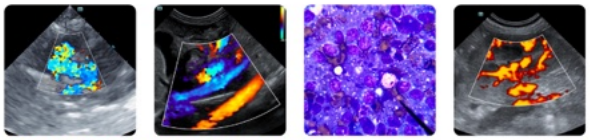


PATIENT

Bear Peterson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

2 years

WEIGHT

5.3 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Fishcreek 24 Emergency

REFERRING VET

Dr. Ackert

INVOICE

73478

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- His condition deteriorated in-hospital overnight 15/03-16/03 with the patient becoming bradycardic, hypotensive, and hypothermic. His blood pressure subsequently improved. During the day on 17/03, he developed increased R and effort, and a POCUS revealed B-lines consistent with cardiogenic pulmonary edema. He became O2 dependent on 16/03 during the day, but improved with furosemide and Pimobendan administration. He has been stable on room air since 16/03 evening, but persistently inappetent, with a persistent significant inflammatory
- BW on march 15: WBC 32.4, NEUT 23.9, CREA 226, UREA 37.8, LIPASE 1898 Repeat BW March 17th:WBC 32, NEUT 27.43, CREA 181, UREA 14.7, LIPASE 4422 UA: USG 1.036, 1+ rbc, no bacteria or crystals 3 view thoracic radiographs performed March 16 following development of rest distress- consistent with cariogenic pulmonary oedema FeLV/FIV:negative

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.

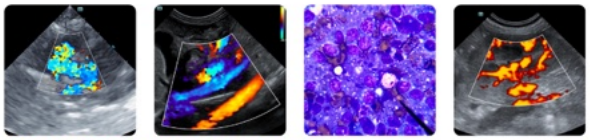
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.05 cm. The left kidney measured 3.8 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 right adrenal gland measured 0.4 cm. The left adrenal gland measured 0.46 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.



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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

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. The mesenteric lymph nodes were reactive. A grouping of which measured 1.95 x 0.6 cm.

Pancreas

The **pancreas** was enlarged, hypoechoic and irregular measuring up to 1.3 cm in width. Enhanced mesentery was noted with minor duct dilation.

ULTRASONOGRAPHIC FINDINGS

Extensive pancreatitis. Pancreatic enlargement and enhanced mesentery extended throughout the left limb and base.

Otherwise, structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the pancreas could be considered with cytology and culture for refinement of therapy. Neoplasia is not suspected. The azotemia is likely prerenal. IV fluid support, pain management, broad spectrum antibiotics and consideration for infectious agent such as toxoplasmosis and Bartonella should be considered.

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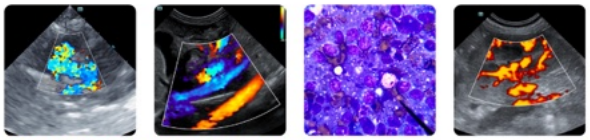

Clinical Sonography & Telecytology
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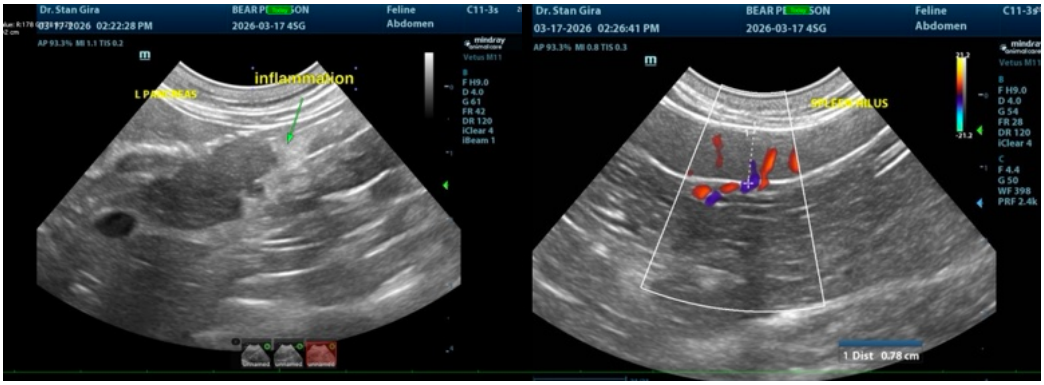

