

**DATE PRESENTING CLINICAL SIGNS**

8/12/22 Stray (friendly) cat found with approx. 3 week old kittens. Severe diarrhea. WBC is 38K. Fecal negative.

PATIENT

Suki Malavenda

Current Medications: Convenia?

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

SEX

Spayed Female

AGE

8/8/20

WEIGHT

10 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**Stephanie Warga
RDCS, RVT**HOSPITAL NAME**

Homeward Bound VS

REFERRING VET

Dr. Vance

INVOICE

16844

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a mild change.

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 4.38 cm. The left kidney measured 3.88 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 right adrenal gland measured 0.33 cm. The left adrenal gland measured 0.37 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 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. 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

Examination of the **gastrointestinal tract** revealed normal curvilinear patterns with mucosal fogging.

Pancreas

The **pancreas** was enlarged, measuring 1.42 cm. Minor duct dilation and increased vascularity were noted on power doppler assessment.

Free Abdomen

The mesenteric **lymph nodes** (the largest node 2.7 cm x 1.0 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. A minor amount of free fluid was noted.

Other

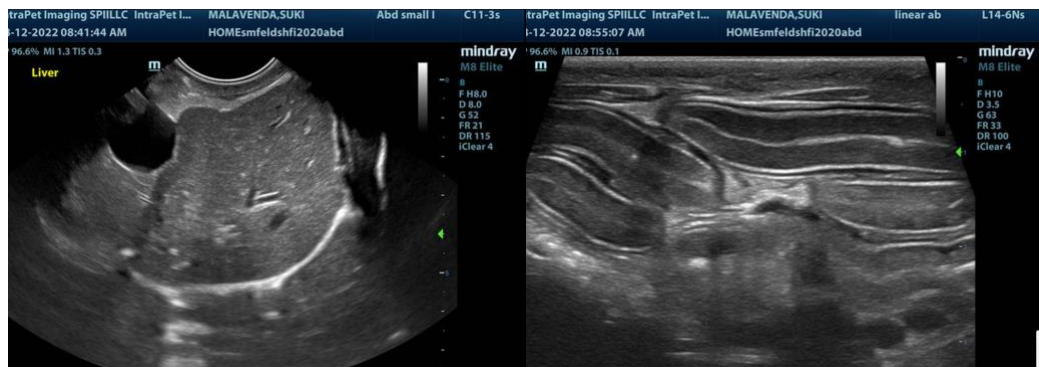
The **uterus** was slightly dilated up to 0.8 cm.

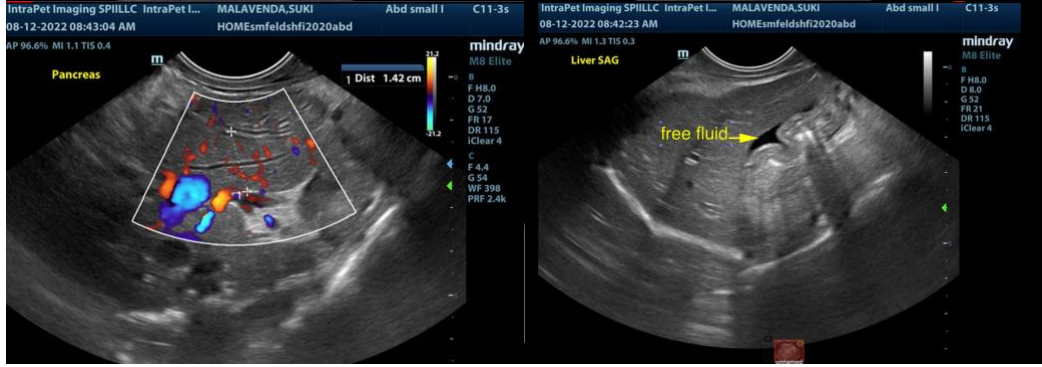
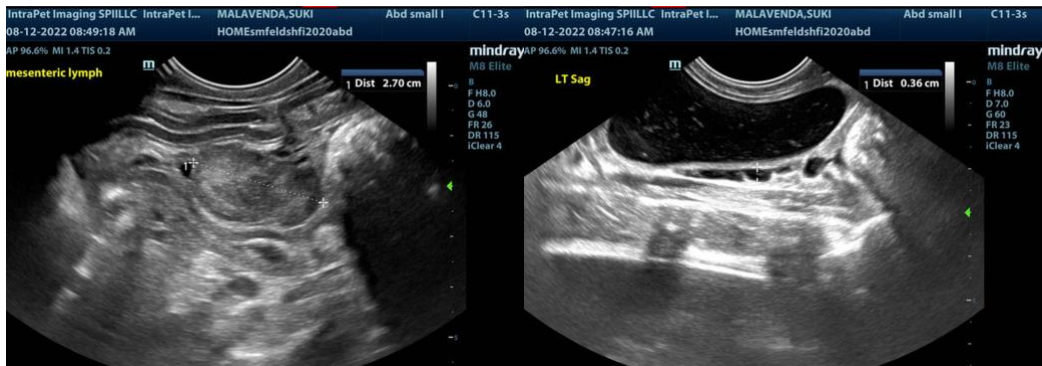
ULTRASONOGRAPHIC FINDINGS

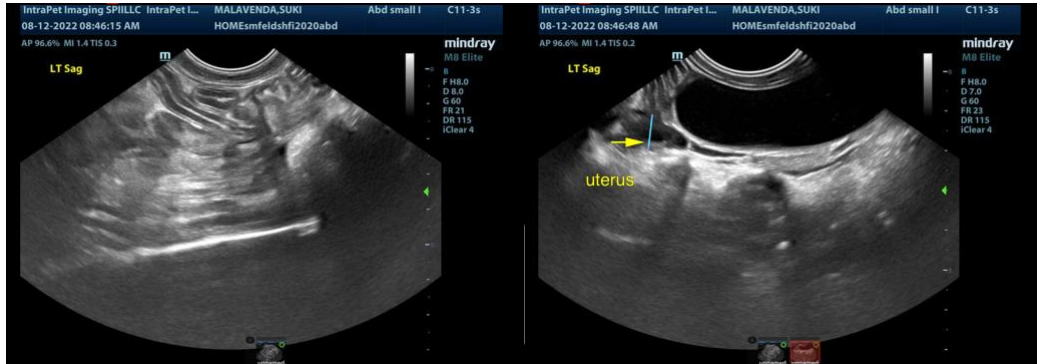
- Minor fluid filled uterus
- Slight free fluid
- Prominent irregular pancreas, potential pancreatitis
- Mucosal fogging
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the mesenteric lymph nodes and liver is warranted in this patient to ensure these are not early neoplastic states. The free fluid may be owing to cachexia. Ovariohysterectomy and GI biopsies recommended. Albumin levels should be evaluated. I recommend a fresh fecal smear and fecal floatation analysis. Underlying early pyometra or metritis is possible.







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.

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