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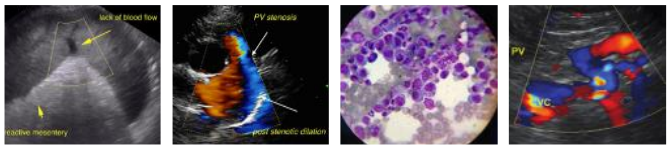
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Millie Comer

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

13.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lamb's Gap AH

REFERRING VET

Dr. Lindsey Knouse

INVOICE

23190

DATE

7/7/23

PRESENTING CLINICAL SIGNS

History: Millie is a nine-year-old, FS, DSH cat with a history of vomiting 10 times or so since Wednesday, it started suddenly, usually clear liquid, sometimes mild hair in vomit. Not eating today, ate yesterday but o thinks vomited everything back up. No houseplants or other things o knows that she would have gotten into. On purina sensitive skin and stomach food because has had some history of intermittent vomiting. Radiographs showed moderately gas distended stomach and suspect gas in ceco-colic junction. O is concerned it could be a hairball obstruction. On exam Millie is moderately reactive to cranial abdominal palpation, and obese. Blood drawn today- pending cbc/chem/t4/lytes/fpl. Started cerenia, SQ fluids, dispensing miratazand cerenia to go home. Millie showed positive Murphy sign at position 13.

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. Anechoic urine was present. A small calculus was noted, measuring 1.5 mm at the cystourethral junction at the time of the sonogram. A minor amount of bladder sand was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralization was noted in the kidneys. The left kidney measured 3.94 cm. The right kidney measured 4.41 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.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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.

Gastrointestinal

The **stomach** revealed a fluid filled lumen, otherwise empty. Minor areas of muscularis hypertrophy were noted in the small intestine with some reactive mesentery, consistent with enteritis.

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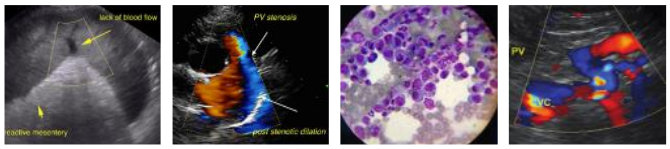

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Pancreas

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.

Free Abdomen

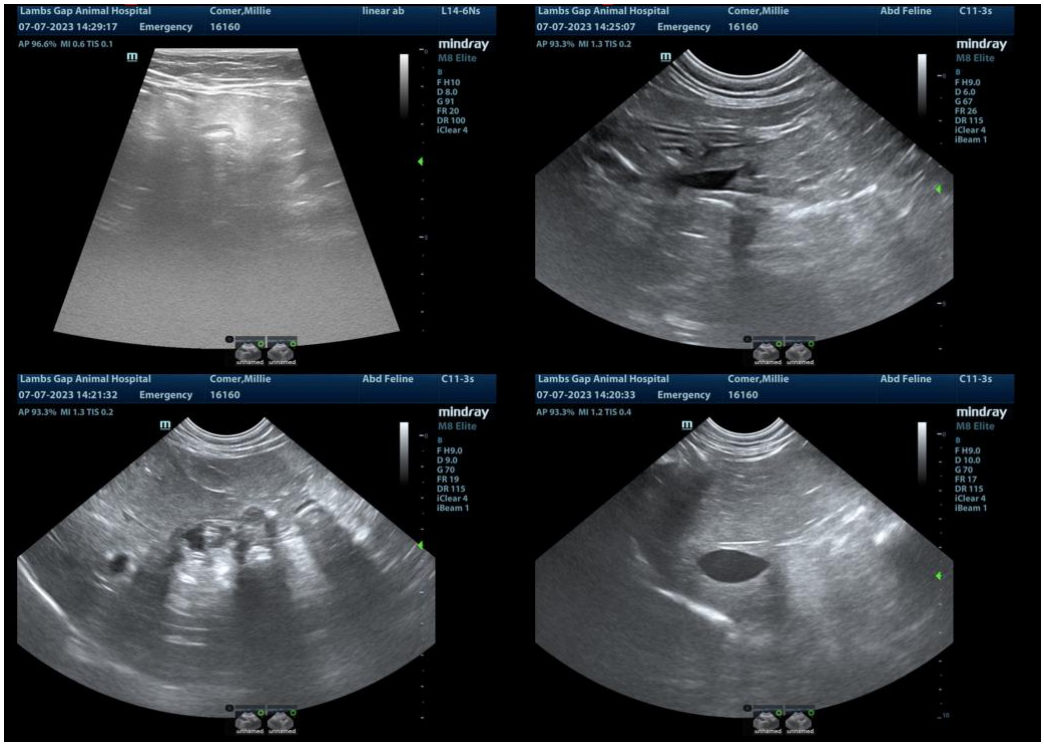
A large amount of **abdominal fat** was noted in this patient.

