

**DATE**

5/20/22

PRESENTING CLINICAL SIGNS

Notes: Had a similar presentation in Feb. NE then vomiting bile. Went to Urgent care then transferred to Pet ER. Radiographs (R lateral and VD abdomen): small, solid stool through the colon. Otherwise no abnormalities noted CBC: lymph 790 (L), eos 80(L), rest wnl PCV/TS = 46/8.5 Chem: ALT 146 (H), chol 290 (H) SNAP fPL - abnormal IVF, supportive care, NG feeding and US done at that time. Responded to supportive care and no diagnoses made.

PATIENT

Lily Hart

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

2/4/16

WEIGHT

7.2 lbs

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

Dr. Ruby

INVOICE

30556

US Liver: Normal Remarks: Subjectively normal in size with homogeneous parenchyma and no focal lesions Gall Bladder: Abnormal Remarks: Moderate in size with moderate amount of echogenic sludge in the lumen, smooth/thin wall, no evidence of bile duct dilation seen Spleen: Normal Remarks: Normal in size with width of 0.88 cm, homogeneous parenchyma with no focal lesions Stomach: Normal Remarks: Empty lumen, wall with normal thickness and layering appearance, no evidence to suggest foreign material (no shadowing lesions), outflow tract with normal appearance Pancreas: Normal Remarks: Normal parenchymal appearance Left Kidney: Abnormal Remarks: Normal in size measuring 3.63 cm, good corticomedullary definition, mild renal pelvis and proximal ureteral dilation Right Kidney: Abnormal Remarks: Normal in size measuring 3.81 cm, good corticomedullary definition, mild renal pelvis and proximal ureteral dilation Left Adrenal: Not visualized Remarks: No abnormalities were seen in the area Right Adrenal: Not visualized Remarks: No abnormalities were seen in the area Intestines: Normal Remarks: Normal wall thickness and layering appearance with no areas of fluid dilation, stasis or shadowing lesions seen Lymph Nodes: Normal Remarks: No lymphadenopathy seen Urinary Bladder: Normal Remarks: Very large with smooth wall and anechoic fluid in the lumen Uterus: Not visualized Remarks: History of OHE Fluid: Normal Remarks: No free fluid seen Other Remarks: No procedures were performed.

Veterinarian: Nivia I. Martinez, DVM, MS

Outcome A definitive cause for the vomiting was not seen, no obstructive pattern was seen, however, an obstructive lesion cannot be completely ruled out. The pancreatic parenchyma appeared normal but pancreatitis cannot be ruled out, consider a spec fPL for further evaluation. The sludge in the gallbladder most likely is an incidental finding, however, cholecystitis is possible. The mild bilateral renal pelvis and proximal ureteral dilation could be due to fluid therapy or due to pyelonephritis. The urinary bladder was very large, which is likely from patient not urinating but urethral obstruction is a consideration if the patient is supported by clinical history. Bilateral ureteral obstruction is possible but considered less likely.

Current Medications: None listed.

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 was 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.4 cm. The left kidney measured 3.56 cm.

Adrenal Glands

The right **adrenal gland** was slightly enlarged and measured 1.06 x 0.64 cm. The left adrenal gland measured 0.41 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

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

The **gastrointestinal tract** revealed slight small intestinal thickening. There was no loss of mural detail. The gastrointestinal tract was empty.

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.

