



PATIENT

Guinness Hearn

PRESENTING CLINICAL SIGNS

History: Episode of seizure vs collapse
Abnormal PE/Chem/CBC/UA Results: WNL except WBC: 17.75

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Longhair

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.

SEX

Neutered male

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 4.32 cm. The right kidney measured 4.7 cm with some loss of corticomedullary definition.

AGE

11 years

WEIGHT

13 lbs

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 0.46 cm. The right adrenal gland measured 0.41 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Dr. Rodriguez

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.

HOSPITAL NAME

Foxfield VS

Liver

REFERRING VET

Dr. Rodriguez

The **liver** revealed mild, chronic increased biliary echogenicity and increased portal markings. This is consistent with history of cholangitis. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

INVOICE

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Gastrointestinal

DATE

8/30/21

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The **pancreas** was hypoechoic and irregular with undulating contour. History of pancreatitis is likely or mild, low-grade active inflammation is possible.

BREED

Domestic Longhair

ULTRASONOGRAPHIC FINDINGS

Chronic triad presentation.

SEX

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

11 years

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. The level of active inflammation is unclear. Given the seizure activity CT with contrast would be appropriate given the age and clinical signs. Rapid view of the heart revealed no evidence of pathology. Blood pressure measurements are warranted. Full CNS exam and CT with contrast is recommended.

WEIGHT

13 lbs

ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the [Blairstown Animal Hospital](#). Blairstown, New Jersey. More information can be found at

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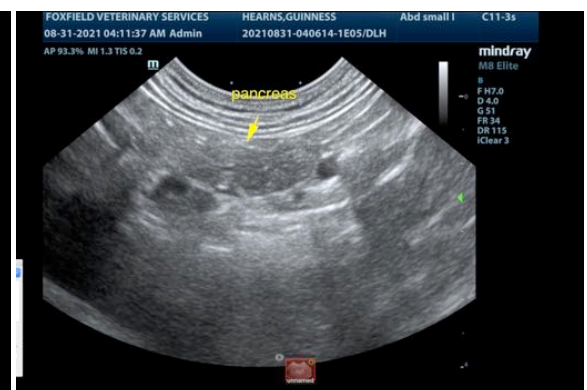
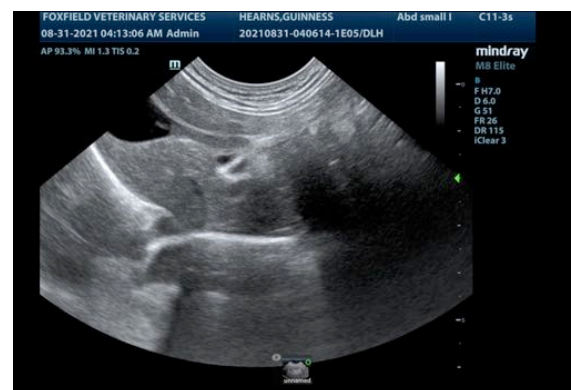
<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

IMAGING PERFORMED BY

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HOSPITAL NAME

Foxfield VS



REFERRING VET

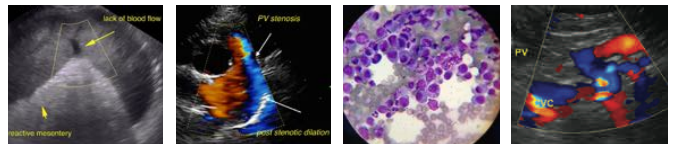
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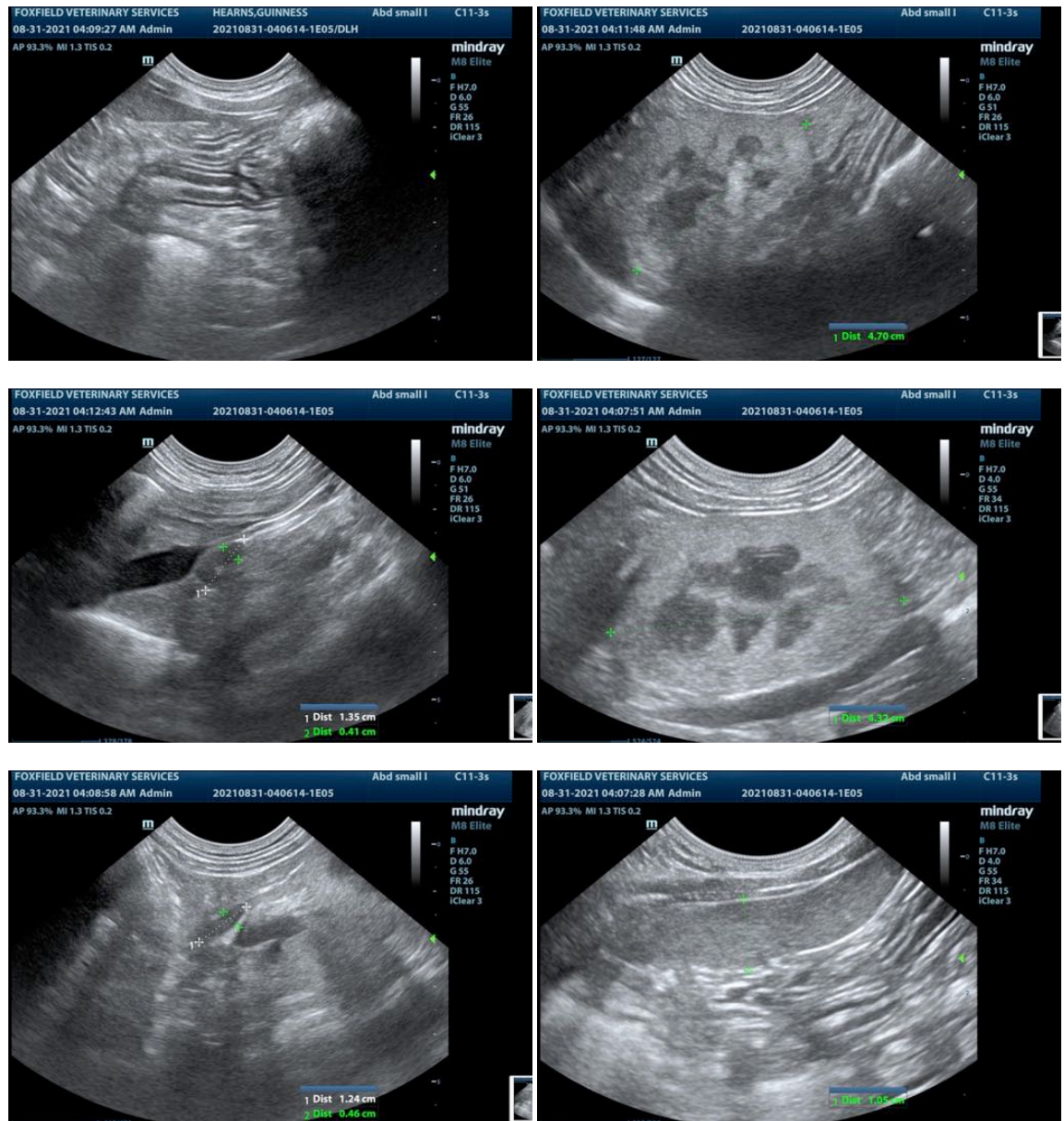
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if it can be of any further assistance please contact me.

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