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis pattern
- Bladder sand and small calculus (nonobstructive at the time of the sonogram).
- Age-related renal changes with mineralization
- Volume contracted spleen
- Large amount of abdominal fat

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective. Urinary work up and dissolution protocol is recommended.



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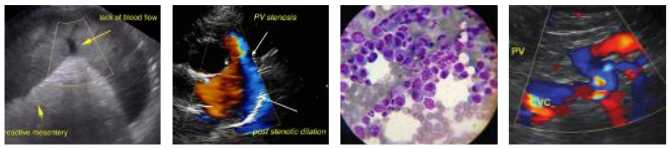

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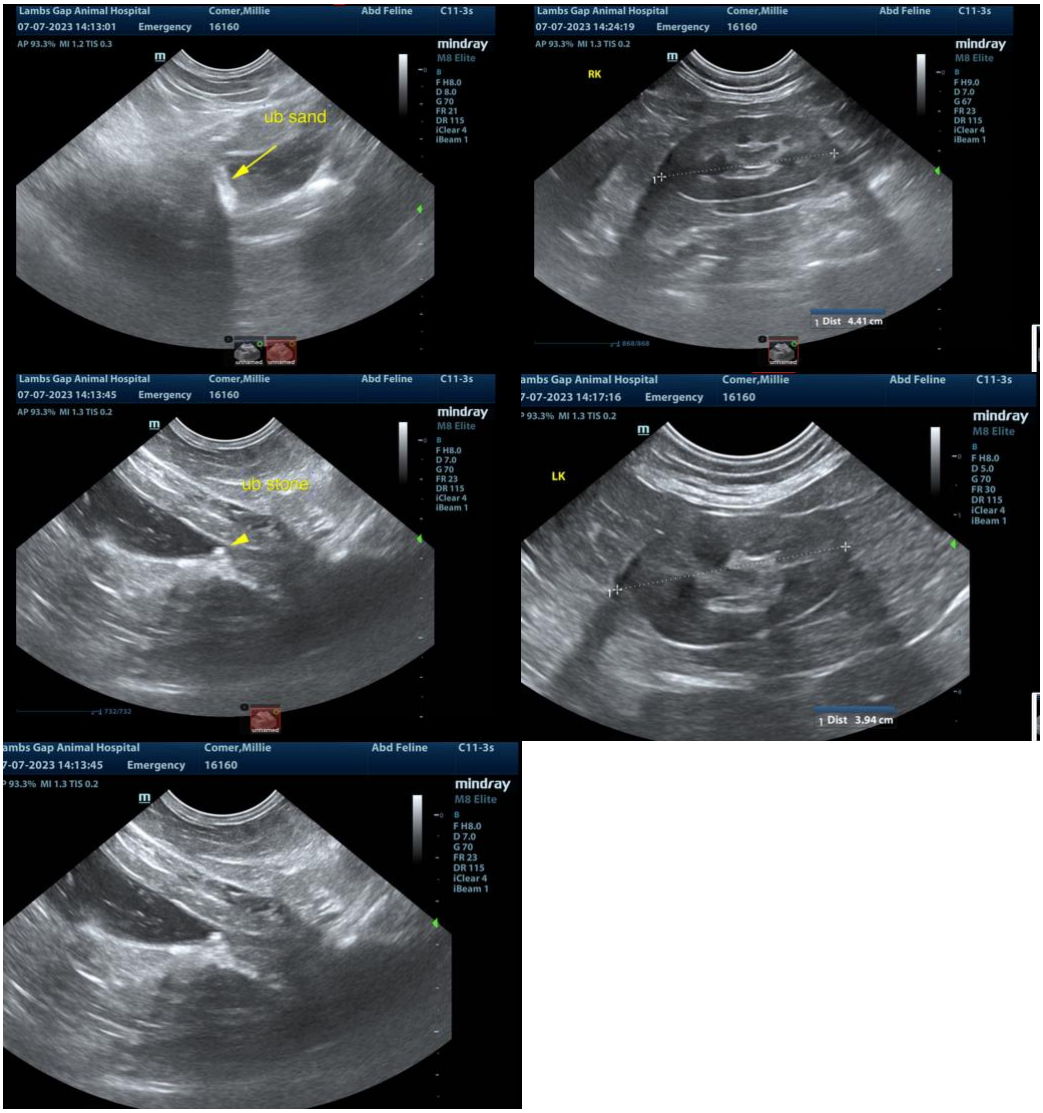

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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