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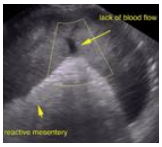
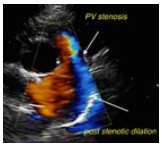
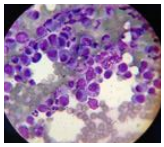
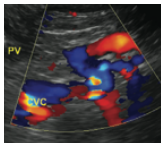
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Marshmellow Frischman

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

1 year

WEIGHT

7.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Beachy

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Jimmerson

INVOICE

31535

DATE

7/7/22

PRESENTING CLINICAL SIGNS

Was hospitalized 7/8-7/10 for anorexia. Left the hospital today, got home at 1pm, was still purring and seemed comfortable. Still seemed shy but was up and walking around, used litter box, sat next to O on the couch. When they got home, O put out a few different varieties of wet food to see if he would eat; no interest. At 3pm, O gave the appetite stimulant (entyce) which was a bit of a struggle but got almost all of it into him. Still didn't want to eat anything. Around 6pm, O tried rubbing a small amount of canned food on his face and P started gagging as soon as the food was brought near him and pushed the food away. Around 730pm, O called to see about bringing him back in, at this time P started breathing faster (RR 50-100 breaths/min) and yowling.
Abnormal PE/Chem/CBC/UA Results: 820pm: BG = 22 823pm: 0.5 mL/kg 50% dextrose, diluted 1:4 with saline, given over 5 min 825pm: BG 20 833pm: EPOC: bicarb 13.9, iCa 1.01, Crea 1.8, Glu 144, K 2.8, Na 145, LAC 5.07, pH 7.237, BE -13.6, BUN 18, HCT 64% 836pm: BG 65 840pm: Repeat 0.5 mL/kg 50% dextrose, diluted 1:4 with saline, given over 5 min FAST scan: No free abdominal fluid. Collected urine sample via cystocentesis CBC (from original blood sample): HCT 70.1%, WBC 15.53k (wnl), Neut 12k, suspect bands, Eos 0.08k, rest wnl. USG = 1.044 Midnight BG: 231 This AM: Chem10 = ALT 398, Glu 309, low BUN 11 EPOC = lact 5.22, HCT 52%, K wnl 3.9, meatbolic/lactic acidosis, pH 7.331, bicarb 15.1 BGs 2a - 100 4a - 155 6a - 103 8a - 223 10a - 153, d/c dextrose PT too high to read

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was visualized 1.0 cm beyond the cystourethral junction. 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. Slight, hyperechoic medullary rim sign was noted, yet this was idiopathic. The left and right kidney measured 3.5 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 adrenal glands measured 0.4 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 was noted.

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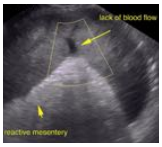
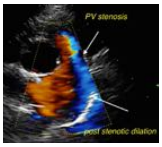
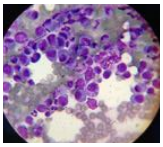
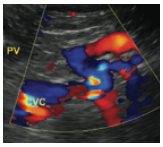

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Liver

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 was duplicated, yet not clinically significant.

Gastrointestinal

The **stomach** and small intestine presented a fluid filled lumen. The colon was 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.

ULTRASONOGRAPHIC FINDINGS

Minor gastrointestinal luminal fluid.

Non-specific inflammatory hepatopathy, no evidence of significant structural disease.

Otherwise, structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrointestinal upset is likely. IV fluid support is recommended to treat any dehydration is indicated. Supportive care should prove effective.

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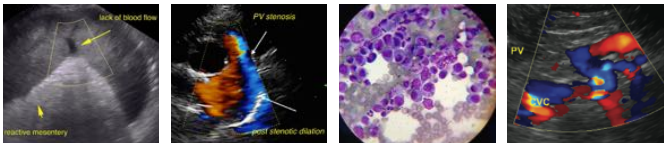

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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