



PATIENT

Kira Debruin

SPECIES

Feline

BREED

DSH

SEX

Intact Female

AGE

17 Weeks 4 Days

WEIGHT

4.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Graham Sager-Gellerman, DVM

HOSPITAL NAME

Back Bay VC

REFERRING VET

Graham Sager-Gellerman, DVM

INVOICE

23513

DATE

7/20/23

PRESENTING CLINICAL SIGNS

History: 17 wk kitten history of URI (treated a rDVM w/ clavamox), recently presented this week for vaccines, follow up URI and pre-op labwork for OVH. Pre-ops showed elevated liver enzymes. Patient has good appetite, gaining weight appropriately, no vomiting/diarrhea. Currently on doxycycline for URI (started yesterday) and lysine chews.

Abnormal PE/Chem/CBC/UA Results: 7/15/23: CBC: wnl CHEM: 0.7 mg/dL (0.9-2.3), Phosphorus 11.4 mg/dL (2.9-6.3), Chloride 112 mmol/L (114-126), ALT 321 U/L (27-158), AST 113 (16-67), ALP 118 (12-59). Bilirubin wnl. Cholesterol, glucose, BUN (32) wnl. FeLV/FIV: negative x 2

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 right kidney measured 3.24 cm. The left kidney measured 3.81 cm.

Adrenal Glands

The **right adrenal gland** was 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 right adrenal gland measured 0.26 cm.

Th region of the **left adrenal gland** was imaged and revealed no evident pathology.

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.

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. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. No evidence of intrahepatic or extrahepatic shunting. The gallbladder was duplicated with mildly echogenic wall.

Gastrointestinal



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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.

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Pancreas

The **pancreas** was mildly hypoechoic and slightly irregular. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

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ULTRASONOGRAPHIC FINDINGS

SEX

Intact Female

- Nonspecific inflammatory hepatopathy
- Prominent pancreas
- Duplicated gallbladder with mildly echogenic wall

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Parasitic disease or GI insult should be considered. Cannot rule out a low-grade pancreatitis in this patient. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. No overt contraindication to anesthetic procedure if necessary.

