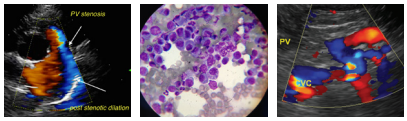
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

4/13/22

PATIENT

Jojo Dement

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered Male

AGE

11/6/11

WEIGHT

20.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Beyer

INVOICE

36869

PRESENTING CLINICAL SIGNS

Vomiting and hairballs multiple times per week. History of moderate HCM. History of severe OA hips. Past history of previous ultrasound studies:
ULTRASONOGRAPHIC FINDINGS:
Congestion of the common bile duct, cystic duct and pancreatic duct.
Coarse pancreatic architecture. Left pancreatic limb enlargement.

Current Medications: Atenolol, Cerenia PRN, RC limited protein diet.
Lab Results: liver values wnl 3/28, spec fpl 7.6 2/25 (0-3.5)
3.2 on 3/28.
Date of Previous IntraPet Ultrasound: 5/10/18, 5/31/18. See attached.
Sedation: Declined.
Stat Report: Not requested.

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Mineralization noted in both kidneys. The right kidney measured 4.17 cm with slight pyelectasia. The left kidney measured 4.48 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 0.38 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The common bile duct was upper limits of normal at 0.37 cm. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** revealed a 4.6 cm progressively shadowing density consistent with hairball accumulation. Duodenum presented shadowing material consistent with hairball accumulation up to 1.24 cm in luminal short axis.

Pancreas

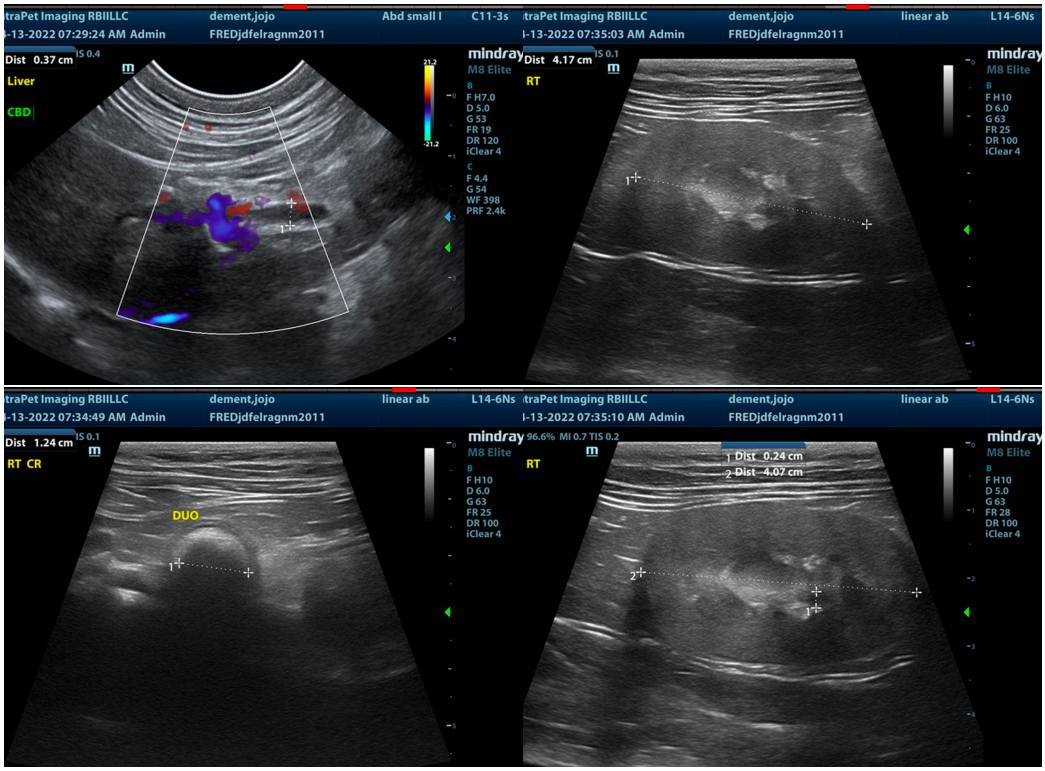
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

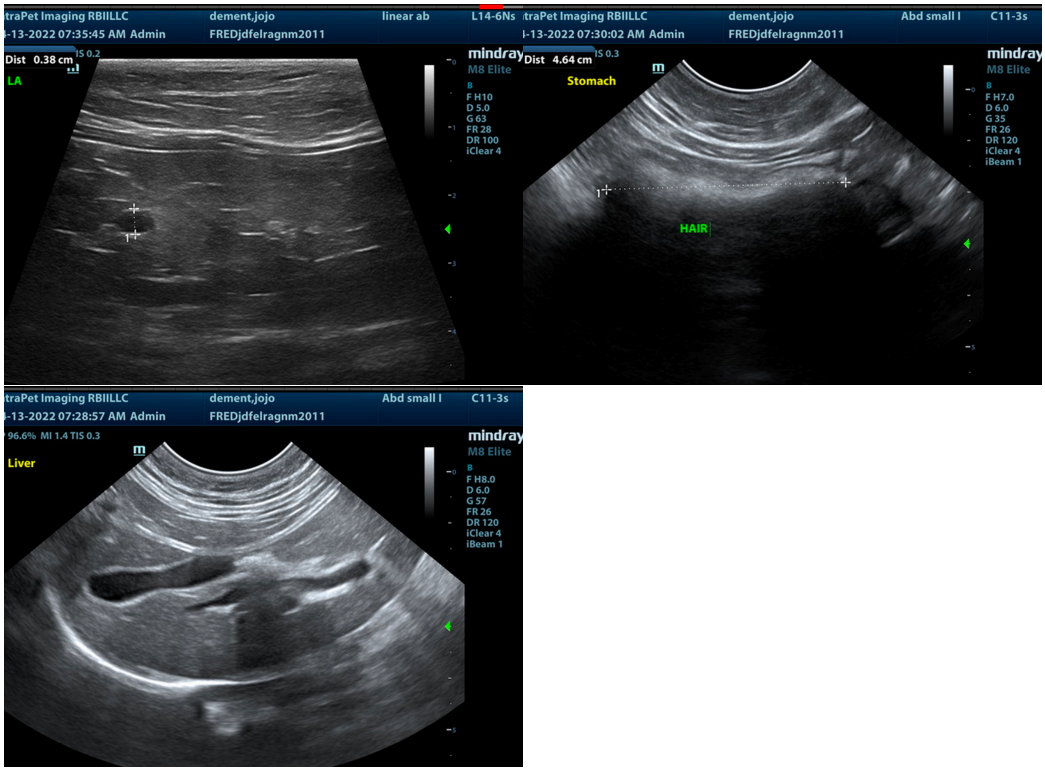
ULTRASONOGRAPHIC FINDINGS

- Hairball density in stomach and small intestine
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If medical management has not been fruitful regarding dissolution of the gastroduodenal accumulation, then gastrotomy, GI biopsies and evacuation of the stomach and duodenum indicated. However, sonogram should be performed just prior to any surgical intervention to ensure that the material is persistently present. Otherwise, progressive medical management for hairball therapy with recheck sonogram in 10-14 days warranted as long as the patient is stable. Remainder of the organs appear stable at this time.





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.

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