

**DATE**

4/18/23

PRESENTING CLINICAL SIGNS

Hx of intermittent vomiting In Nov, not eating. Labs show increase in wbc 11/19-- 77,000, 69,000 Neut, Mon 2300, BUN 40, lymph 8000, given convenia, given cerenia, supportive care 11/21/22. 32,000 neutrophil, and 1000 monocytes, lymphs wnl (added the verfloxx here) urine active, culture of urine? 12/5/22. BUN 41, wbc down to 15,000 neutrophils and normal lymphs/mono. Also gets 25 mg gaba and 1/4 prozac b/c urinates on the counter. 1/23/21--normal BUN, SDMA 15, T4 = 2.5. Negative felv/fiv 2012. Today's complaint: indoor/outdoor, would not come in, found in dirt pile, yowling, not using legs well concern for trauma vs other.

PATIENT

Brisk Nemoff

Current Medications: Gabapentin, Buprenorphine.

SPECIES

Feline

Lab Results: See attached.

Radiographs: Narrowing of L2-L3, no lysis.

Date of Previous IntraPet Ultrasound: No previous.

BREED

Domestic Shorthair

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed female

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 was noted. Ureteral papillae were normal.

AGE

4/18/09

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 and no evidence of pelvic dilation was present. Mild mineralization was noted in the kidneys. The right kidney measured 4.0 cm. The left kidney measured 2.6 cm and was subnormal in size with corticomedullary mineralization and cortical infarcts. Mineralization was non-obstructive.

WEIGHT

8.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The right **adrenal** gland was normal in size and contour measuring 0.55 cm. The left adrenal gland was rounded and hypoechoic measuring 0.52 cm.

HOSPITAL NAME

Animal Emergency
Hospital

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

REFERRING VET

Dr. King

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 cystic and common bile ducts were normal. 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.

INVOICE

43853

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. Slight mesenteric and colic lymph node enlargement was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. The pancreatic duct was dilated and measured 0.38 cm.

ULTRASONOGRAPHIC FINDINGS

Moderate, degenerative renal changes with non-obstructive nephrolithiasis.

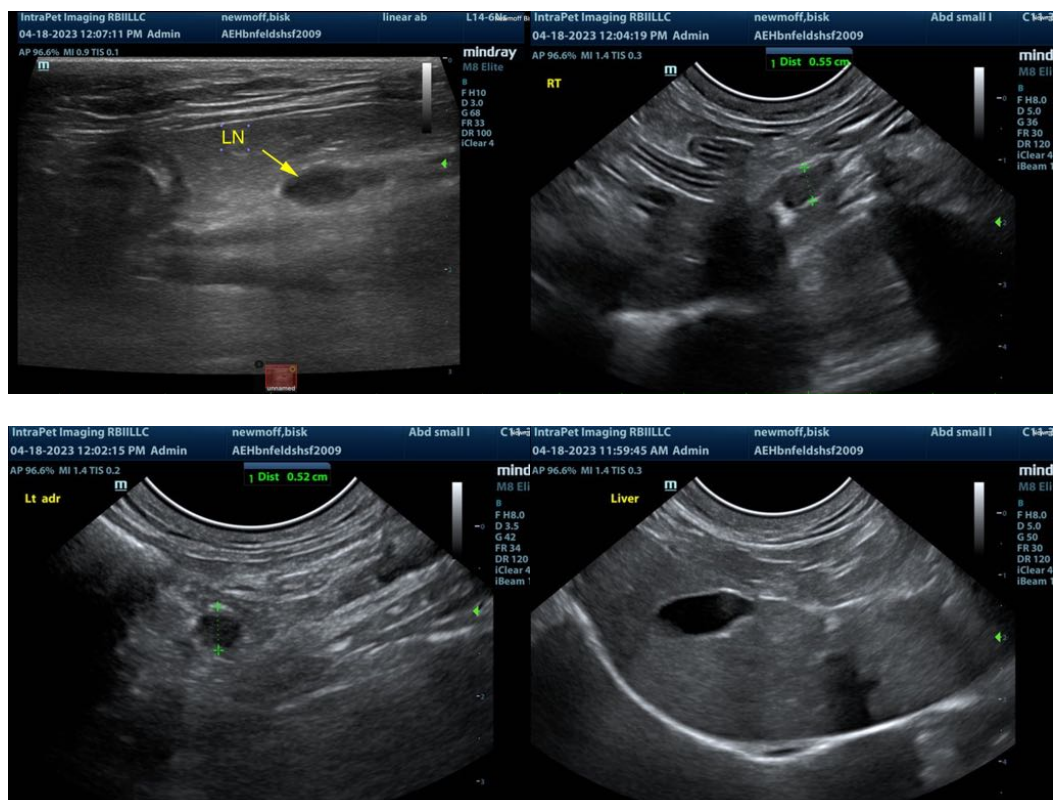
Swollen left adrenal gland, likely stress related; however, if sodium potassium ratio was altered then aldosterone levels should be considered as well as blood pressure measurements.

