

**DATE**

3/25/22

PRESENTING CLINICAL SIGNS

Diet change, stress of visiting family. Not eating and vomited. No known toxic or foreign ingestions. Indoors only.

PATIENT

Rosie Stancoff

Current Medications: Buprenorphine, Protonix, Ampicillin, Gabapentin.

Lab Results: SDMA 31, BUN 84, Na 178, K 2.6, increase in WBC, HCT 50/8.0.

Radiographs: Decreased in detail, AFAST no FF, possible fine renoliths SI, gassy, mild dilation and pockets of bubbles.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Imaging Performed By: Rachel Brillhart, RDMS.

Domestic Shorthair

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** presented a minor amount of sand and suspended debris. Deviated urethra noted.

AGE

3/24/09

The **right kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 3.7 cm.

WEIGHT

5.6 lbs

The **left kidney** was subnormal in size, measuring 3.0 cm. Slight pyelectasia (0.22 cm) was noted in the left kidney.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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.

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Saubier

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.

INVOICE

14527

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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.

Other

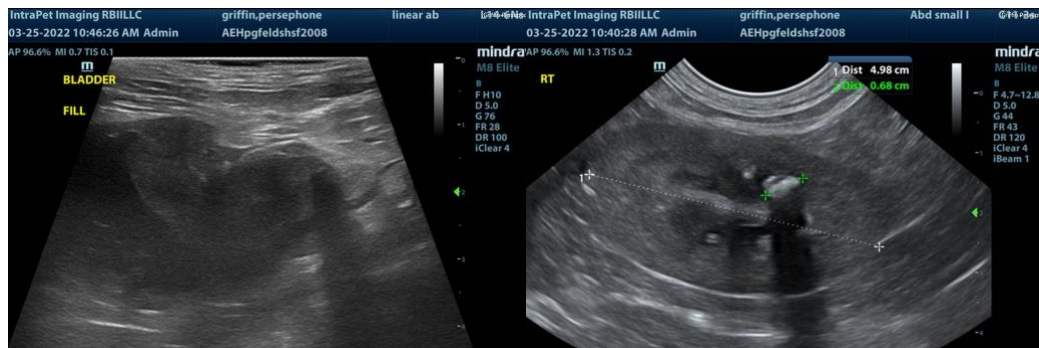
The **uterine stump** in this patient was dilated (1.12 cm). Echogenic tissue was noted within the uterine stump. A cystic structure was noted in the region of the left ovary, measuring approximately 1.5 cm x 0.5 cm.

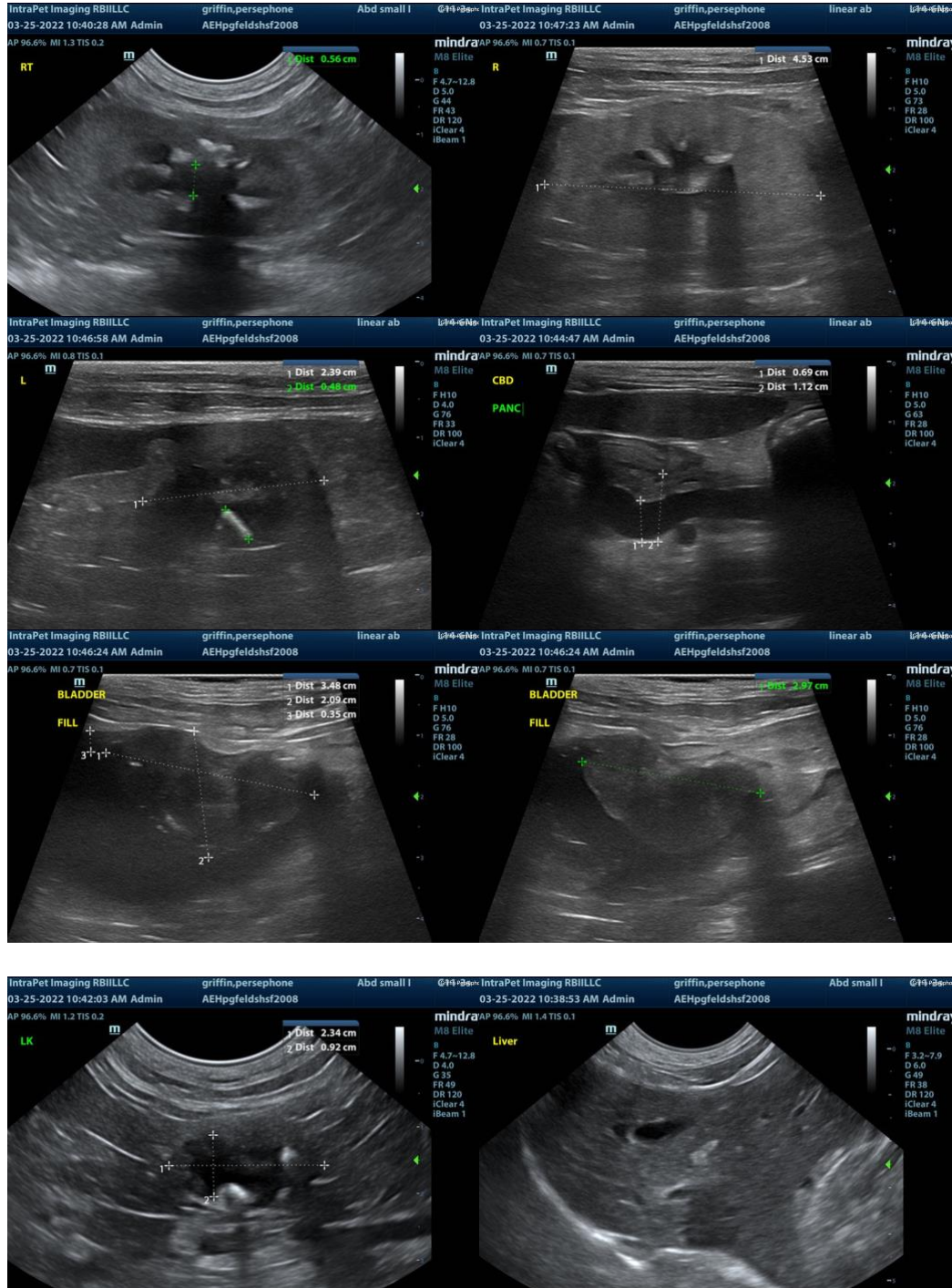
ULTRASONOGRAPHIC FINDINGS

- Dilated uterine stump
- Cystic structure in the region of the left ovary, concern for ovarian remnant
- Moderate chronic renal changes
- Mild chronic GI changes
- Minor gastric thickening with echogenic mucosal remodeling
- Urinary bladder sand and debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any vaginal discharge is present or demonstration of heat, then resection of the remaining uterine stump recommended with biopsies and culture, as well as removal of the cystic structure near the caudal aspect of the spleen and left kidney. GI biopsies would be ideal for further definition and long-term management.





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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