



PATIENT PRESENTING CLINICAL SIGNS

Gidget Taylor

History: Chronic vomit of 1 to 2 yrs duration, increasing 9 months ago. Changed to d/d venison at that time and has decreased in frequency but not resolved. Now every 1 to 2 weeks, always undig'd food first thing in am when fed after o\n fast. O is just changing feeding pattern to feed overnight meal. Rare HB. App good (N), stools N, no WL, mcs N. CRI noted 2022 but recheck later that year showed improvement - only early stage 2 now. usg under concentrated at 1.028 last Fall. All else N on bloods at that time incl B12/folate/PLI. Current bloods show mild to moderate neutropenia at 1900, low end N crit at 29% and mildly low albumin at 2.4, with low N globulins at 3. Kidneys unchanged. PLI pending *** was fed a few d/d kibbles 8 hours prior to US when Gabapentin given and then anesthetized for dental, then US done following dental when still anesthetized. First splenic US cine with curvilinear was after Gabapentin/dexdomitor/hydromorphone but pre-Alfaxan/Iso. Spleen measured normal but was long, extending ventrally 1/2 way across abdomen. *** Cystic structure caudal to stomach and cranial to R kidney, deep and to the RIGHT of duodenum with bright area at deep margin

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

Abnormal PE/Chem/CBC/UA Results: CRI noted 2022 but recheck later that year showed improvement - only early stage 2 now. usg under concentrated at 1.028 last Fall. All else N on bloods at that time incl B12/folate/PLI. Current bloods show mild to moderate neutropenia at 1900, low end N crit at 29% and mildly low albumin at 2.4, with low N globulins at 3. Kidneys unchanged. PLI pending

AGE

9 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

12.1 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 3.09 cm with non-obstructive pinpoint mineralization. Trace pyelectasia was noted and measured 0.04 cm. The left kidney measured 3.0 cm with pinpoint mineralization.

IMAGING PERFORMED BY

Dr. Rosenberg

HOSPITAL NAME

London Cat Clinic

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 0.27 cm.

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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 was noted.

DATE

5/3/23



PATIENT

Liver

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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.

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Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. The gastric wall measured 0.29 cm. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

AGE

9 years

Pancreas

WEIGHT

12.1 lbs

The **pancreas** revealed a 2.0 x 0.9 cm cyst. Anechoic fluid was noted within the cyst.

ULTRASONOGRAPHIC FINDINGS

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Pancreatic cyst.

Minor retention of ingesta, possible hair accumulation.

Age related renal change with mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Ultrasound-guided drainage of the fluid can be considered, yet appears benign. There was no evidence of significant disease. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Hairball therapy is warranted. Ultrasound-guided drainage of the cyst +/- culture can be considered, yet no inflammatory pattern was noted. Supportive care, diet change and anti-parasitic protocol is all valid. There was no evidence of significant disease.

