

**DATE**

5/2/23

PATIENT

Olaf Miller

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5/1/19

WEIGHT

15.4 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Martinoli

INVOICE

47035

PRESENTING CLINICAL SIGNS

Yesterday would not eat anything except Delectables liquid treats. Has been drinking very little for past couple days. In February she was vomiting every time she ate but otherwise was acting normal. Had xrays which were suspicious for FB so had abdominal exploratory which was negative. Since then has been doing ok until yesterday. Does occasionally cough but owner thinks its after she drinks fast.

Current Medications: None listed.

Lab Results: BP – normal, ProBNP – 956, UA – normal, Glucose - 454

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.54 cm with slight pyelectasia at 0.29 cm. The left kidney measured 4.28 cm with trace pyelectasia at 0.32 cm.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.62 cm. The left adrenal gland measured 0.45 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** was mildly enlarged, uniform, mildly hyperechoic to falciform fat. Hepatic veins were not dilated. The gallbladder and common bile duct were 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.

Pancreas

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.

Other

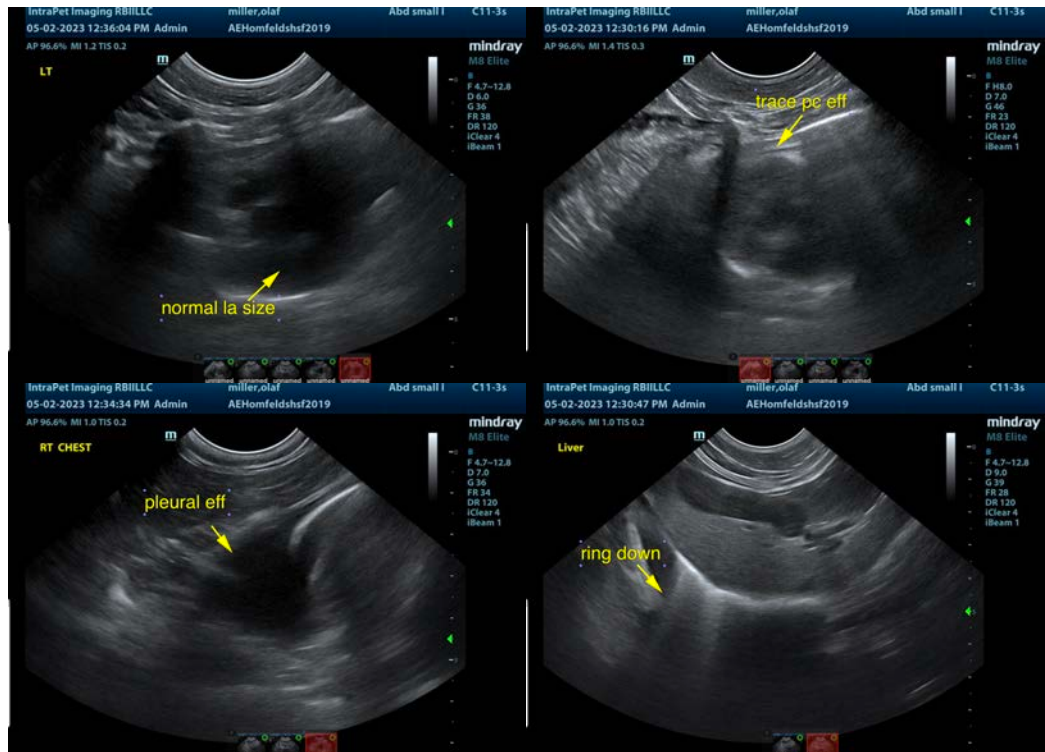
Pleural effusion noted through the diaphragm. Rapid view of the heart revealed no evidence of volume overload. Trace pericardial effusion noted.

