

**DATE**

5/17/22

PATIENT

Scooter Moss

SPECIES

Feline

BREED

Himalayan

SEX

Neutered Male

AGE

5/23/18

WEIGHT

7.75 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING
PERFORMED BY**

Rachel Brillhart RDMS

HOSPITAL NAMECat Sense Feline
Hospital**REFERRING VET**

Dr. Sinclair

INVOICE

37694

PRESENTING CLINICAL SIGNS

Since he was a kitten, Scooter has frequent episodes of vomiting. Recently the vomiting seems to be more frequent and more uncomfortable for him. He gets cerenia intermittently and comes in for sq fluids, cerenia and ondansetron when he is in a bad cycle. Steroids were tried but they seemed to make the vomiting worse. The previous ultrasound showed an enlarged pancreas, an enlarged spleen and possible emerging pkd.

Current Medications: Cerenia 4mg SID PRN.

Lab Results: Last bloodwork was in Oct 2021 - no abnormalities.

Date of Previous IntraPet Ultrasound: 8/18/2020 and 6/4/2019. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

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** presented persistent polycystic changes with progressive degenerative changes in the renal cortices with hyperechoic distorted ill-defined medullary rim sign and minor pyelectasia. The largest cyst in the left kidney measured 2.0 cm. The left kidney measured 4.55 cm. The largest cyst in the right kidney measured 2.36 cm. The right kidney measured 4.48 cm in length. Microcystic changes noted in both kidneys.

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 0.40 cm.

Spleen

The **spleen** presented persistently uniform enlargement.

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

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.

Pancreas

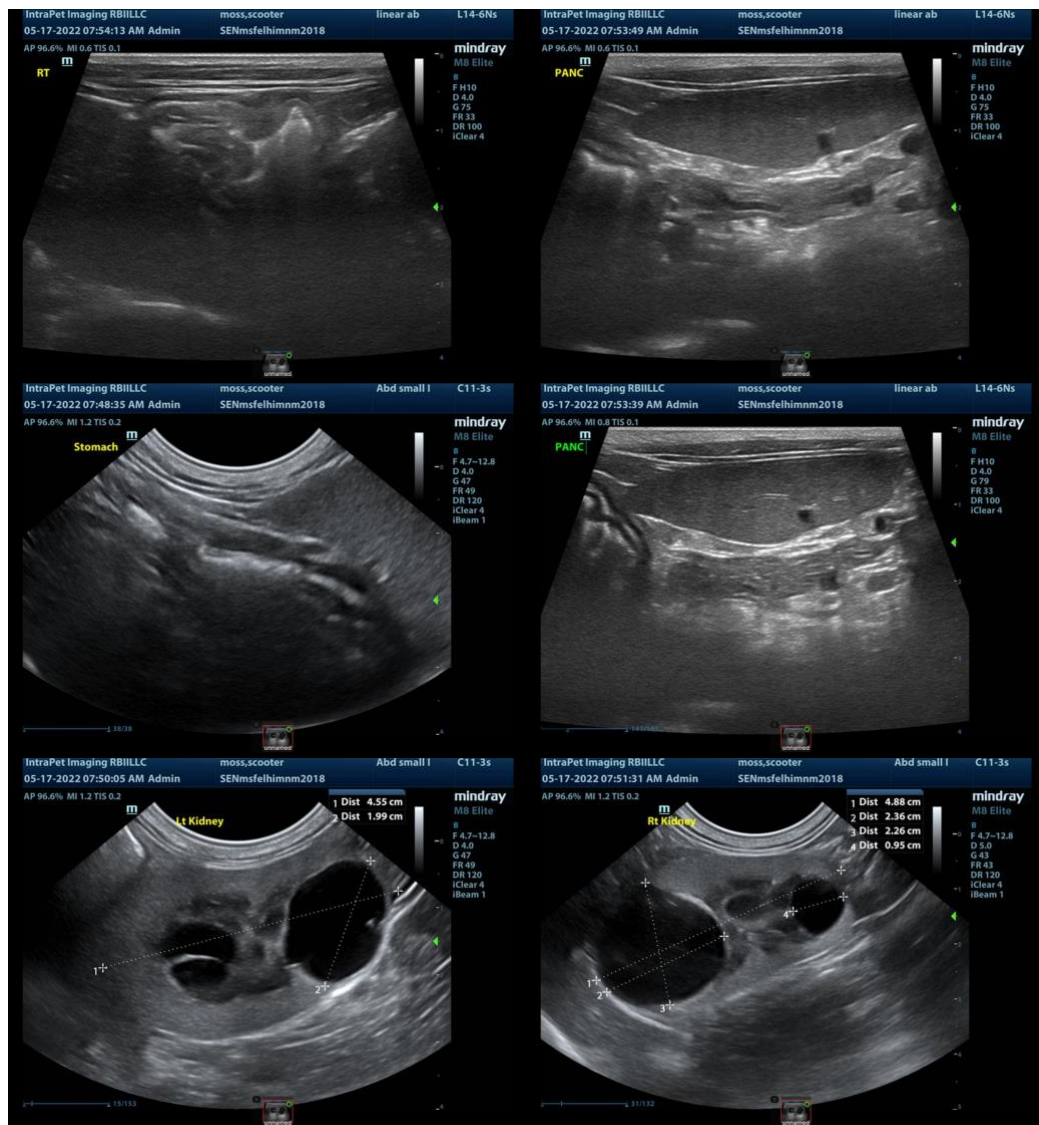
The **pancreas** revealed hypoechoic undulating contour.

