

PATIENT

Cali Phidd

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

6 years

WEIGHT

5.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Valentina

HOSPITAL NAME

The Veteriary Surgery

REFERRING VET

Dr. Valentina

INVOICE

32908

DATE

9/14/22

PRESENTING CLINICAL SIGNS

History: Callie is a female, neutered DLH, 4 years old. Kg 5,4 Presented for vomiting and diarrhea since 4 days. The patient is indoor and fully vaccinated. The owner reports that 1 week ago' the house had a pest control, however the cat was isolated together with her siblings. The patient is Bar, quite frightened during the examination. Temp 38.2 MMC are pink. CRT 2.RR 28, HR 140. The palpation of the abdomen elicits discomfort in the cranial area. The blood test reveals slight increased Creatinine only. The xray reveals a gassy intestinal tract and plication of the small intestine. Passed very fetid Watery diarrhea. Today reveals hype, 39,7. We would like to rule out a foreign body or pancreatitis or any infiltrative disease.

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 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 left kidney measured 3.5 cm.

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.

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 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.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Slight intestinal wall thickening was noted without loss of mural detail. Minor hyperperistalsis was noted. Subtle fluid dilation and mildly thickened cecum was noted.

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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.

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Spayed female

ULTRASONOGRAPHIC FINDINGS

Minor colitis pattern.

AGE

6 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective.

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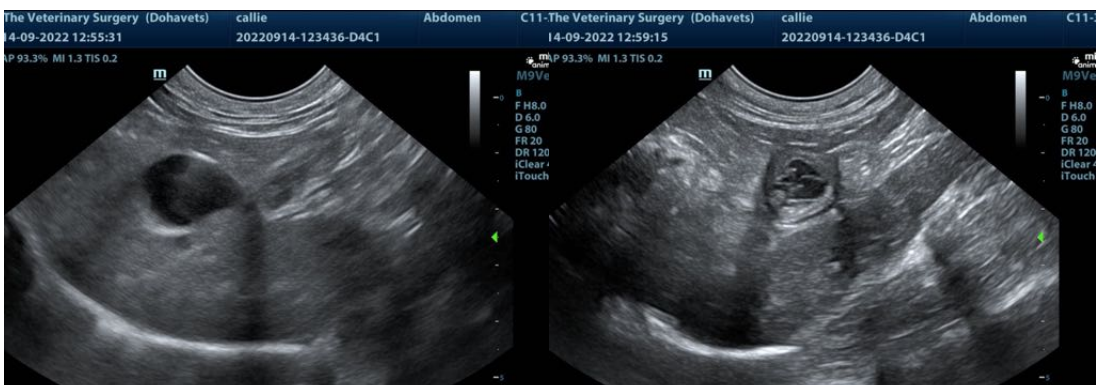
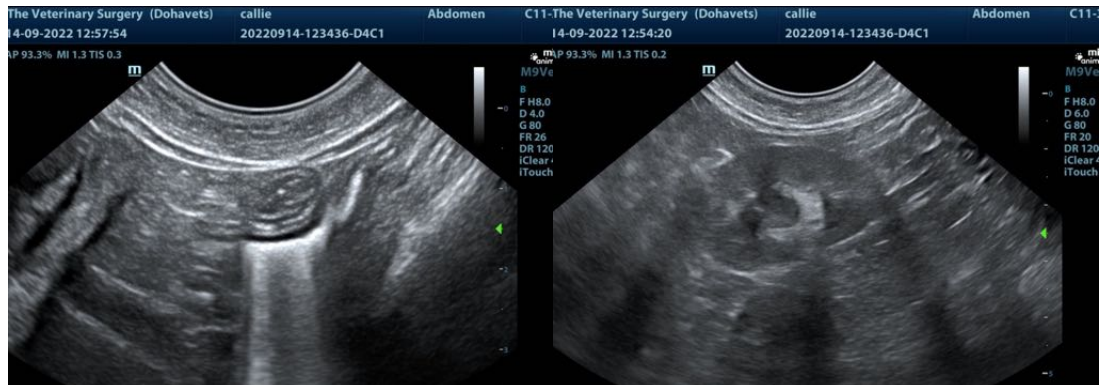
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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