



PATIENT

Talulah Sierra

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years

WEIGHT

4.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

AH of Sussex County

REFERRING VET

Dr. Catania

INVOICE

16529

DATE

7/8/22

PRESENTING CLINICAL SIGNS

History: Decreased body condition, ravenous hunger, BM's look like completely undigested food. No current meds.

Abnormal PE/Chem/CBC/UA Results: bun 40, Na 161, Na/K ratio 3.0, rbc 4.2, Hgb 7.6, Hct 25, USG 1.033, PH 7.5

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** were relatively normal in size with minor increased cortical echogenicity. The left kidney revealed slight irregular contour. A cortical infarct was noted in the cranial pole of the left kidney. The left kidney measured 3.34 cm. The right kidney measured 3.63 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 0.53 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/GI** was full of ingesta. Hyperperistalsis and some shadowing material were present. The colon was significantly repleted with stool. The intestinal wall was unremarkable with minor areas of muscularis thickening were present. Areas of inverted muscularis to mucosal ratio were noted. No loss of mural detail noted.

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.



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Free Abdomen

Talulah Sierra

Free fluid was noted in the **abdomen**.

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ULTRASONOGRAPHIC FINDINGS

- Minor intestinal thickening
- Free fluid in the abdomen
- Volume contracted spleen
- Mild degenerative renal changes with minor renal infarct

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female

No obvious evidence of neoplasia. Hydration status should be evaluated in this patient. Diffuse intestinal disease is likely; however, neoplastic criteria is not met. Maldigestion is a strong potential in this patient. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. Full thickness biopsies would be ideal.

AGE

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

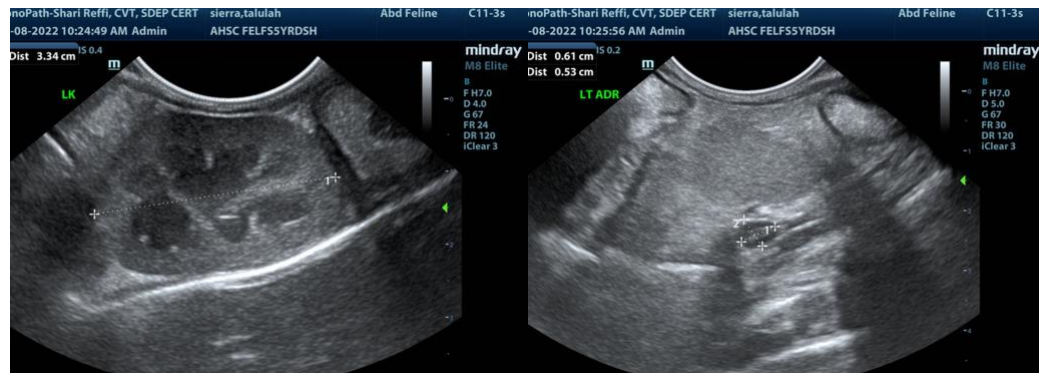
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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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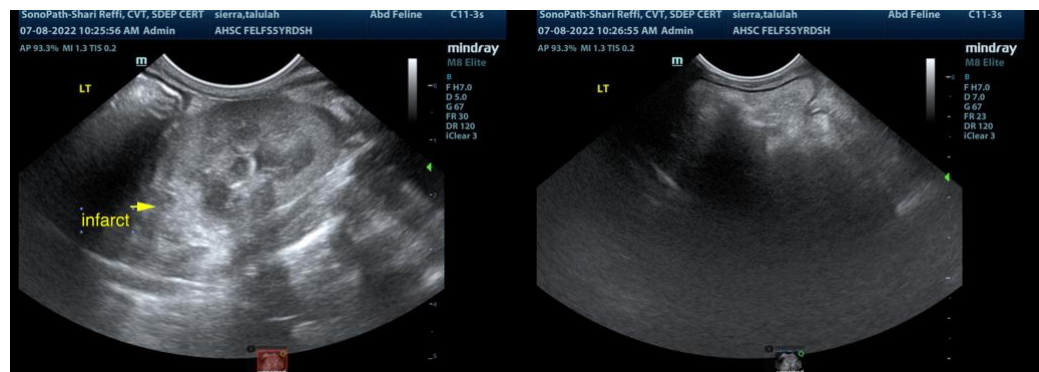


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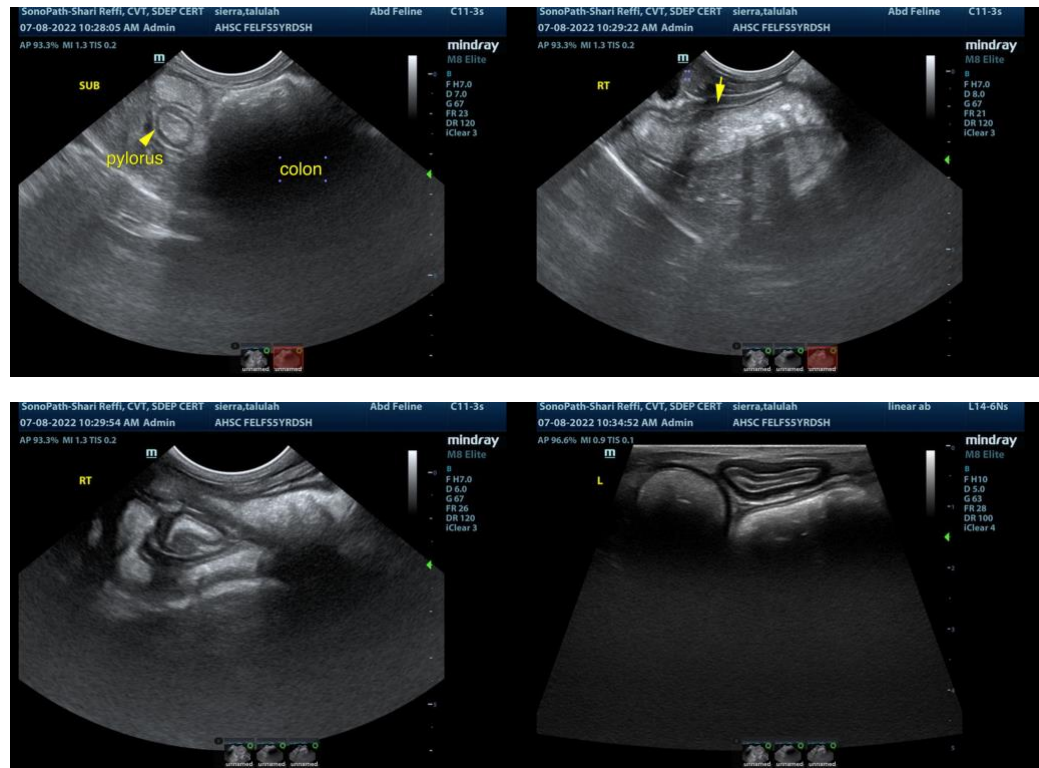
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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