



PATIENT

Big Girl Mahoney

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

20 years

WEIGHT

9.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Nicole Gotfredson CVT

HOSPITAL NAME

Red Hills VH

REFERRING VET

Dr. Clare

INVOICE

91478

DATE

8/24/21

PRESENTING CLINICAL SIGNS

History: ZT: 08-16-21 at 11:07a: yesterday Pt thrown up clear liquid twice. Pt has not been acting herself for that last few weeks. For the last week Pt has not been wanting to eat. For the past week pt has been having a hard time having Bowel movements. pt has been sleeping for most of the day. Meds" None O declined SQ fluids and cerenia today, only opted for convenia 0.4ml sq O will drop off for abdominal ultrasound in 1 week (discussed this should be sooner if symptoms do not improve) CPP: 08-16-21 at 5:13p: 8/24/21: owner reports patient still not eating much and now has blood in the stool Abnormal PE/Chem/CBC/UA Results: 8/16/21: Elevated neutrophils, TP, globulins, creatinine T4 - wnl Urinalysis - leukocytosis, elevated protein

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 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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.0 cm. The right kidney measured 3.0 cm. Blood flow appears to be adequate.

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 0.3 cm. The right adrenal gland measured 0.4 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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of



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congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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The **stomach** was filled with progressively shadowing material primarily in the gastric fundus with concurrent stasis in the pyloric antrum. Minor small intestinal thickening was noted with some regional stasis of chyme. The wall thickness measured up to 0.3 cm. Slightly increased submucosal echogenicity was noted.

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Pancreas

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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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ULTRASONOGRAPHIC FINDINGS

Gastric stasis, likely delayed outflow, possible concurrent hairball accumulation.

Minor intestinal thickening.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no obvious neoplastic criteria met in any organ system. However, an emerging round cell neoplasia of the intestinal tract cannot be completely ruled out. Hairball therapy and promotility medications are indicated. Otherwise, direct exploratory surgery is indicated. Gastrointestinal protectants are also indicated. If any weight loss is an issue then maldigestion panel would be indicated. Broad spectrum antiparasitic protocol and fecal test is recommended.

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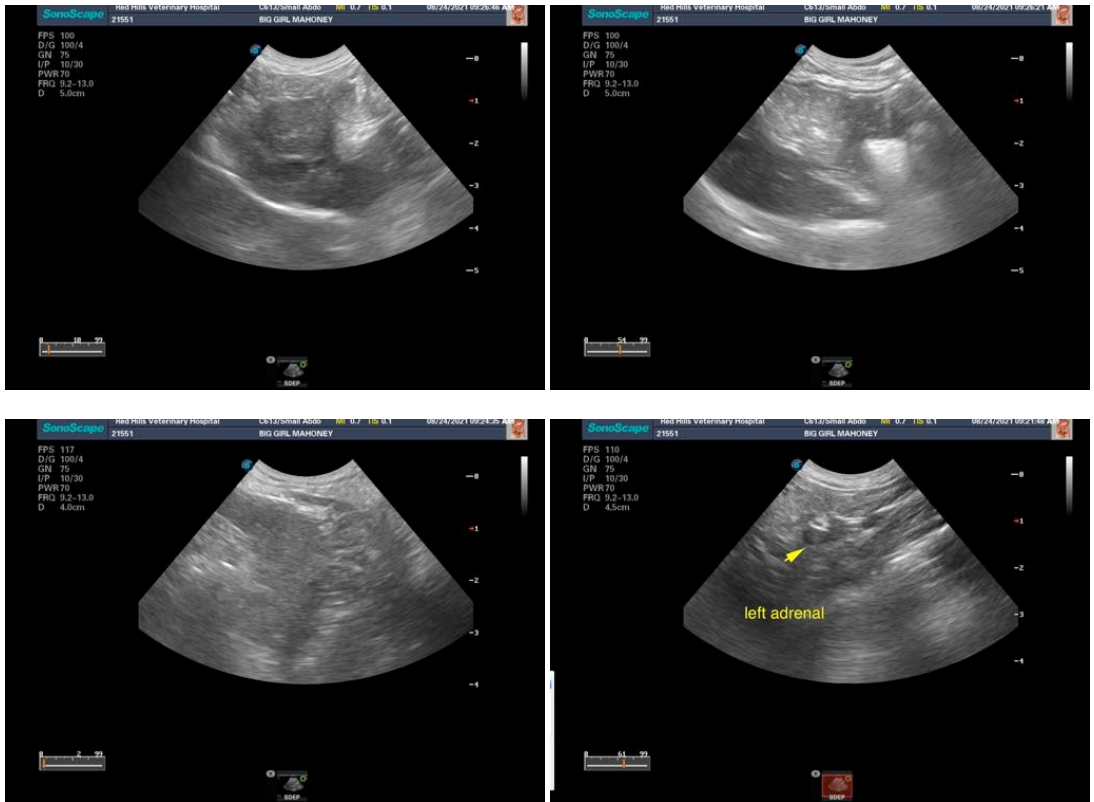
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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