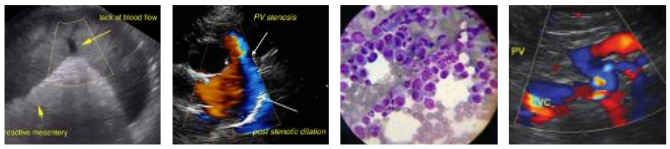

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1-800-838-4268 info@sonopath.com

PATIENT

Peppi Shaferman

SPECIES

Feline

BREED

British Short Hair

SEX

Spayed Female

AGE

3 Years

WEIGHT

8.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

Dr. Blachzk

INVOICE

22021

DATE

4/17/23

PRESENTING CLINICAL SIGNS

History: R/o obstruction. V+ since Sat. unable to keep food/water down. PE WNL. No known BM 24hrs. No current meds.

Abnormal PE/Chem/CBC/UA Results: ALT 116. remaining WNL

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 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 4.02 cm. The left kidney measured 3.76 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 0.3 cm. The right adrenal gland measured 0.25 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** revealed a minor amount of echogenic ingesta and/or hairball accumulation. No evidence of obstruction. The upper duodenum and remainder of the small intestine were empty. The ileocecal junction was free of evident pathology.

Pancreas

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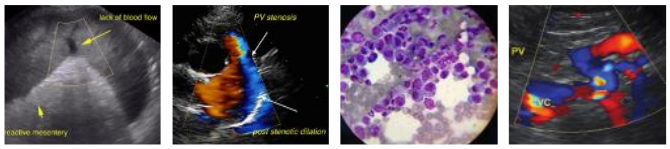

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The left limb of the **pancreas** was hypoechoic and irregular with undulating contour and mild peripheral fatty enhancement, suggestive for inflammation.

Free Abdomen

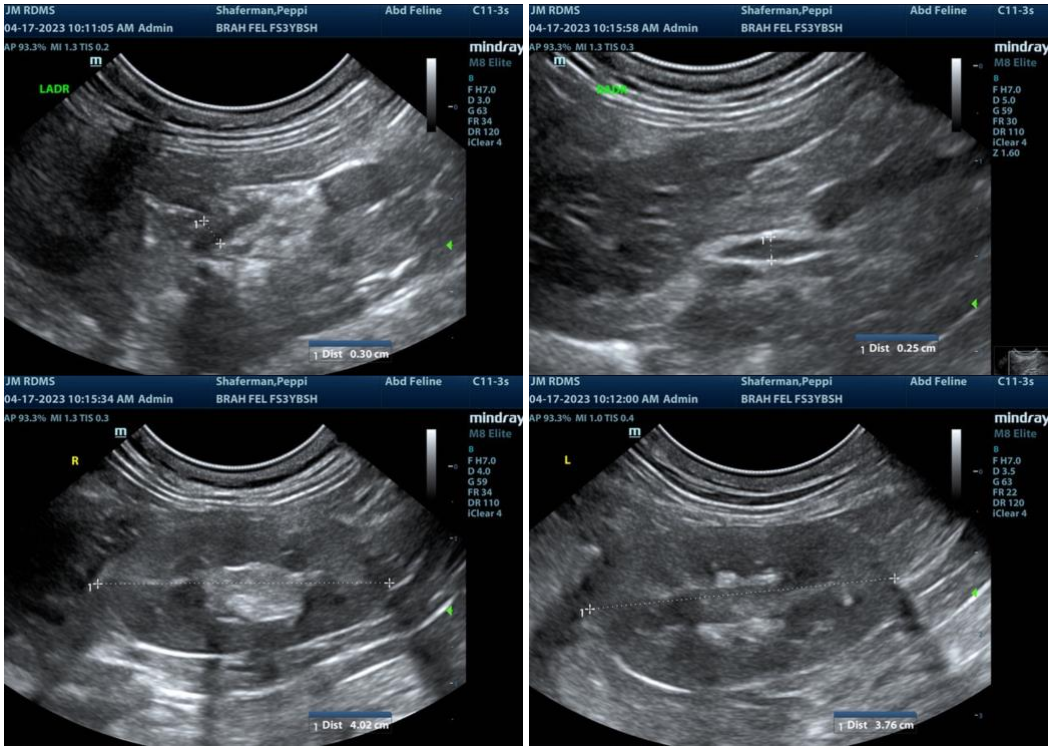
A mesenteric **lymph node** (1.5 cm x 0.8 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. Other smaller lymph nodes were also reactive.

ULTRASONOGRAPHIC FINDINGS

- Minor retention of ingesta and/or hairball accumulation
- Left limb t pancreatitis
- Reactive mesenteric lymph node- FNA could be justified. Other smaller lymph nodes were also reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care, broad spectrum antibiotics, pain management and IV fluid support are all indicated, as well as hairball therapy. Recheck sonogram in 72 hours. Ultrasound guided FNA of the left pancreatic limb could be considered for further definition of inflammatory cell type.