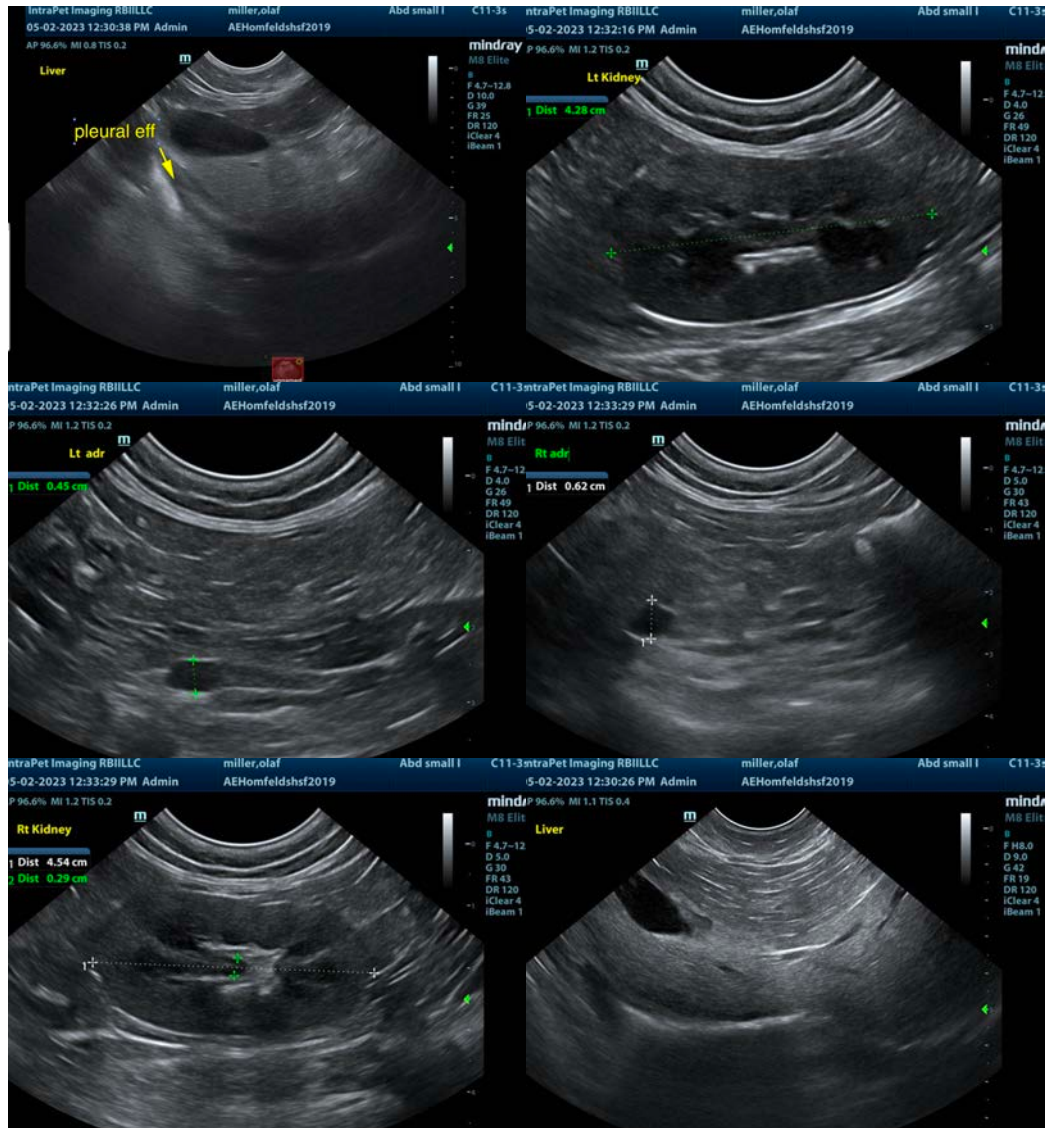
ULTRASONOGRAPHIC FINDINGS

- Stress adrenal glands
- Renal pyelectasia
- Enlarged, hyperechoic liver
- Pleural effusion, non-cardiogenic
- Pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pleurocentesis and cytospin recommended +/- chest CT. No evidence of abdominal disease directly related to the pleural effusion. Thoracic neoplasia, pleuritis, chylothorax all possible. No overt masses visualized. Recommend focusing on the thoracic pathology as the underlying cause of the clinical signs.





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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