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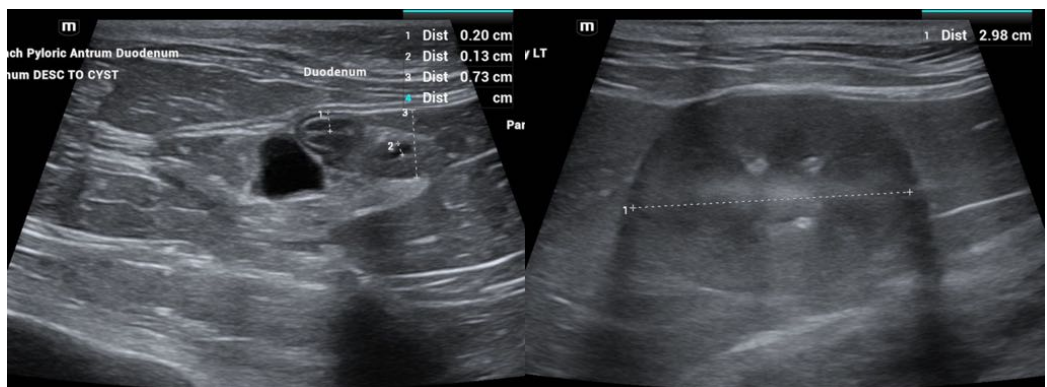
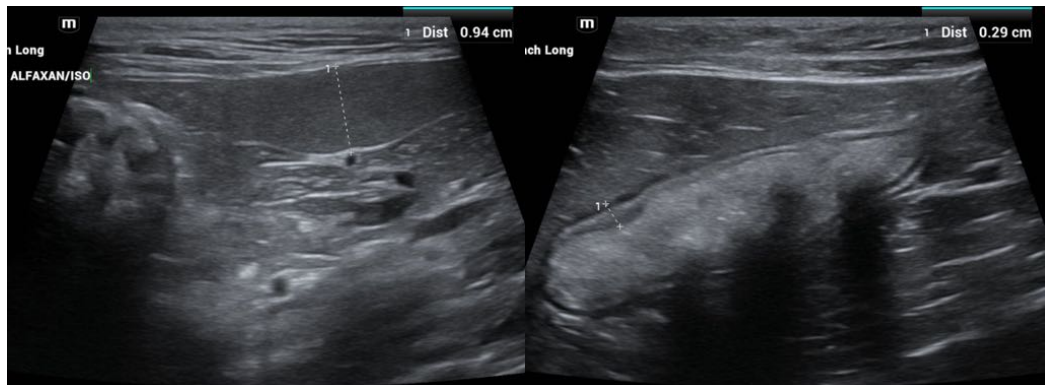
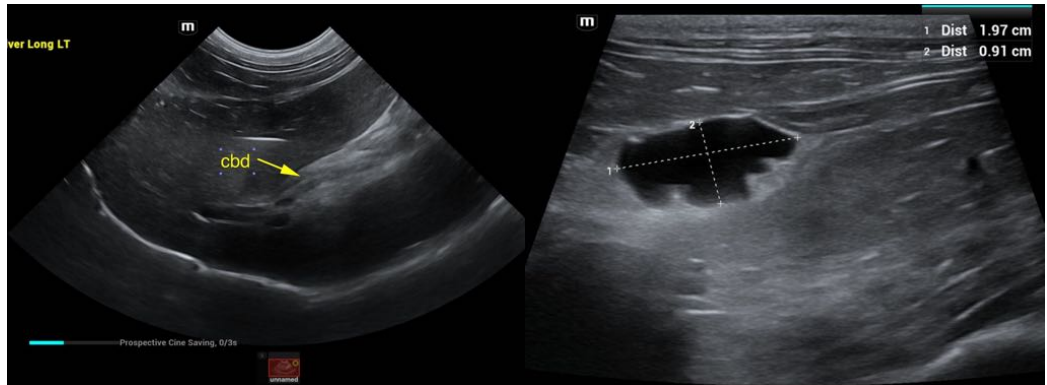
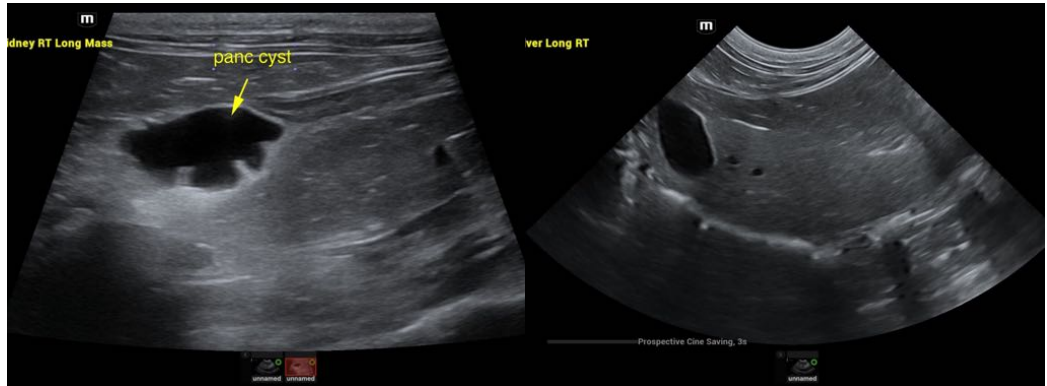
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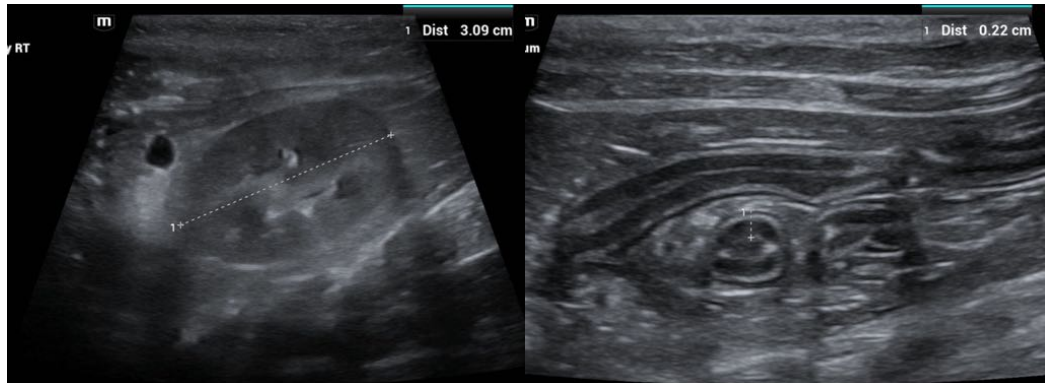
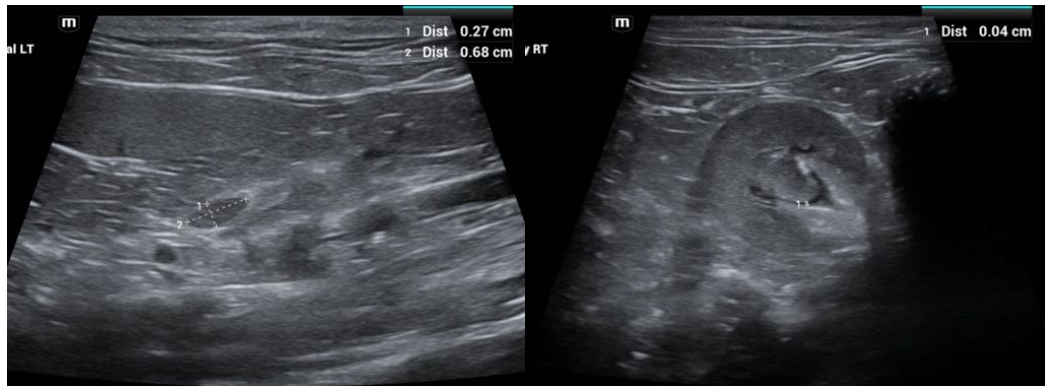
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AGE

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WEIGHT

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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.

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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