**DATE PRESENTING CLINICAL SIGNS**

8/3/23

Was fine this morning. Was chilling on one of the chairs but then didn't get up to eat when fed breakfast- usually very food motivated. Also noticed a spot of gingival irritation today. Has chronic nail issues- has seen dermatologist. They will get infected due to yeast infection. A few days ago, one of the back nails was really bad and had lot of thick discharge from it. On his left side, ribs seem like they are sticking out. No new food or treats. Does love to get on the counter and steal food, but doesn't chew up toys, etc.

PATIENT

Buddy French

SPECIES

Feline

Current Medications: Gabapentin, Buprenorphine, Ondansetron.

Lab Results: See attached.

Radiographs:

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV Propofol.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

DSH

SEX

Neutered Male

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.

AGE

4/16/18

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 3.76 cm. The left kidney measured 3.76 cm.

WEIGHT

8.6 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 0.50 cm. The right adrenal gland measured 0.40 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**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.

REFERRING VET

Dr. Goessling

INVOICE

44635

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 **gastrointestinal tract** was largely unremarkable with a distal small intestinal muscularis hypertrophy.

Pancreas

The **pancreas** was enlarged, hypoechoic and irregular with dilated duct, measuring up to 1.4 cm on the left limb.

Free Abdomen

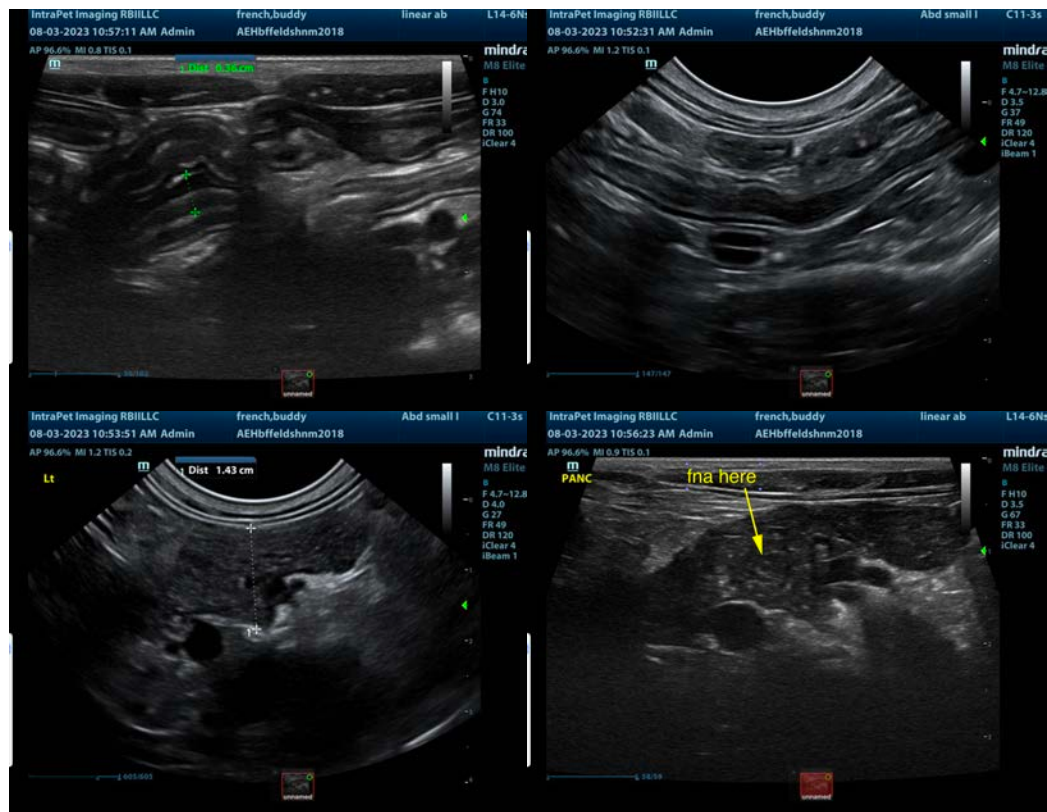
Reactive mesenteric lymph nodes noted.

