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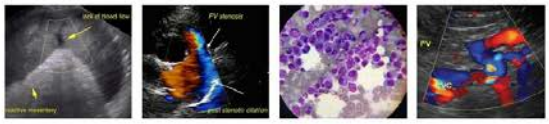

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Lucy Mouriski

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Months

WEIGHT

11.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

South Reno VH

REFERRING VET

Dr. Schmitt

INVOICE

43574

DATE

6/29/23

PRESENTING CLINICAL SIGNS

Owner reports no vomiting diarrhea sneezing. At times patient seems to cough after eating dry food. Happens about once a month. Owner describes patient in a crouching position and trying to throw something up by gagging. For the past 3 days patient has eaten very little. Will lick at juices and pick at the food but otherwise not interested. Drinking normally. A very small amount this morning. Patient is indoor only. No known GI foreign body and no history of it. No known toxin or dietary indiscretion. Stool has been kind of oily and shiny. For the last 2 days patient has done that cough. Patient drinks and urinates a lot.

Abnormal PE/Chem/CBC/UA Results: FeLV antigen test: Negative FIV antibody test: Negative Urinalysis: Increased specific gravity likely mild dehydration. Chemistries screen: Slight increased ALT. CBC: Platelets slightly decreased but likely clumped and machine error. Thoracic x-rays: Cardiac and pulmonary structures are unremarkable as well as musculoskeletal structures. Abdominal x-rays: Urinary bladder mildly distended. Stomach moderately distended and full of material. Small intestines normally dilated with a mixture of gas and ingesta. Large intestine normally dilated with gas and some feces in descending colon and feces throughout rest of colon. What is seen of liver and kidneys are unremarkable. There is a ventral displacement of intestines on both lateral views and appears to be a mass-effect within the retroperitoneal space. A: Mass and retroperitoneal space DDX: Neoplasia, cyst, hematoma, other.

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The kidneys measured 3.0 cm each.

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. The right adrenal gland measured 0.40 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.

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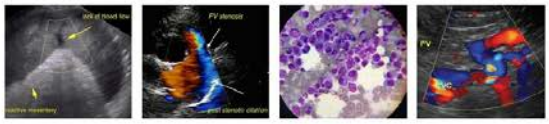

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Liver

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 **stomach** was essentially empty with minor mucosal hypertrophy. The small intestine and colon were unremarkable.

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.

Free Abdomen

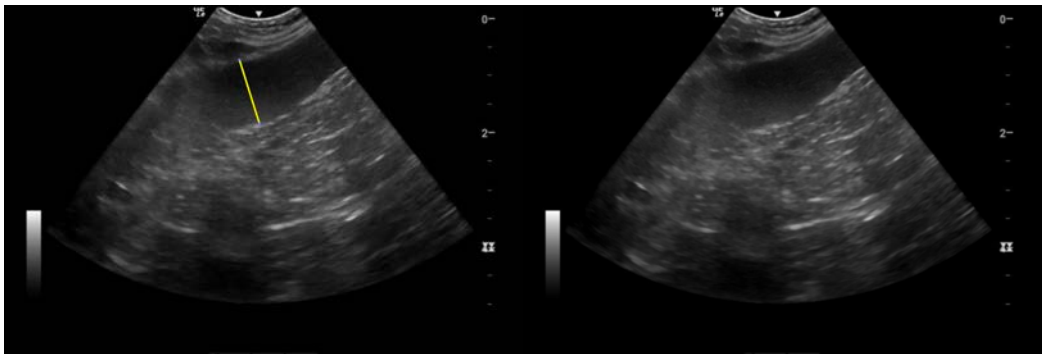
Reactive mesenteric lymph nodes noted, example measuring 1.0 cm x 0.50 cm with reactive mesentery around the nodes.

ULTRASONOGRAPHIC FINDINGS

- Mild gastritis with mesenteric lymphadenopathy (reactive pattern)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign bodies. Supportive care should prove effective. FNA of the mesenteric lymph nodes with cytology and culture may provide adjunctive information +/- positive culture identifying infectious agents. However, supportive GI care should prove effective. I recommend a fresh fecal smear and fecal floatation analysis.



