

**DATE**

7/1/22

PRESENTING CLINICAL SIGNS

Two months ago went to rDVM for poor appetite. Has long history of intermittent vomiting (usually food if eats too fast) so hard for owner to tell if that is symptomatic since not uncommon for her. At that visit she had mildly elevated kidney values. She was treated with SQ fluids and meds to help with appetite; she recovered quickly. For past couple days she has not been eating or drinking well and has vomited clear liquid. Current Medications: Cerenia, Ondansetron, Buprenorphine.

Lab Results: See attached.

Radiographs: spleen appears enlarged and irregular. on VD possible mass effect of intestines vs mass.

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.

PATIENT

Sugar Valenstein

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

6/30/10

WEIGHT

8.6 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.36 cm with slight pyelectasia that measured 0.56 cm. The pyelectasia in the right kidney measured 0.24 cm.

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 0.4 cm. The right adrenal gland measured

HOSPITAL NAMEAnimal Emergency
Hospital**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.

REFERRING VET

Dr. Martinoli

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

INVOICE

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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

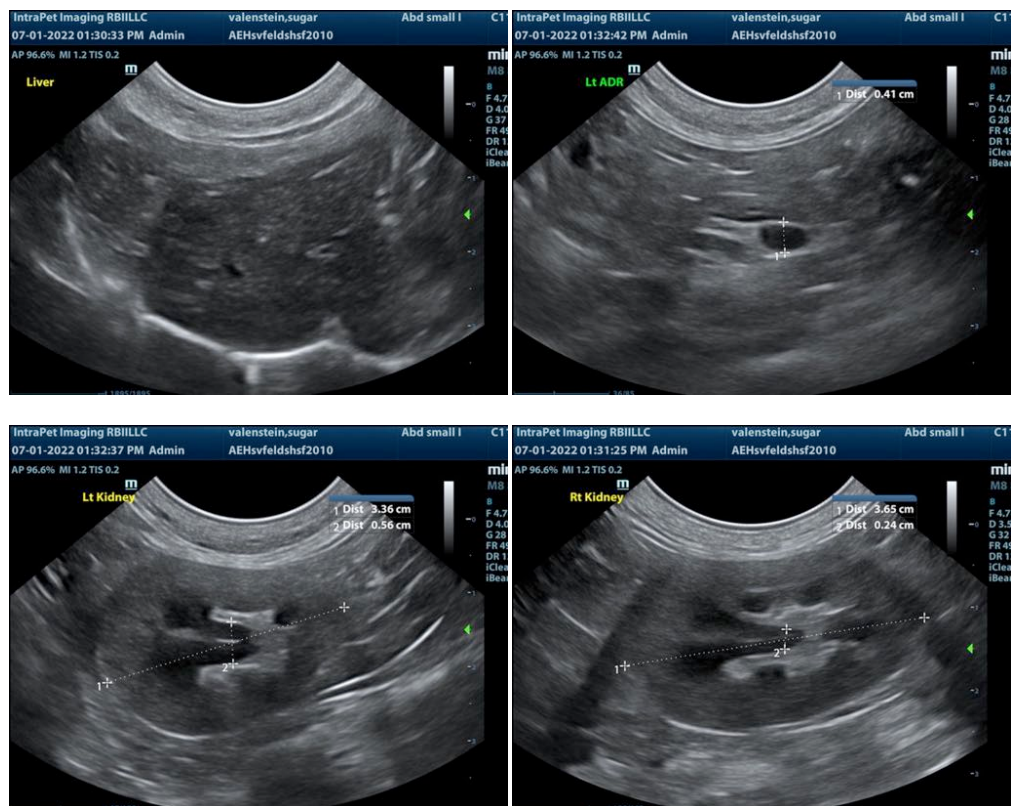
The **pancreas** was prominent, hypoechoic and enlarged at 1.17 cm with slight duct dilation measuring 0.19 cm.

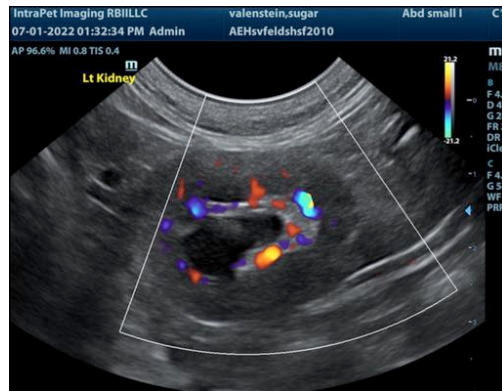
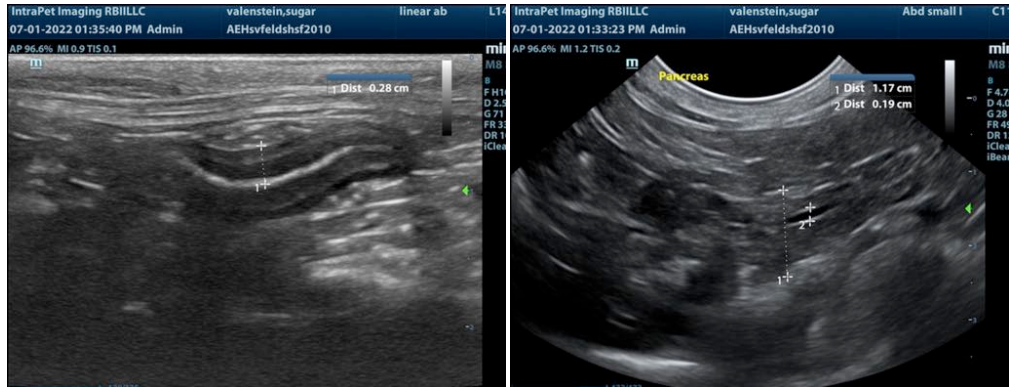
ULTRASONOGRAPHIC FINDINGS

Mild to moderate degenerative renal changes, yet not end stage.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Complicating factors such as pre-renal disease, toxin exposure, infectious agents hypertension and dehydration are all potentials in this case. I recommend 72 hour IV fluid protocol, blood pressure measurements and reassessment for infectious disease history. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. Reassessment of the clinical profile is recommended after 72 hours of IV fluid support.





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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