



**PATIENT**

Cookie Bono

**PRESENTING CLINICAL SIGNS**

cranioventral mass/obstruction on rad; anorexia and lethargy; no bowel movements. not on any meds

**SPECIES**

Feline

**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. Approximately 2.0 cm of sand accumulation noted with dependent and suspended debris. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

**BREED**

Holland Lop

**SEX**

Neutered Male

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 3.13 cm. The right kidney measured 3.64 cm.

**AGE**

3 Years

**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 1.11 cm x 0.52 cm. The right adrenal gland measured 0.84 cm x 0.54 cm.

**WEIGHT**

5 Pounds

**Spleen**

The **spleen** was rotated caudally owing to gastric overdistention. It 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.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

All Creatures Great & Small Denville

**Gastrointestinal**

**REFERRING VET**

Dr. Mitrovic

The **stomach** revealed progressively shadowing luminal material measuring 3.6 cm. Shadowing material noted in the pylorus. Minor gastric thickening noted up to 4.0 mm.

**INVOICE**

36645

**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.

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4/1/22



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**ULTRASONOGRAPHIC FINDINGS**

- Overdistended stomach – suspect impaction.
- Minor pyloric hypertrophy
- Bladder sand

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of neoplasia. Delayed outflow may be an issue owing to the pyloric hypertrophy. I cannot rule out pyloric/gastric neoplasia. However, this would be more consistent with hypertrophy and gastritis. Full thickness biopsies would be necessary for further definition.