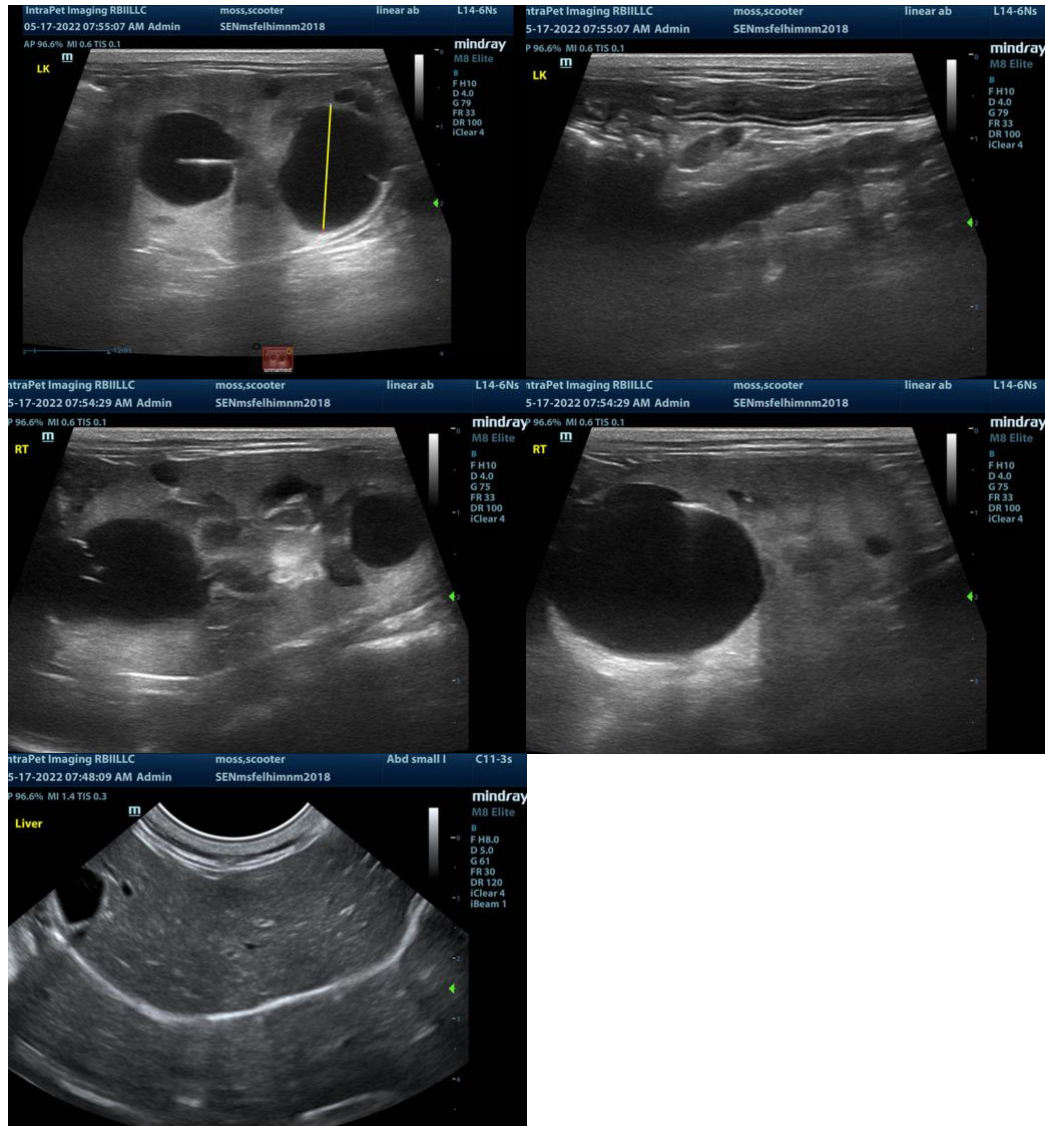
ULTRASONOGRAPHIC FINDINGS

- Progressive polycystic renal changes
- Prominent irregular pancreas
- Persistent mild reactive spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys have progressed in a degenerative fashion. However, they do not appear end stage. The spleen is likely reactive. No significant change from the prior sonogram. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. No evidence of neoplasia. Supportive care should prove effective. Diet change to hydrolyzed diet may be in this patient's best interest. Underlying dietary intolerance is likely the primary issue in this patient.





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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