

**DATE**

9/1/21

PRESENTING CLINICAL SIGNS

History: Bloody stools, more lethargic and increased frequency of vomiting.
Current Medications: Cerenia SID, Mirtaz Gel, Purina EN – dose/duration not specified.
Lab Results: ALT 3358.

PATIENT

Felicity Fort

Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

Ragdoll

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.

SEX

Spayed Female

The **kidneys** revealed multiple infarcts with multi-focal cortical collapse. The left kidney measured 2.95 cm and was subnormal in size with increased cortical echogenicity and loss of detail. The right kidney measured 2.63 cm with slight pyelectasia.

AGE

12/24/14

Adrenal Glands**WEIGHT**

12.75 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

HOSPITAL NAME

Maryland Mobile VC

Liver**REFERRING VET**

Dr. Brauning

The **liver** revealed minor gallbladder sand. The parenchyma was uniform with minor swelling. Lobar biliary mineralization was noted, yet is minor. The gallbladder presented acceptably thin walls with primarily anechoic content. The common bile duct is normal at 0.2 cm.

INVOICE

91628

Gastrointestinal

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. The mesenteric lymph nodes were reactive and measured up to 0.63 cm.

Pancreas

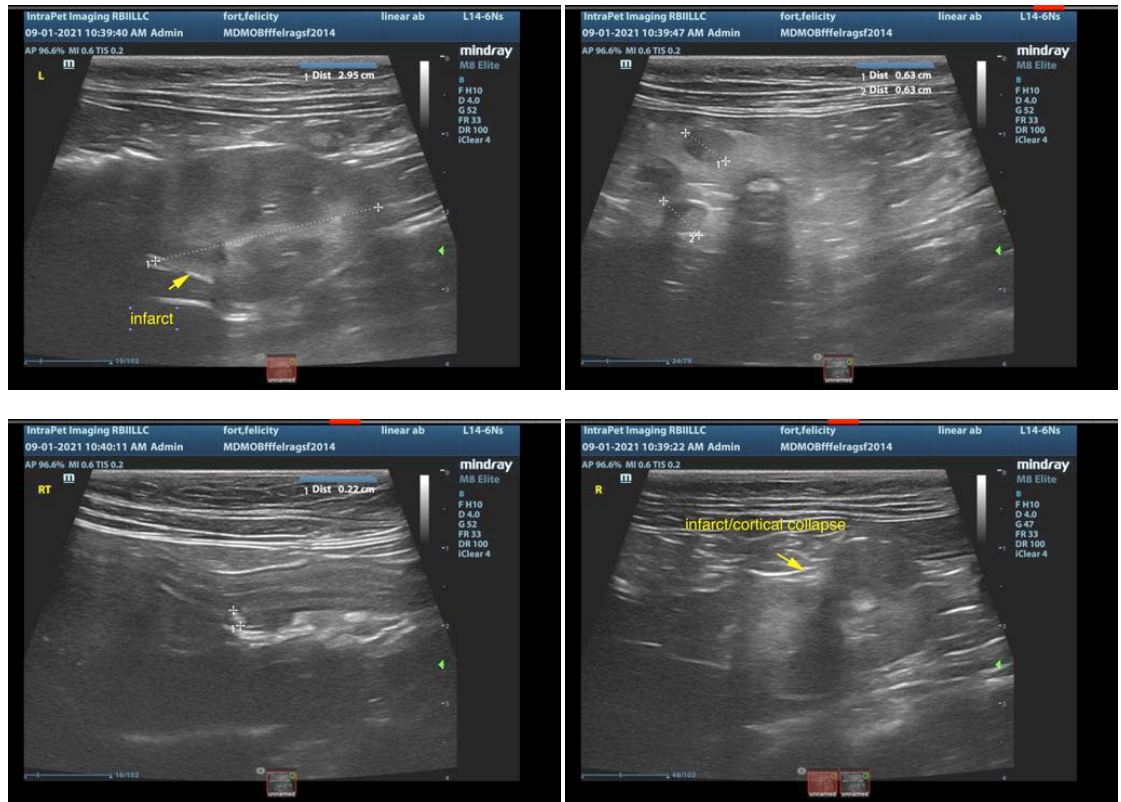
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

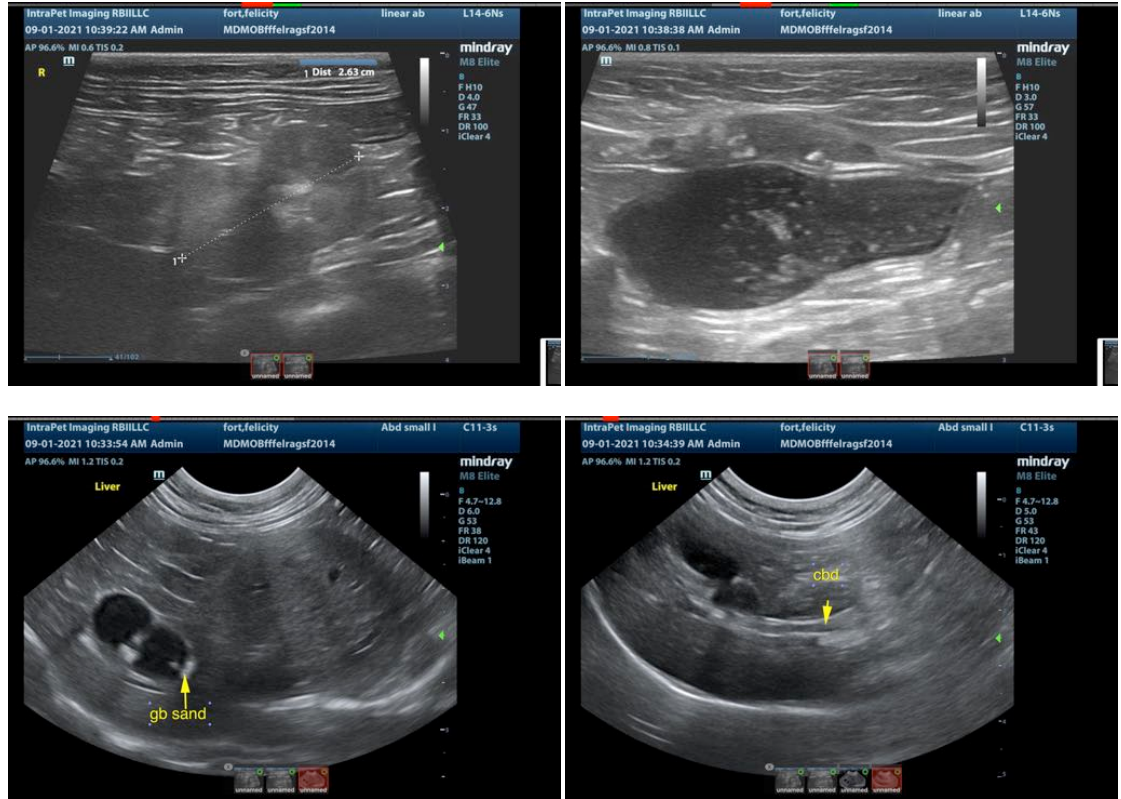
ULTRASONOGRAPHIC FINDINGS

Non-specific hepatic presentation with gallbladder sand. Acute hepatic insult is suspected. Renal infarcts. Degenerative renal changes, moderate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is warranted to assess for inflammatory cell type. There was no evidence of neoplasia. Infectious agents such as Bartonella and Toxoplasmosis should be considered.





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.

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