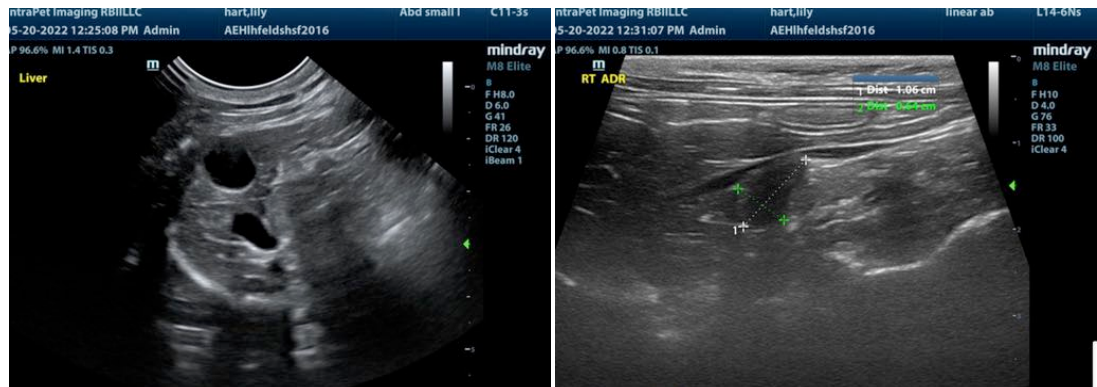
ULTRASONOGRAPHIC FINDINGS

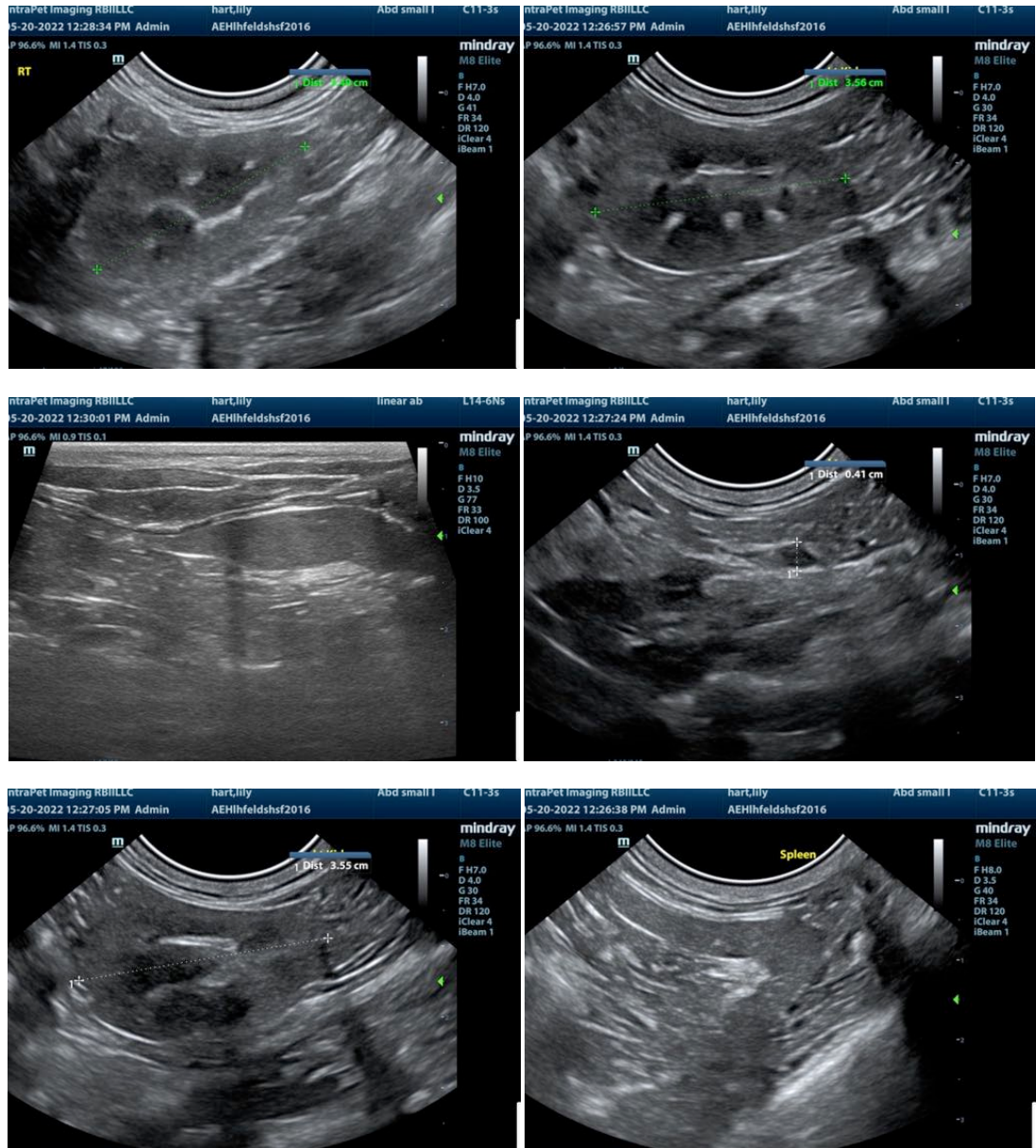
Minor intestinal thickening.

Prominent right adrenal gland, normal variant versus hyperplasia. Minor possibility of emerging carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the sodium potassium ratios are altered then aldosterone levels are indicated to assess for Conn's disease. Underlying food intolerance, dietary indiscretion, inflammatory bowel and occult parasitism are all potentials. A recheck sonogram is recommended of the right adrenal gland in a month.





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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