**\*\*Lateral Radiograph: Bladder sand and gastric overdistention.**

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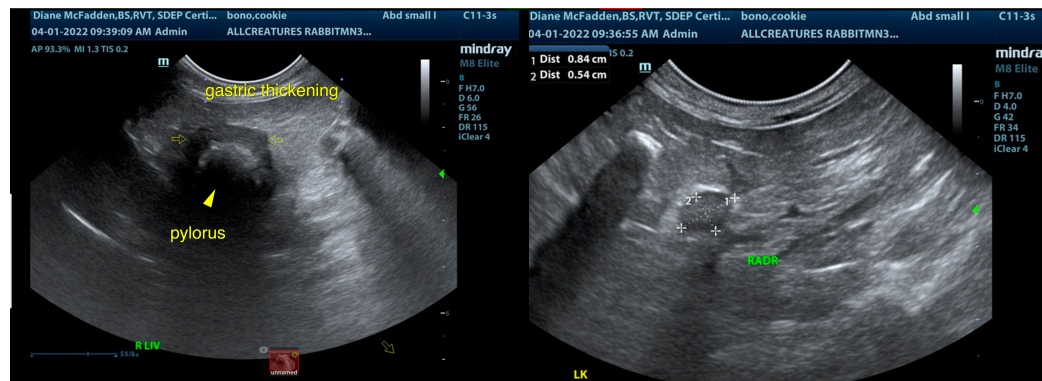
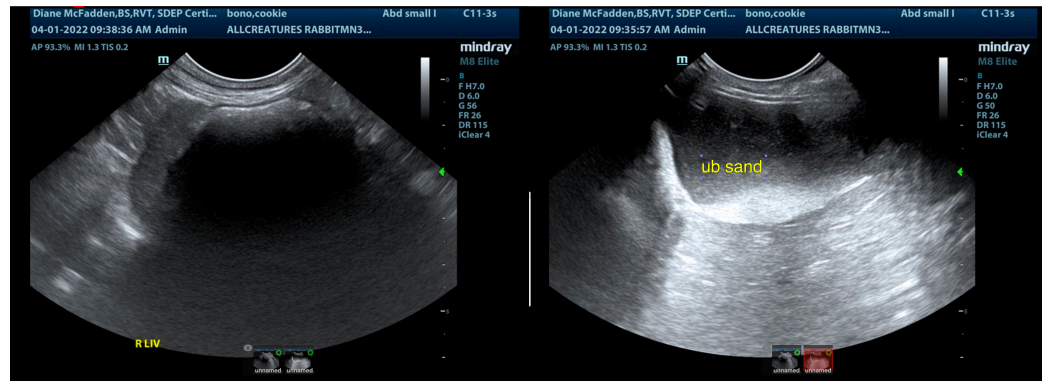
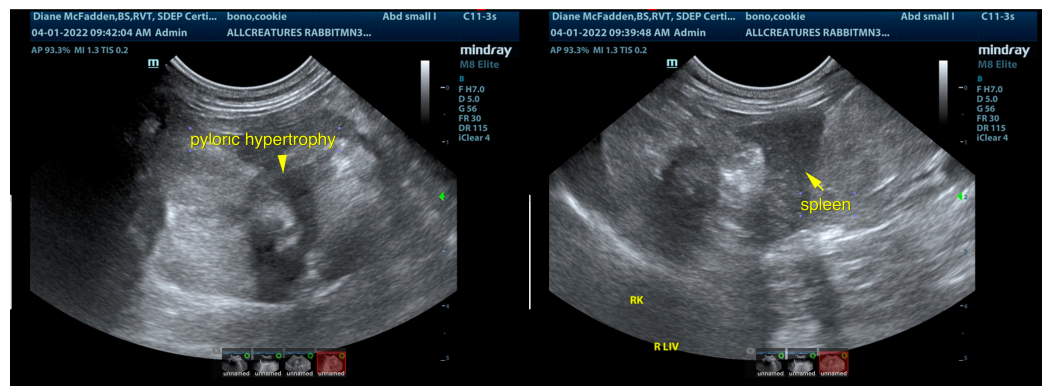
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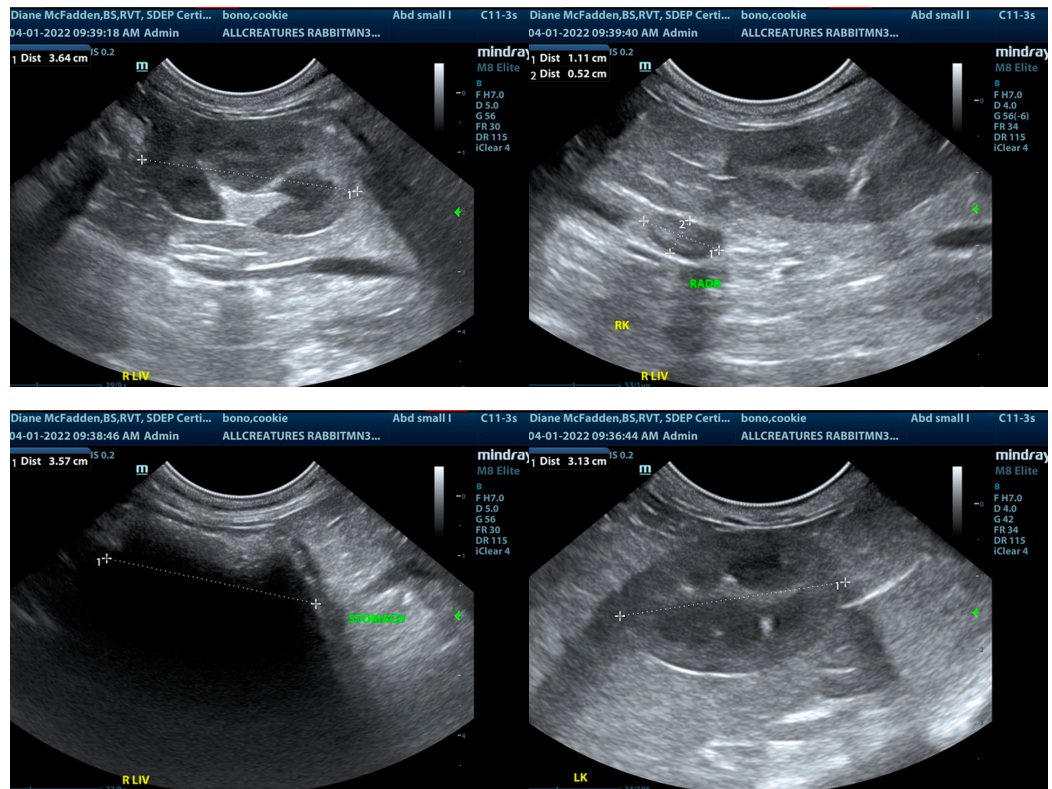
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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