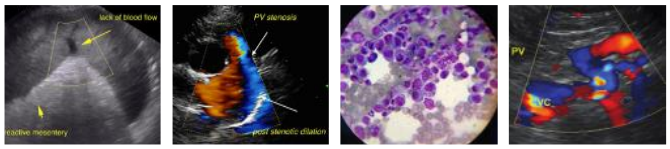


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Albert Yamamoto

SPECIES

Guinea Pig/Cavy

BREED

Common

SEX

Intact Male

AGE

3.5 Years

WEIGHT

2 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Robyn Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

Robyn Lantz

INVOICE

16609

DATE

7/29/22

PRESENTING CLINICAL SIGNS

History: EXOTIC PET! Last 2-3 weeks, patient is not eating normally, only eating minimally on own. Being force fed Critical Care. Bruxism, lethargy, significant weight loss. Previous radiographs showed possible liver mass, liver lobe torsion, gastric FB (hairball, other?). P currently on SQ fluids, critical care herbivore, gabapentin, metoclopramide, metronidazole.

Abnormal PE/Chem/CBC/UA Results: Have been unable to collect blood sample on patient.

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 2.5 cm. The left kidney measured 2.5 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 0.6 cm.

The **left adrenal gland** was not visualized.

Spleen

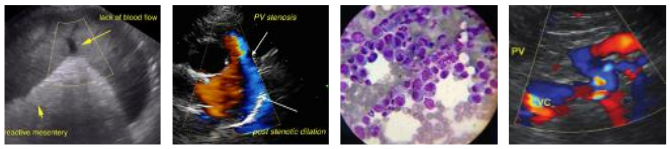
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed slight coarse architecture and slight irregular contour, however, no evidence of masses. A slight amount of sand was noted in the gallbladder, not pathological. Hepatic vasculature appeared normal.

Gastrointestinal

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed



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upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

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

- Structurally unremarkable abdomen
- Full stomach, ingesta type consistency. Transit of chyme in the small intestine appeared to be adequate.
- Liver, slight coarse architecture and slight irregular contour
- Gallbladder sand, not pathological

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the clinical signs is not evident. All organs appear to be structurally unremarkable. No obvious evidence of pathology responsible for the clinical signs.

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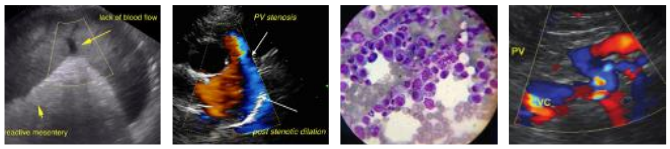

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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