



PATIENT

Kaymin Matteson

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

10 Years

WEIGHT

5.9 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Nelson

INVOICE

37629

DATE

5/12/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for not eating, not eating, and vomiting. Owner says symptoms started yesterday. Patient started vomiting what seemed to be a hair ball. After that patient vomited 2 separate times that appeared to be clear yellow liquid. Patient did not eat at all yesterday and has been turning her head away from everything offered. Patient is not drinking either. Owner says she hasn't seen any vomit today yet. Previous Health Concerns: PEMs (autoimmune disorder) Current Medications: Atopica; triamcinolone
Abnormal PE/Chem/CBC/UA Results: 1) CBC WNL, Chem – azotemia (Creat 2.4), hyperphosphatemia (7.1), elevated ALT (1365), mild hyperbilirubinemia (0.8) 2) 2V Survey Rads – no obvious FB/obstruction, soft tissue opacity at ventral bladder 3) Lepto SNAP - negative

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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. The left kidney measured 4.27 cm. The right kidney measured 3.95 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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** revealed a tortuous cystic duct with minor coarse architecture. Echogenic gallbladder wall noted. The common bile duct was upper limits of normal at 4.0 mm. Slight coarse hepatic architecture. The common bile duct was followed to the level of the duodenal papillae and was mildly congested. However, the duodenal papillae appear to be unremarkable.

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. No associated abnormal lymphatic activity was noted.



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Pancreas

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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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ULTRASONOGRAPHIC FINDINGS

- Cholangitis pattern with mild biliary congestion, no overt evidence of neoplasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver indicated. Toxin or infectious agents such as toxoplasmosis should be considered as potentials. No obvious evidence of neoplasia. Toxoplasmosis and bartonella titers indicated.

SEX

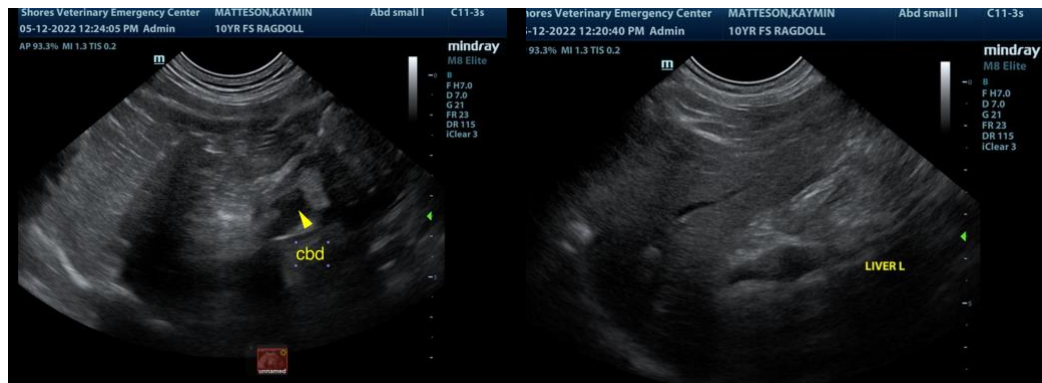
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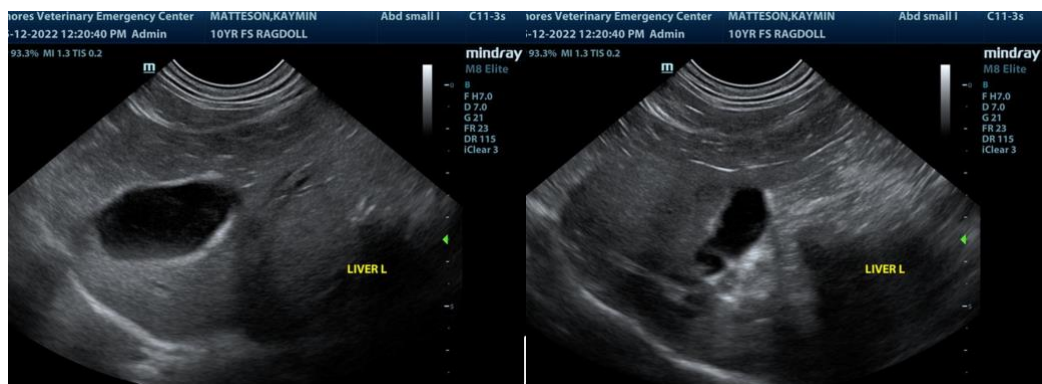
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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