



**PATIENT PRESENTING CLINICAL SIGNS**

**Gatito Warrin** 2 day history of vomiting and anorexia, 1lb weight loss since July. CBC/chem/T4-NSF Heart murmur on PE-but fractious patient-was given Gabapentin for AUS and still very difficult. In house bnp normal.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

**BREED**

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.

DSH

**SEX**

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. Suspended "ghosts" noted in the bladder. Trace amount of sand also noted, non-obstructive.

Neutered Male

**AGE**

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.

7 Years

**WEIGHT**

The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.82 cm. The left kidney measured 3.85 cm.

7.2 Pounds

**Adrenal Glands**

**INTERPRETED BY**

The regions of the **adrenal glands** were unremarkable.

Eric Lindquist, DMV

**Spleen**

DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Dr. Elaina Petrone

**HOSPITAL NAME**

**Liver**

Long Branch AH

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.

**REFERRING VET**

Dr. Elaina Petrone

**INVOICE**

**Gastrointestinal**

44559

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**DATE**

8/2/23



**PATIENT**

**Pancreas**

Gatito Warrin

The **pancreas** revealed hypoechoic parenchyma with dilated duct and undulating contour.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

- Chronic pancreatic changes with suspect low-grade inflammation
- Urinary bladder debris, possible underlying UTI
- Structurally unremarkable abdomen otherwise

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subphiboid palpation is recommended to assess for pain or discomfort associated with the pancreas.

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

7.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Long Branch AH

**REFERRING VET**

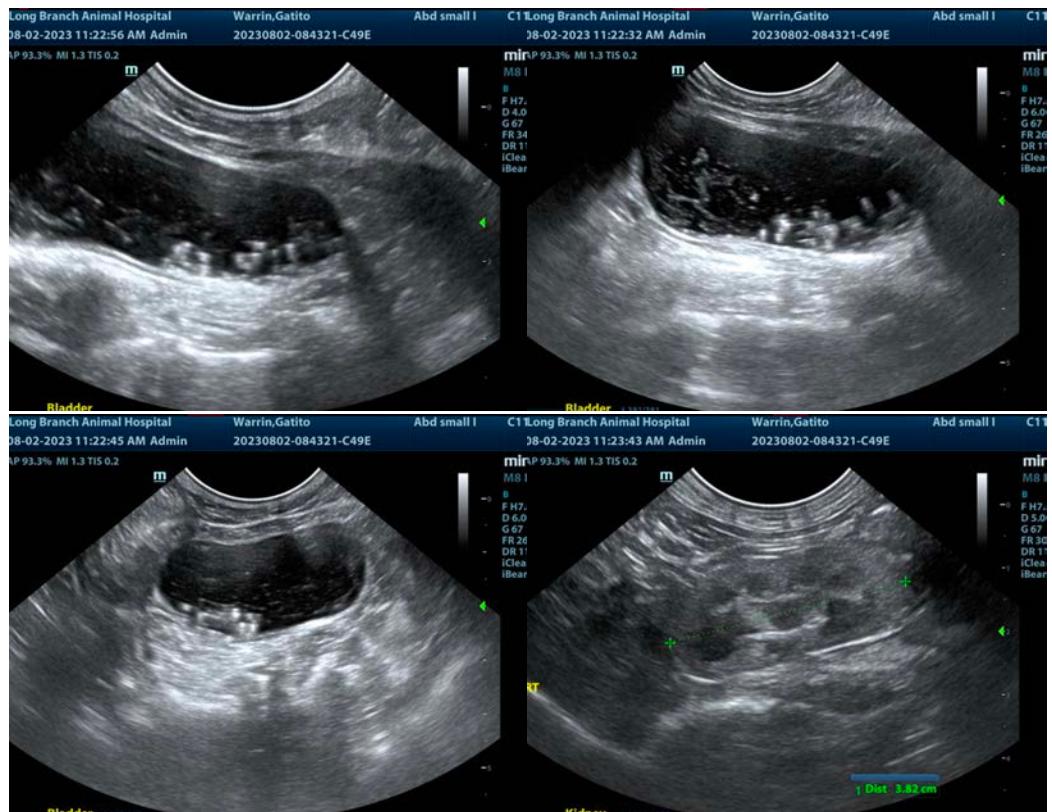
Dr. Elaina Petrone

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**PATIENT**

Gatito Warrin

**SPECIES**

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**BREED**

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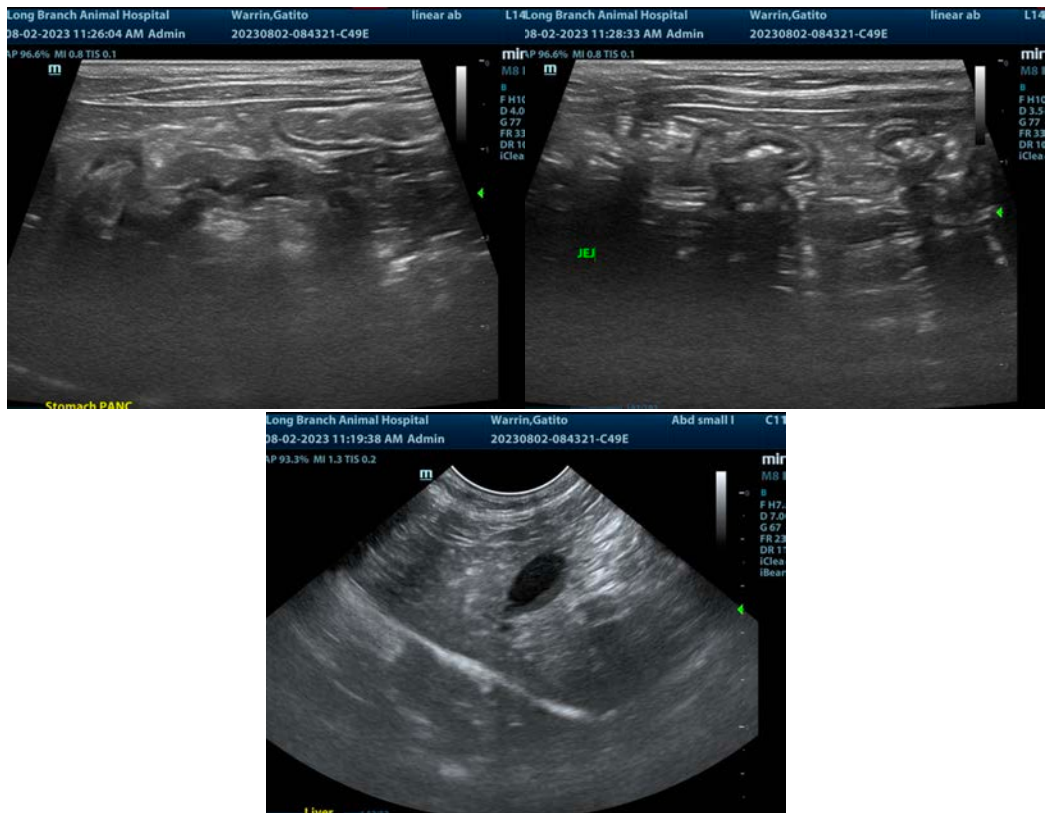
Dr. Elaina Petrone

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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

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