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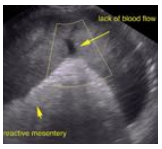
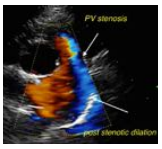
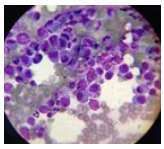
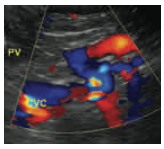

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Stewart Klecanda

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
6 years

WEIGHT
5.3 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Lupole

INVOICE
91936

DATE
9/23/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for AUS. Started Sunday with vomiting and NE, saw rdvm Monday, bloodwork appeared normal, rads showed some gas per owner. Tx outpatient, no better. Took back to rDVM, seemed bloated, NE. No BM for 24hrs. Seemed a little more interested in food this morning. Current Medications: dexamethasone injection, appetite stimulant, cerenia injection Appetite/When did they eat last: Monday evening
Abnormal PE/Chem/CBC/UA Results: rDVM bloodwork: wnl Rdvm rads: Severly distended stomach with fluid/gas, some gas in bowel

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. 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 4.21 cm. The right kidney measured 4.54 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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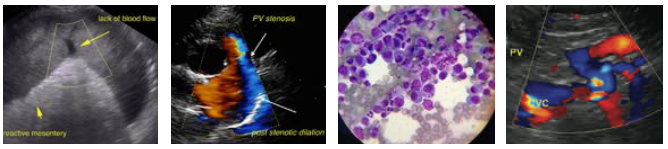

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Gastrointestinal

The **stomach** was overdistended with fluid. Minor intestinal thickening was noted with no overt evidence of foreign body. However, delayed outflow appears to be an issue.

Pancreas

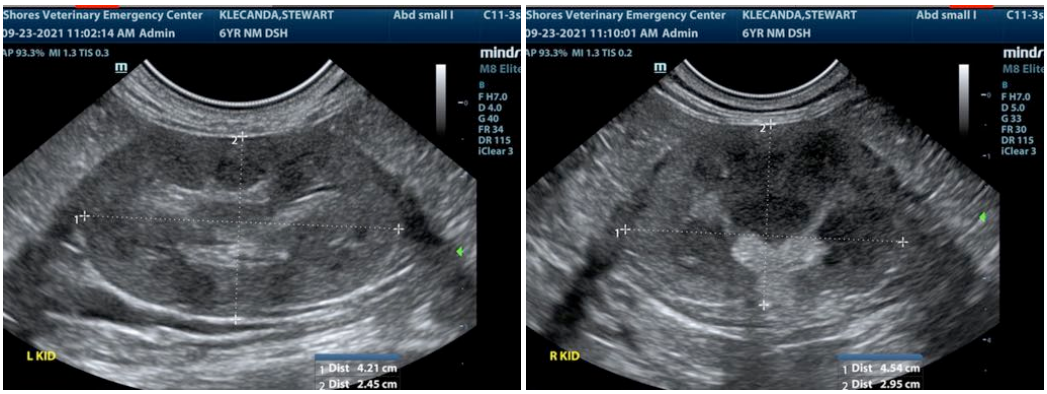
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

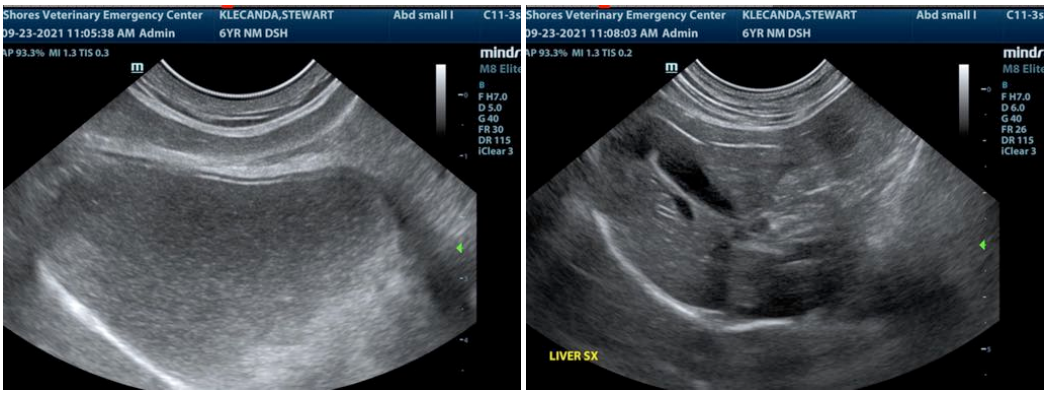
ULTRASONOGRAPHIC FINDINGS

Enteritis with delayed gastric outflow.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no obvious foreign body, yet this cannot be completely ruled out. Supportive care is warranted with IV fluid support and reassessment of the sonogram in 24-48 hours depending upon clinical progression. The Dexamethasone may be suppressing a more significant presentation. There was no obvious neoplasia; however, suppressed lymphoma cannot be entirely ruled out.





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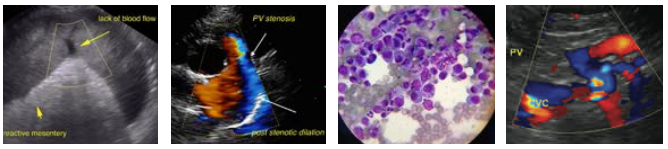

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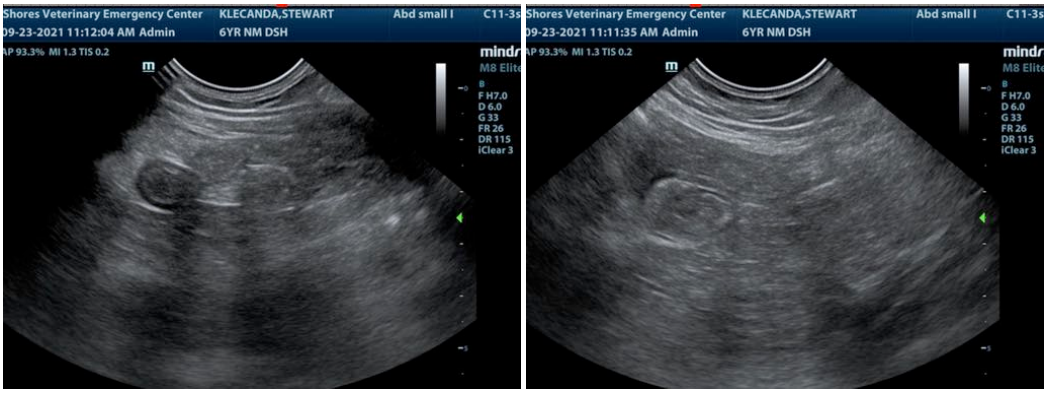

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com