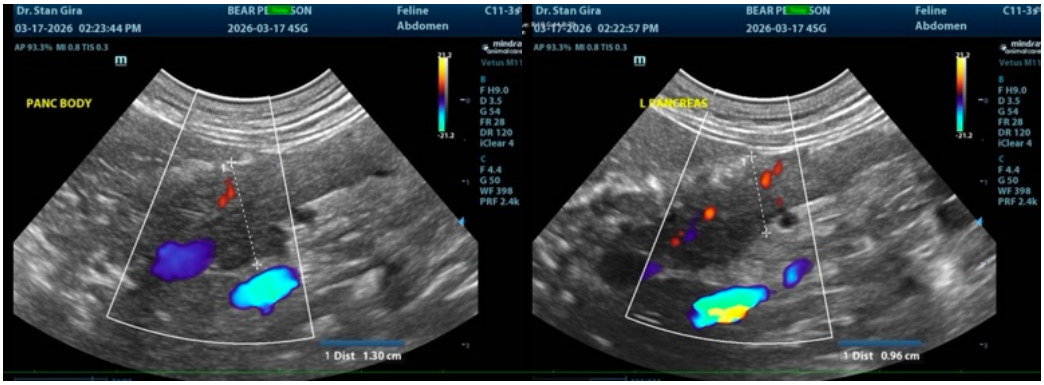

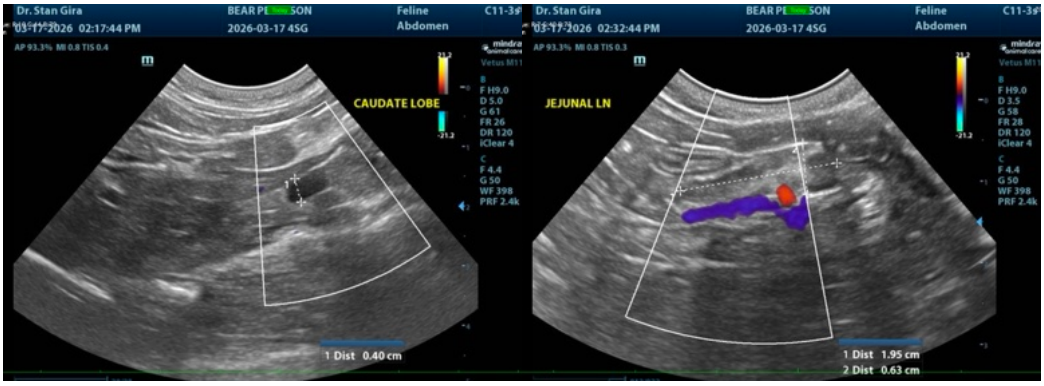

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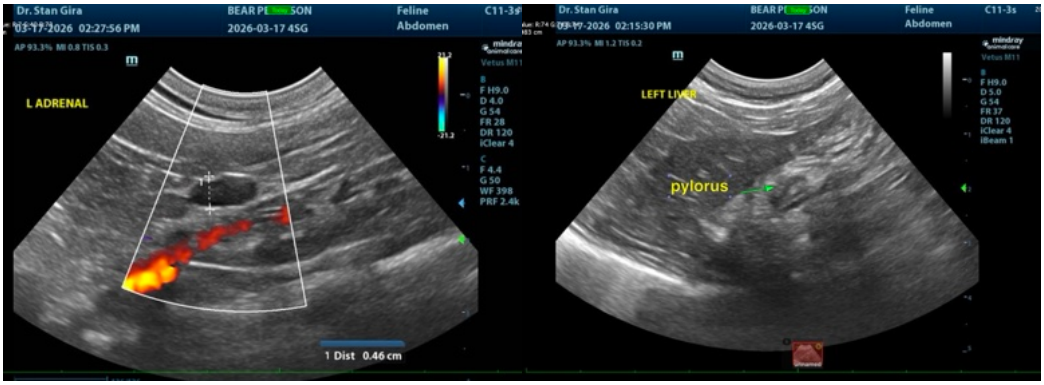

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com