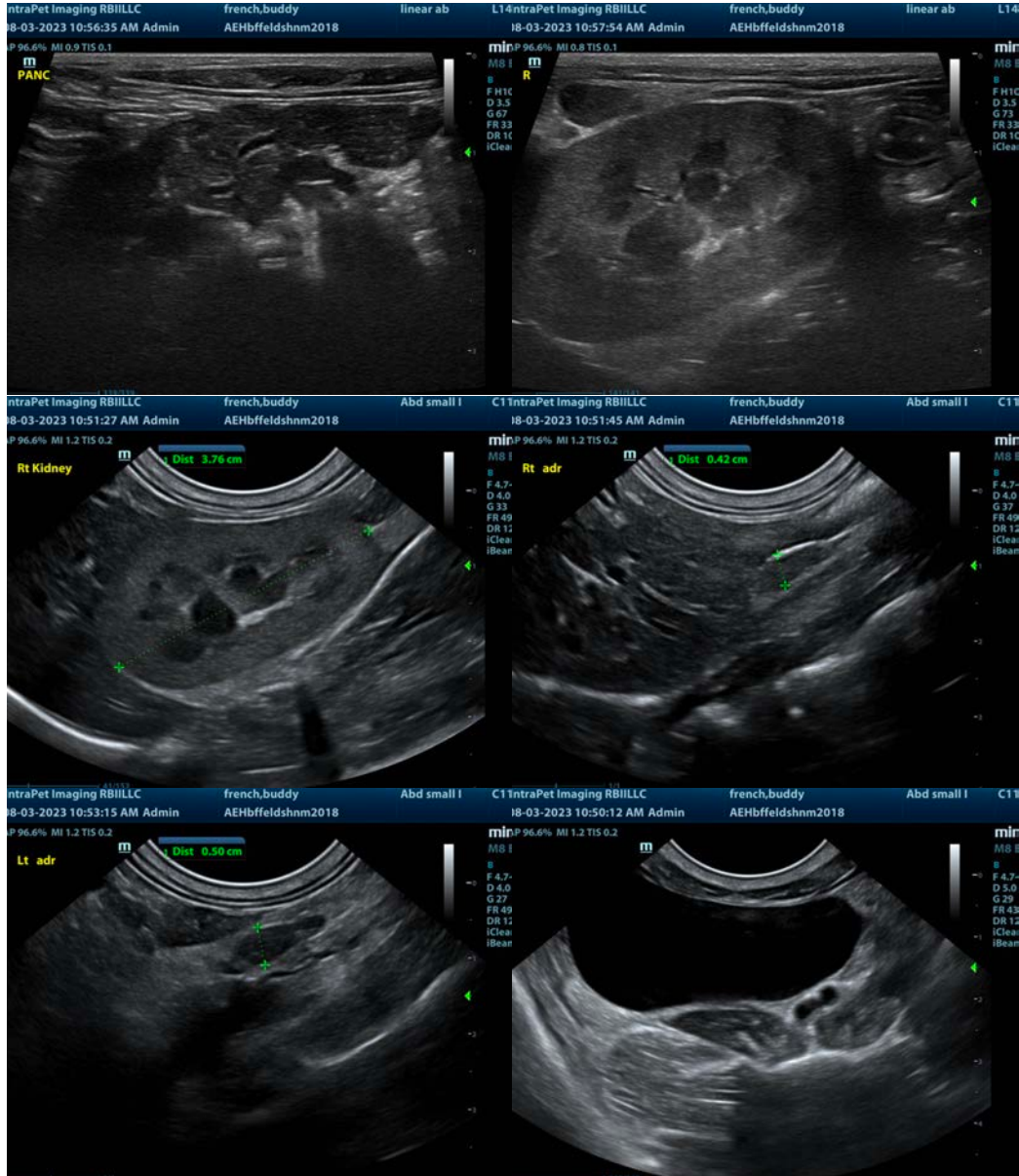
ULTRASONOGRAPHIC FINDINGS

- Prominent, irregular pancreas – suspect pancreatitis.
- Minor intestinal thickening – inflammatory bowel likely.
- Reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. FNA of the left pancreatic limb is also recommended to assess for inflammation and what inflammatory type. No overt evidence or suspicion of neoplasia.





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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