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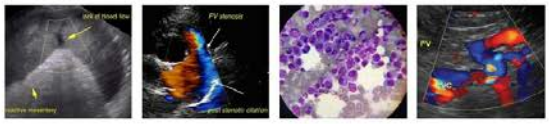

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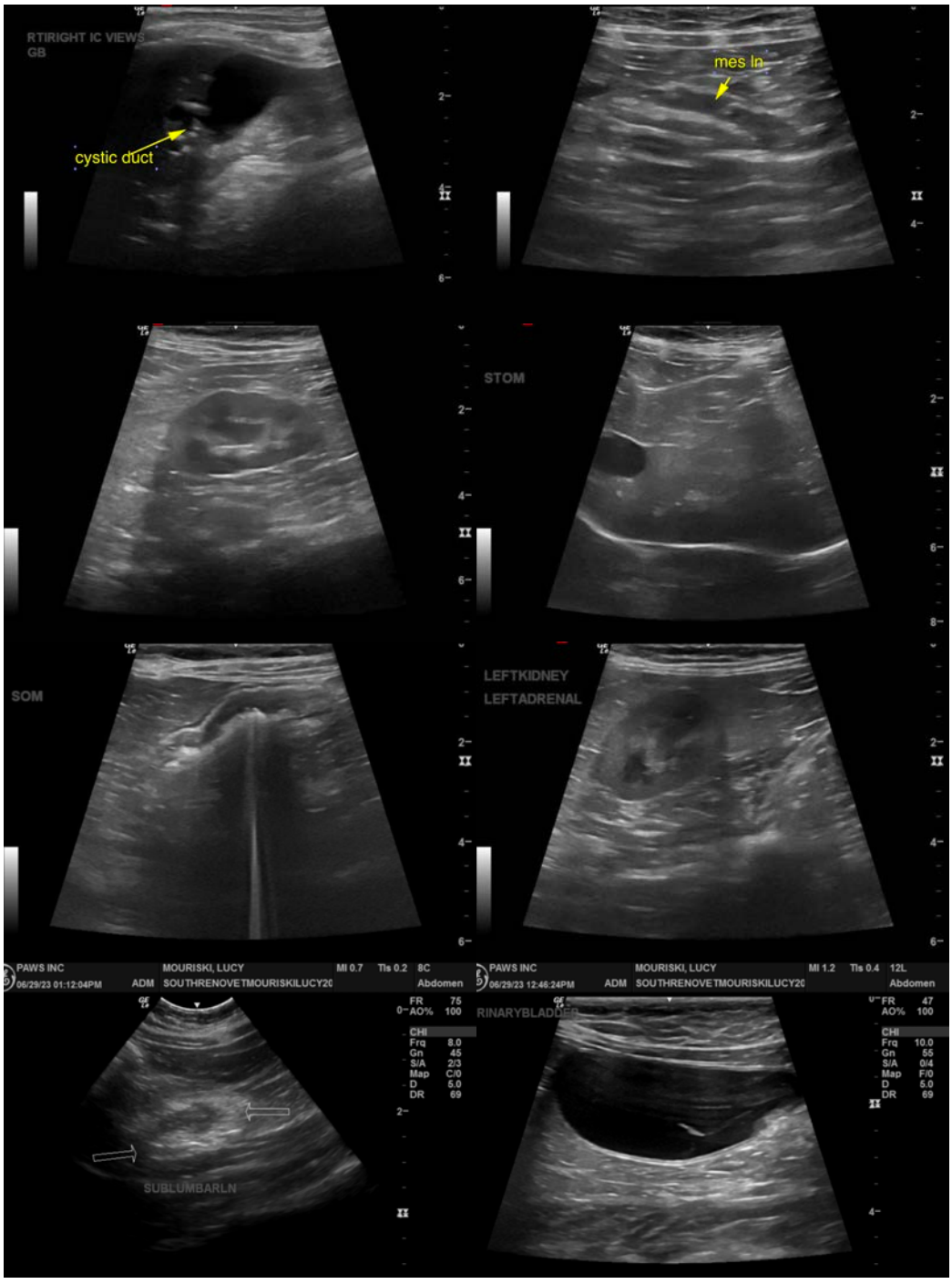

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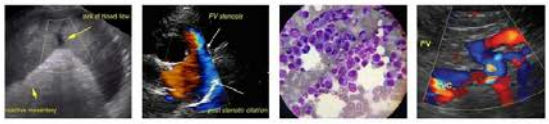

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com