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Clinical Sonography & Telecytology
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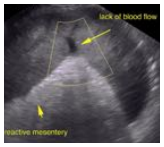
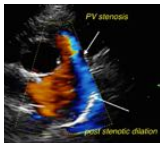
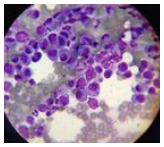
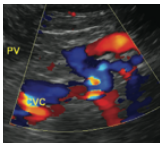

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1-800-838-4268 info@sonopath.com

PATIENT
Mittens Crandall

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed female

AGE
2 years

WEIGHT
7.1 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Meg Schneck

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Schneck

INVOICE
31904

DATE
7/21/22

PRESENTING CLINICAL SIGNS

History: 2Y SF DSH presented for 12hr hx vomiting and anorexia. Indoor only. Known to eat thread/yarn. Soft abd palpation, no SL FB, grade 1/6 murmur.
Abnormal PE/Chem/CBC/UA Results: Rads = SI at upper limits if size, can't r/o linear FB. CBC Hct nsf 49%, platelets clumped. Lactate 2.61, rest if chem panel wnl. fPL wnl.

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.19 cm. The left kidney measured 3.07 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 0.27 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.

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.

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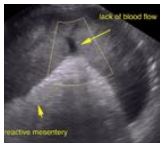
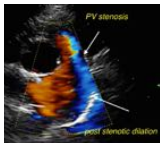
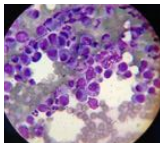
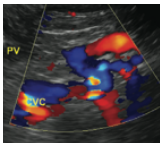

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Gastrointestinal

The **stomach** was empty. The small intestine was slightly thickened and mildly irregular. There was a minor amount of fluid filled gastric lumen noted. Some reactive mesentery was noted.

Pancreas

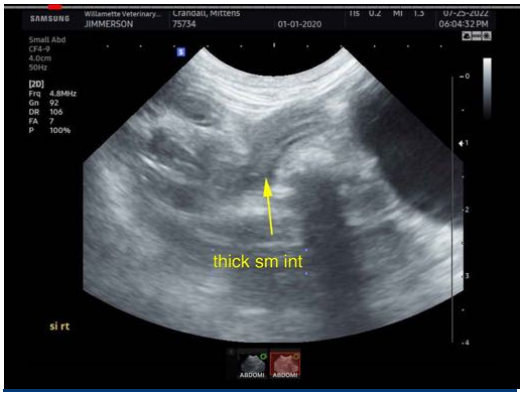
The right limb of the **pancreas** was slightly hypoechoic and mildly irregular. There is a potential for low grade inflammation.

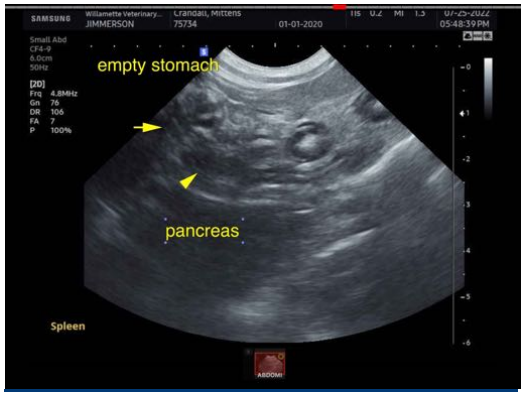
ULTRASONOGRAPHIC FINDINGS

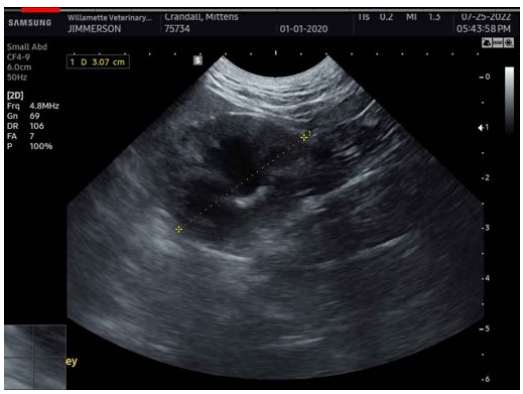
Gastroenteritis pattern, acute on chronic.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of foreign body. There is a potential for right limb pancreatitis. IV fluid support, pain management and broad spectrum antibiotics are all indicated. Infectious agents should be considered as a potential. No neoplastic criteria was met in any of the organ systems.







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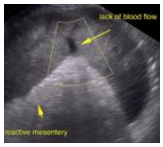
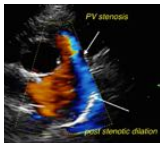
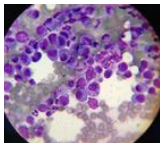
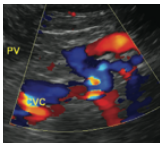

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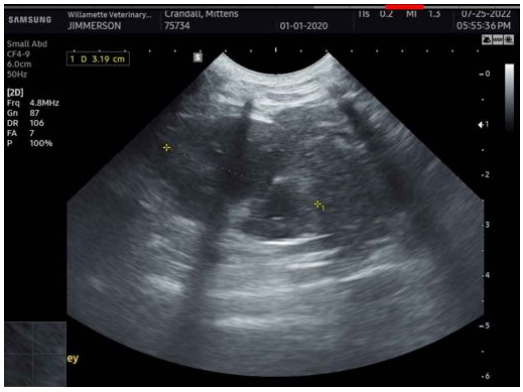

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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