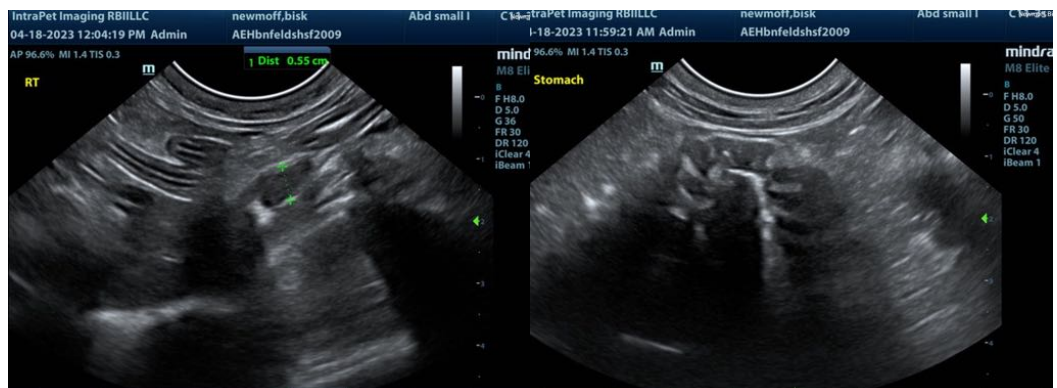
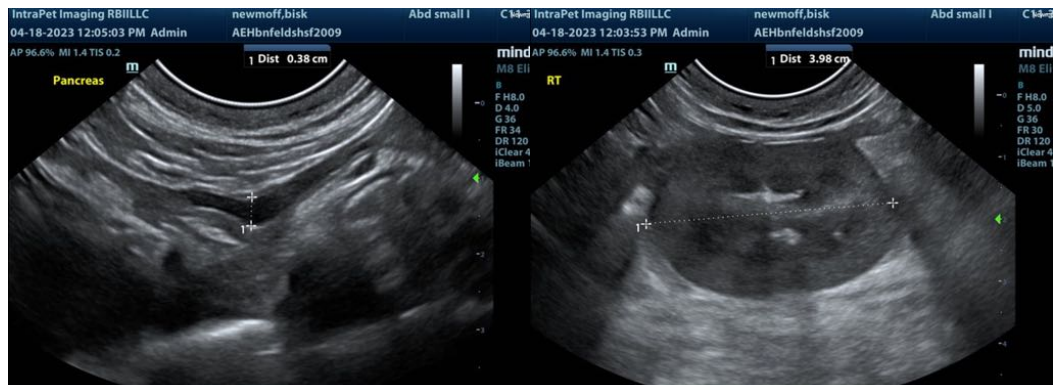
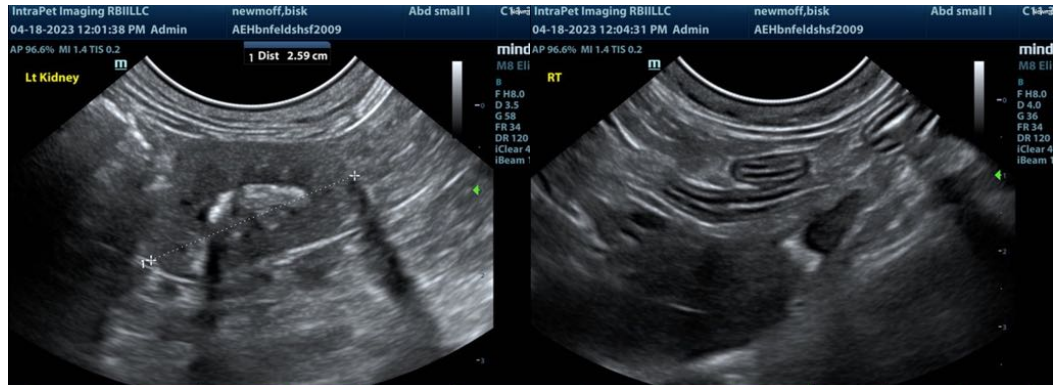
Chronic GI and hepatic changes.

Slight mesenteric and colic lymph node enlargement, reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol is warranted as well as stabilization of the hyperglycemia. Some level of low-grade pancreatitis may also be playing a role. Subxiphoid palpation is recommended to assess for discomfort in the region of the pancreas. Urine culture, IV fluid support, GI protectants and blood pressure measurements are all recommended.





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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