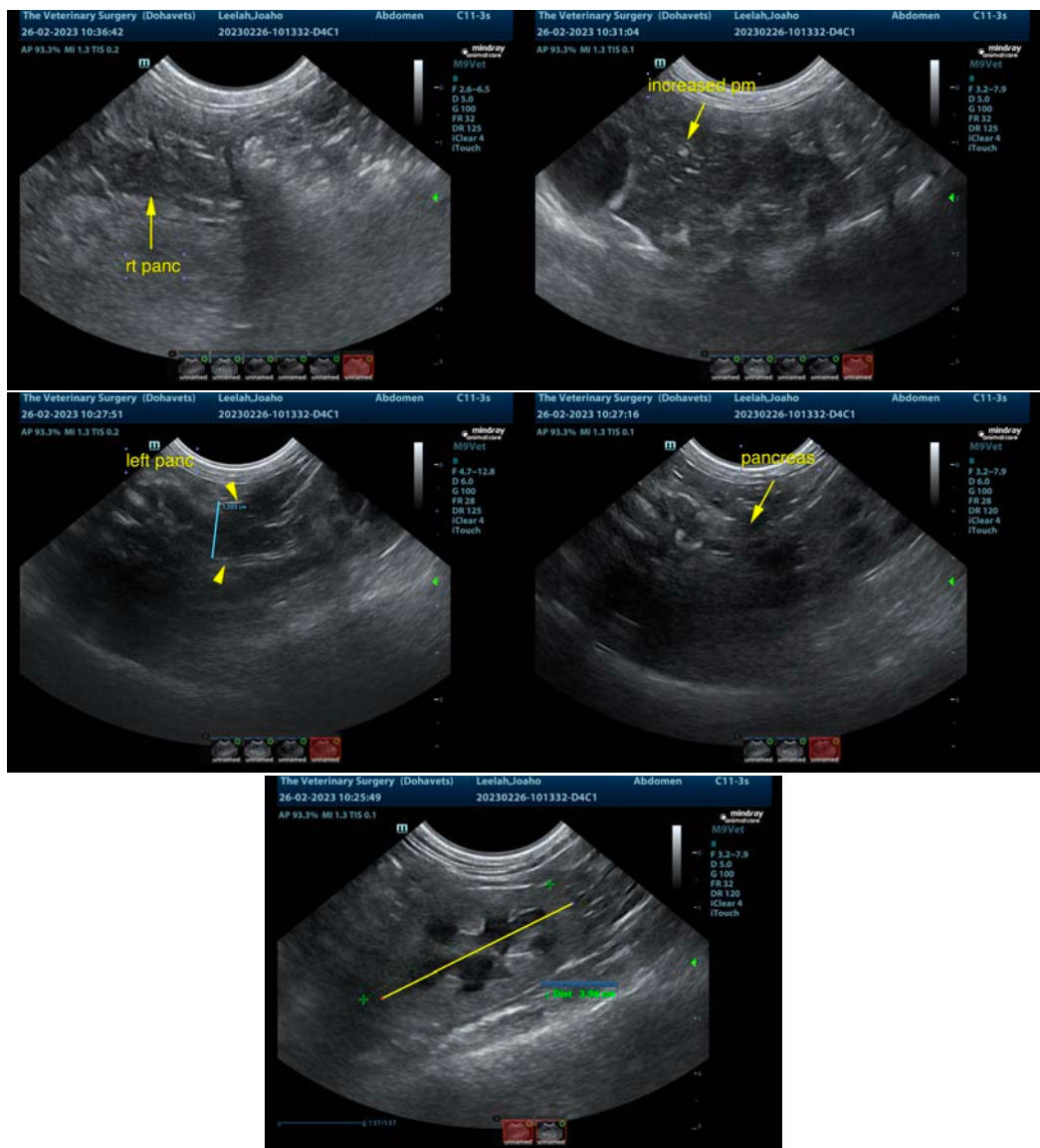
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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DLH

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com

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