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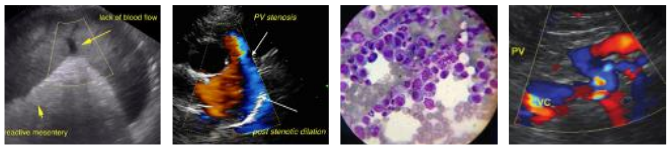

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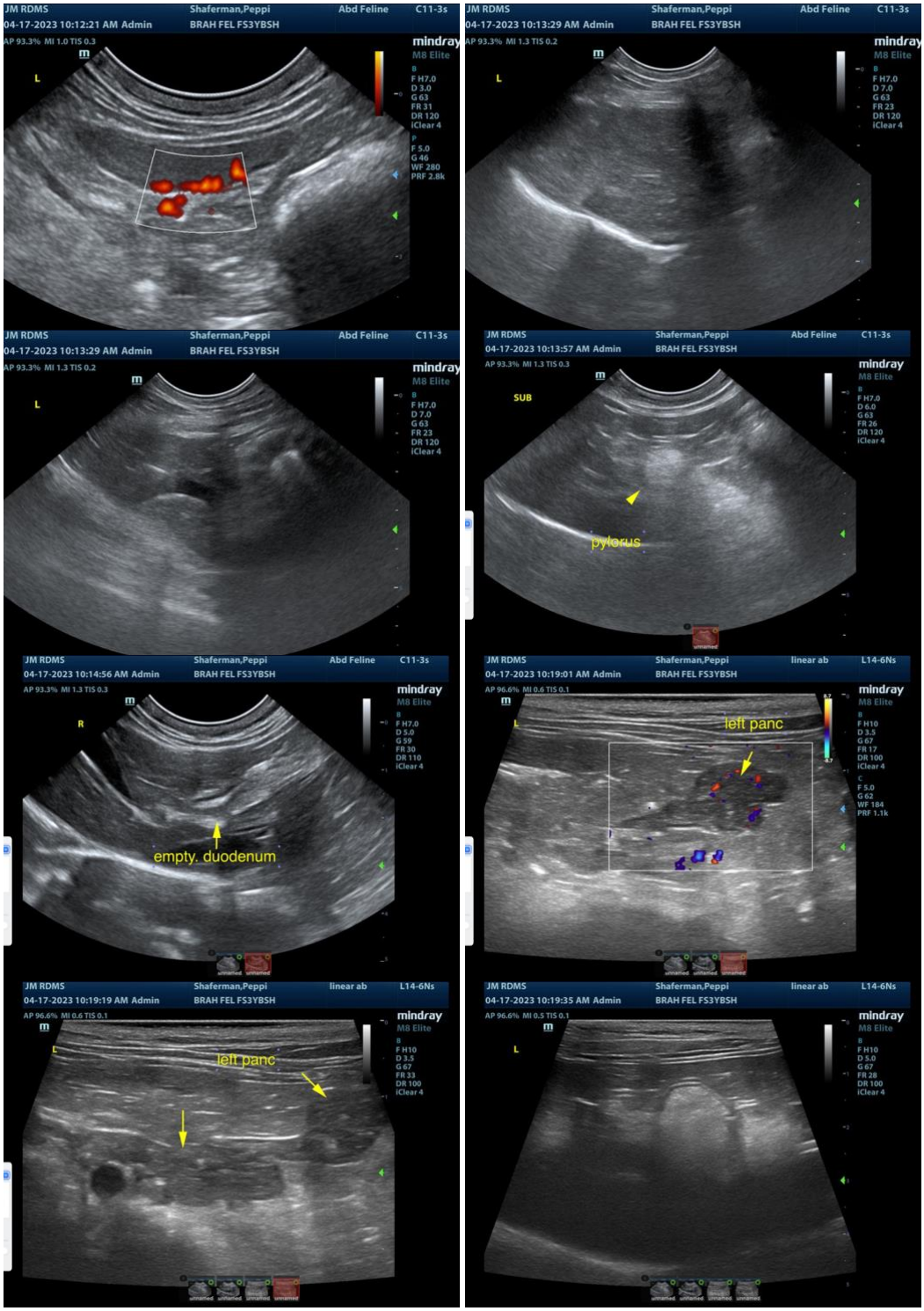

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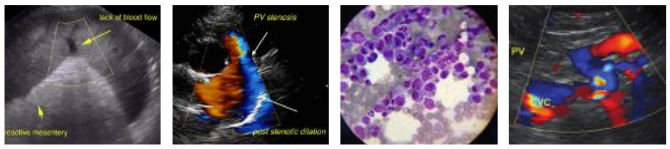

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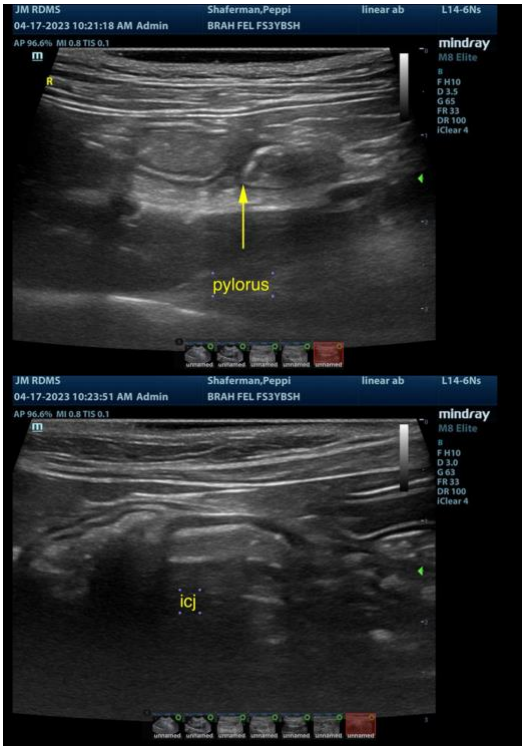

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com