



PATIENT

Misha Barrios

PRESENTING CLINICAL SIGNS

profuse vomiting liver dz

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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

BREED

DSH

SEX

Spayed Female

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. Slight mineralization noted. The left kidney measured 3.74 cm. The right kidney measured 4.08 cm.

AGE

10 Years

Adrenal Glands

WEIGHT

8.7 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV

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.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

Gastrointestinal

The **pylorus** in this patient was particularly thickened. Some early loss of mural detail noted. I cannot completely rule out the potential for emerging gastric neoplasia. Variable intestinal thickening noted elsewhere with hypertrophied muscularis. No other areas of loss of mural detail noted. Some reactive mesentery noted.

REFERRING VET

Dr. Maniar

Pancreas

INVOICE

37203

The pancreas was hypoechoic and ill-defined. Regional hyperechoic fat noted, suggestive for inflammation.

ULTRASONOGRAPHIC FINDINGS

DATE

4/27/22

- Gastritis/pancreatitis presentation with intestinal thickening



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HOSPITAL NAME

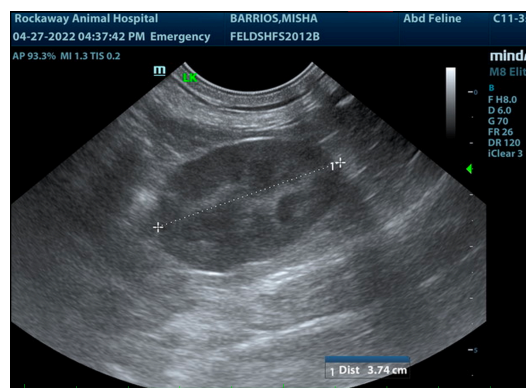
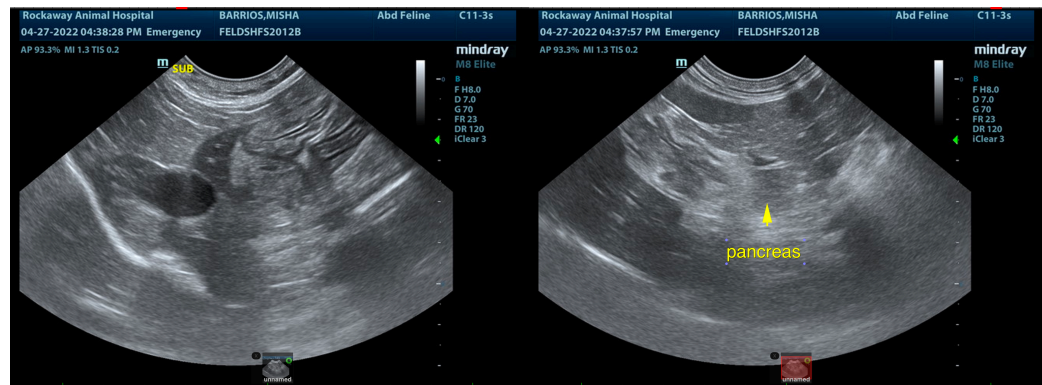
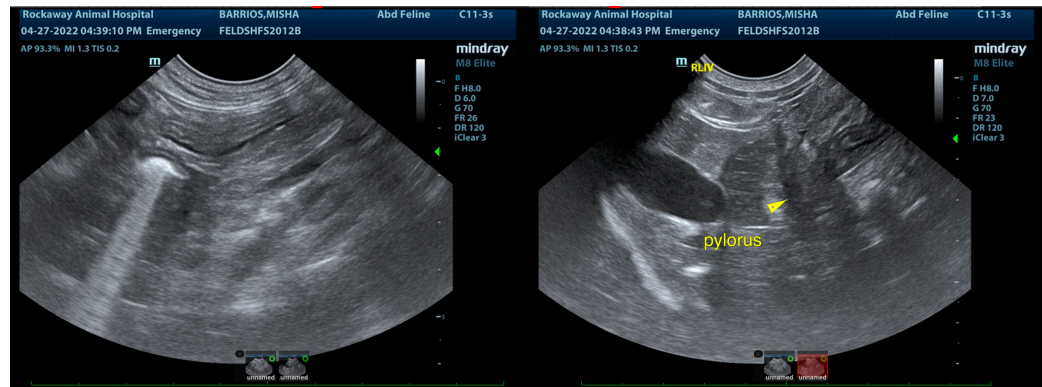
Rockway AH

REFERRING VET

Dr. Maniar

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, GI protectants, broad-spectrum antibiotics, pain management all indicated. 24 hour NPO followed by hydrolyzed diet, which is likely in the best interest of this patient long-term. Recheck sonogram recommended in 48-72 hours, earlier if clinical signs persist. Endoscopy would be ideal to obtain pyloric biopsies.



INVOICE

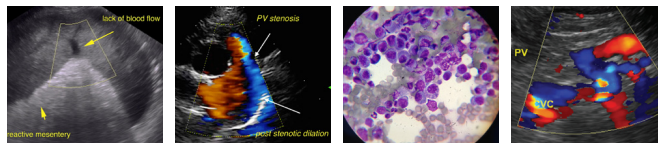
37203

DATE

4/27/22

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.



PATIENT

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

Misha Barrios

info@SonoPath.com

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