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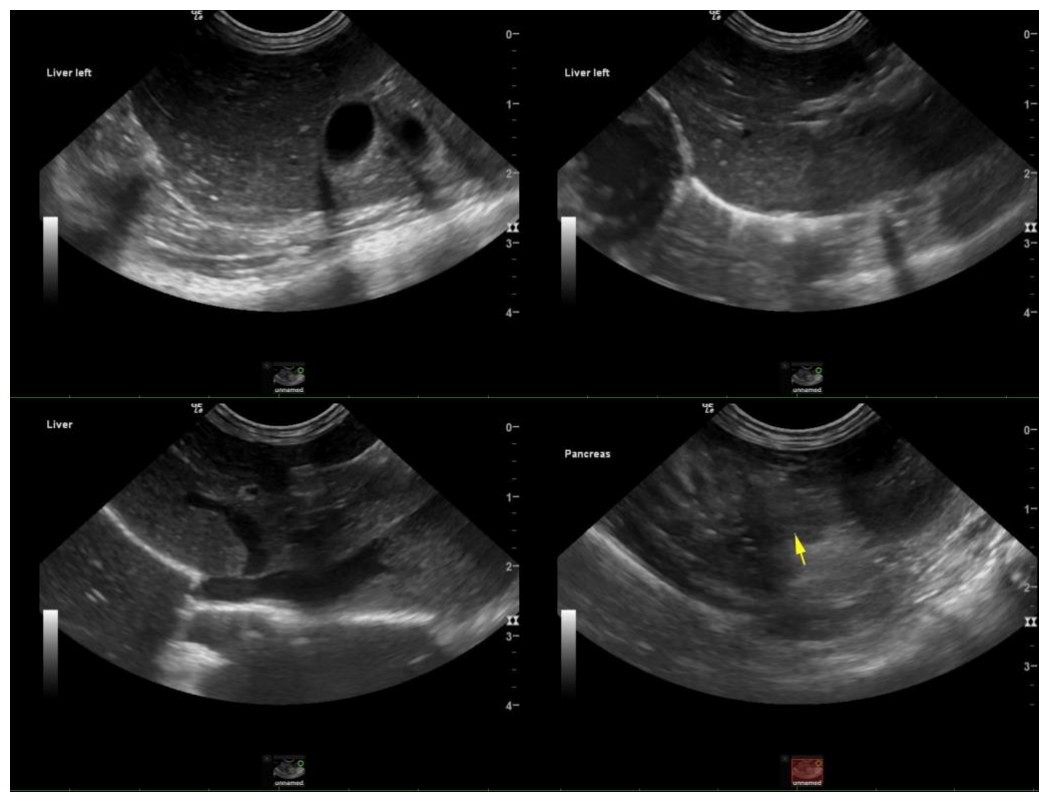
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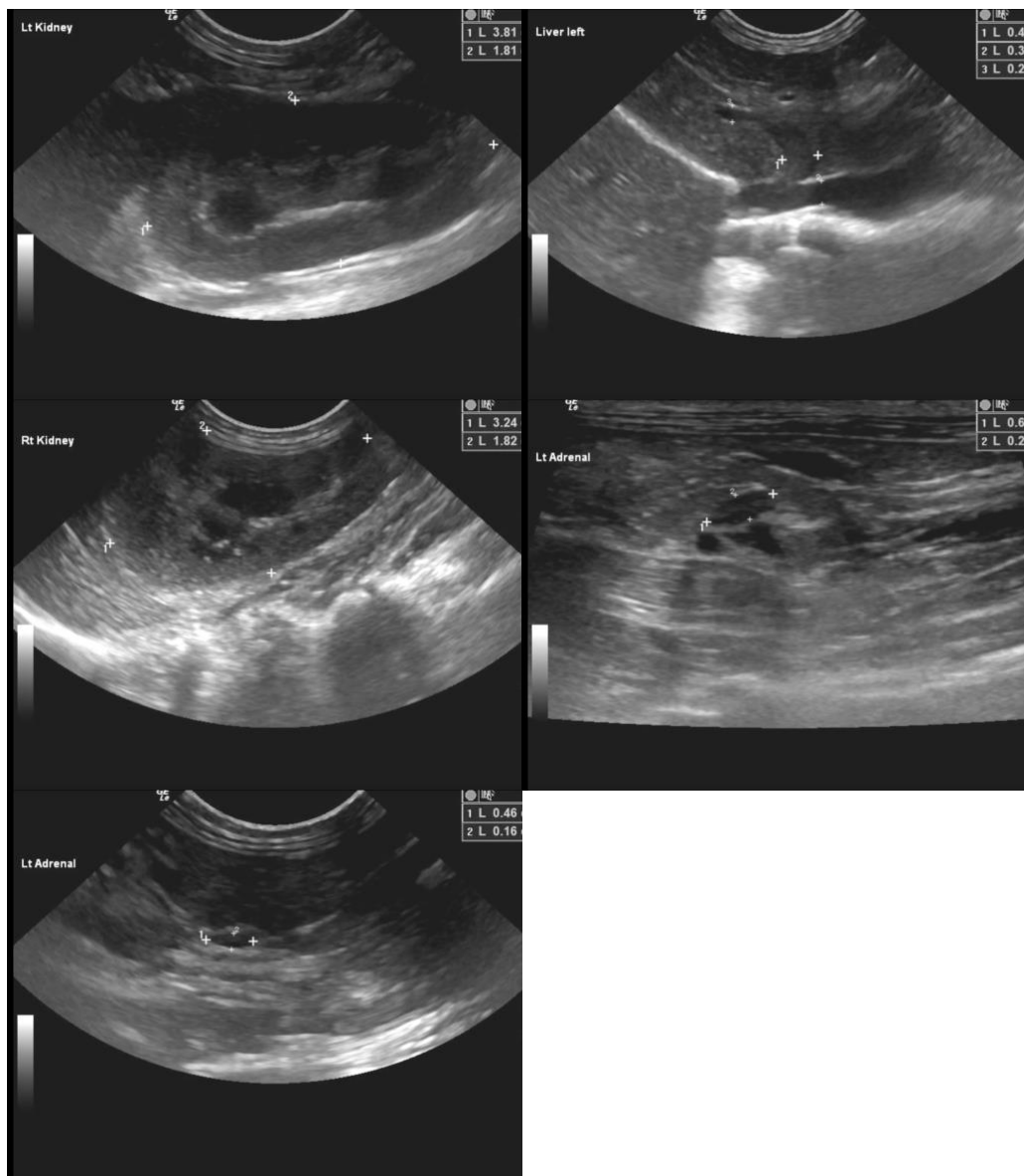
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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