



PATIENT

Diamond Hancock

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

12 Years 3 Months

WEIGHT

8.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Leon Anderson, DVM

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leon Anderson, DVM

INVOICE

14188

DATE

3/4/22

PRESENTING CLINICAL SIGNS

History: Diamond has not been eating we. Is currently eating Hills Z/D. Richard has tried a couple of brands including Purina but Diamond isn't eating well. He tried to palpate her stomach area and she didn't seem to be in pain

Abnormal PE/Chem/CBC/UA Results: PE: MILD DEHYDRATION TENDER Abdomen QUIET STAGE II DENTAL DISEASE No masses. DULL BUT Full hair coat. No masses. DULL BUT Full hair coat. UA: Specific Gravity 1.028 pH: 6.5 Sediment was quite CBC: Normal CHEM: ProBNP 101 pmol/L Total T4 Normal No fecal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed swirling suspended debris. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. Assessment for UTI indicated, if not already performed.

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 3.6 cm. The right kidney measured 3.4 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 left adrenal gland measured 0.33 cm. The right adrenal gland measured 0.3 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 were noted.

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

The **pylorus** was patent and free of evident pathology. However, some echogenic progressive shadowing material was noted in the stomach, suggestive of hairball accumulation. The small intestine and colon were unremarkable.



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Pancreas

Diamond Hancock

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.

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ULTRASONOGRAPHIC FINDINGS

- Bladder debris
- Hairball density in the stomach
- Unremarkable abdomen otherwise

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

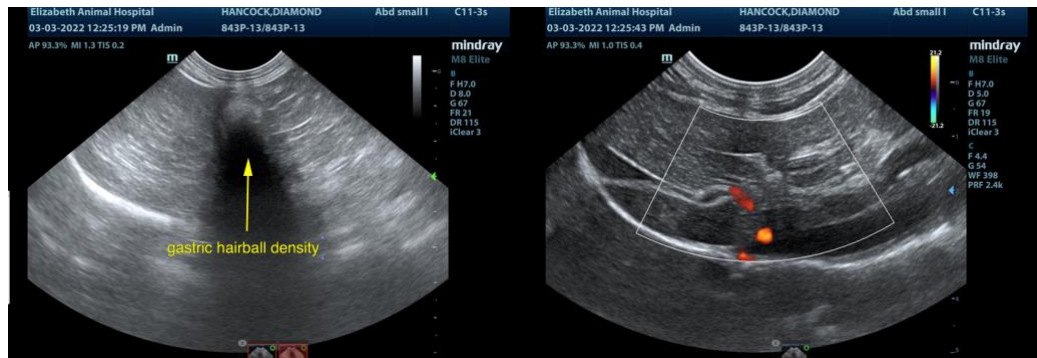
SEX

Hairball therapy indicated and reassessment of the clinical signs. Regarding the bladder debris, given that no significant sediment is present, this is likely noninfectious material. No other evidence of pathology.

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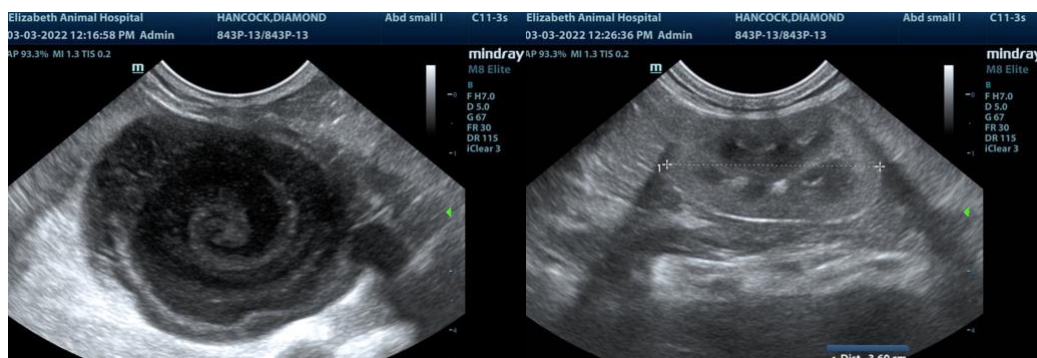


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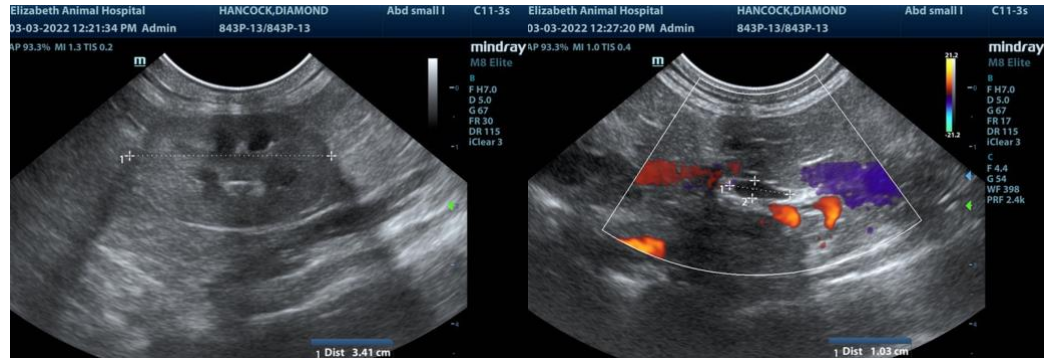
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com