

**DATE PRESENTING CLINICAL SIGNS**

9/20/21

History: presented 9/17/21 for 5 days of not eating and vomiting. Weight = 10.27 lbs/4.66 kg ; t =102.5 pr nsf ; BCS 4/9; CRT/MM >2/pk and tacky, Est.8% dehydration (refer to exam screens), all systems WNL except as noted below: oral: 1/5 dental calculus, mild gingivitis, abd: rm linear material within colon.

PATIENT

Diego Conor

Current Medications: Given 200 SQF and Cerenia 9/17.

Lab Results: Chem/CBC: WNL.

Radiographs: Radiographs: Moderate amount of stool in colon, no other sig findings.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

SPECIES

Feline

Sedation: Sedation not required for scan.

Stat Report: STAT report requested.

BREED

DSH

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

Neutered Male

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some moderate 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.

AGE

3/3/2015

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 4.0 cm. The right kidney measured 4.0 cm.

WEIGHT

4.66 kg

Adrenal Glands**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **left adrenal** was 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 region of the **right adrenal gland** revealed no evident pathology.

HOSPITAL NAME

Banfield PH

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. Lewis

Liver**INVOICE**

13168

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 **stomach** and small intestine were empty and normal. The colon was unremarkable.

Pancreas

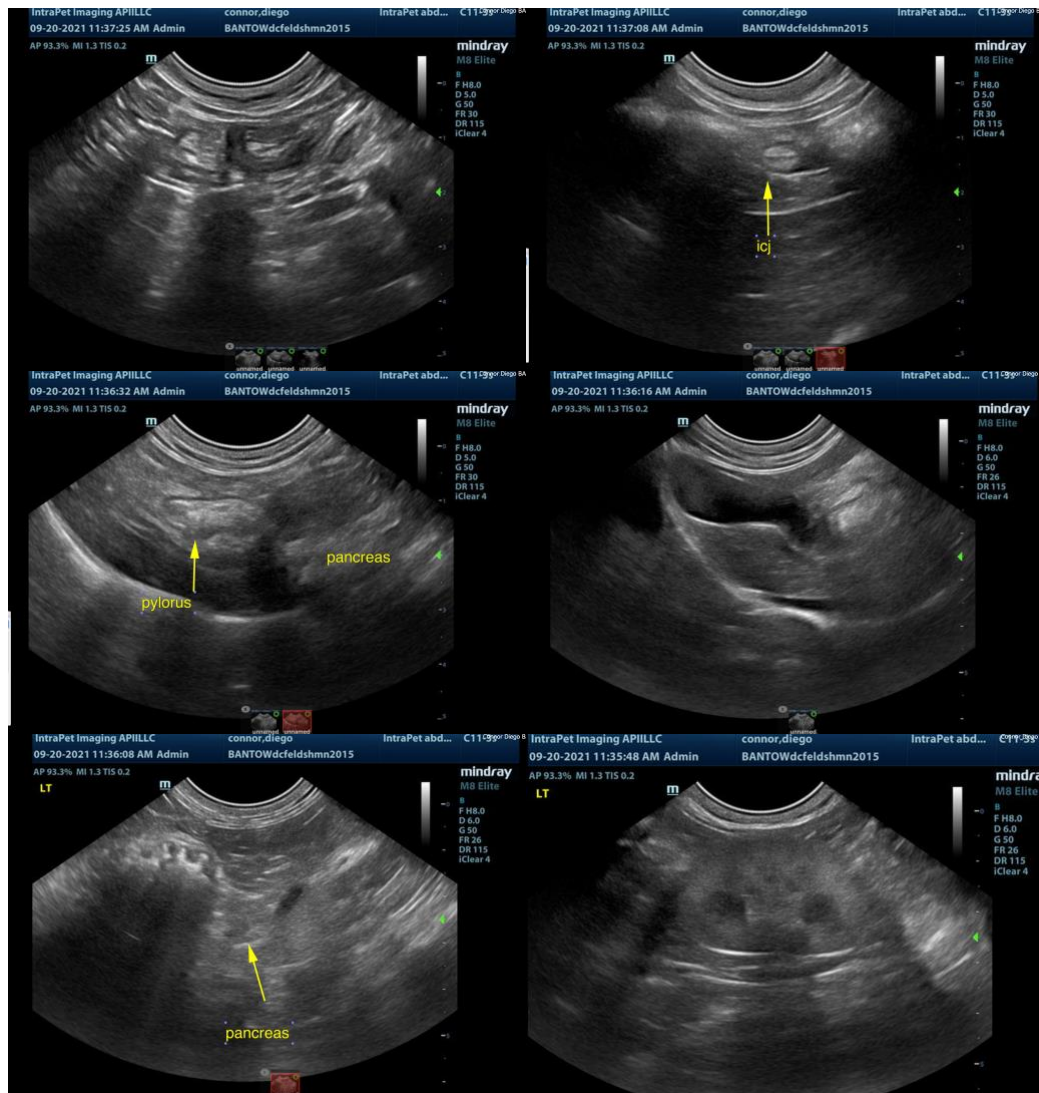
The **pancreas** revealed slight heterogenous changes. No evidence of significant inflammation, however, subxiphoid palpation recommended to assess for any discomfort.

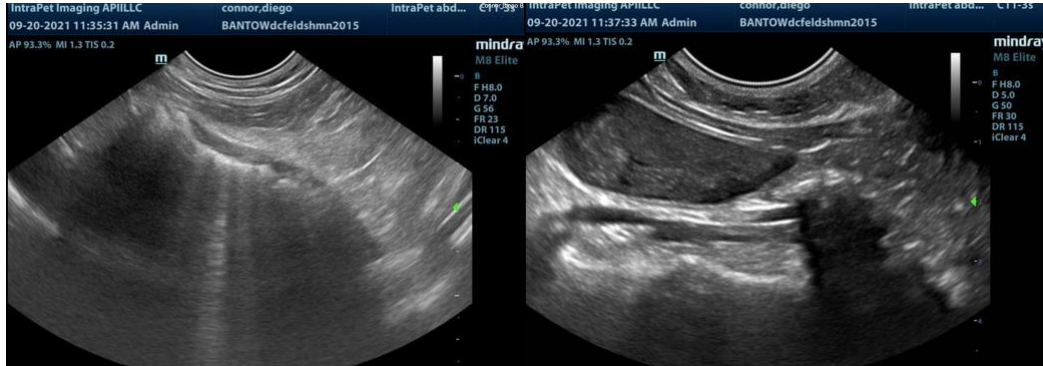
ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen
- Minor heterogeneous pancreatic changes
- Minor bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective. No evidence of neoplasia or foreign bodies.





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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