

**DATE PRESENTING CLINICAL SIGNS**

9/5/21

Hematuria / Blood In Urine. Appetite Decreased.

PATIENT

Ivy Price

History: Date: 09-05-2021 Notes: Was lethargic, not eating seen at Urgent care increase wbc, increase bili 2.1 , bg was 290, low potassium treated with subq fluids, cerenia and convenia recommend follow up with US Continued to become more lethargic, not moving, had to carry to litter blood in urine

SPECIES

Feline

Current Medications: Insulin - Humulin R U-100 Injection. Pantoprazole (Protonix) 40mg/vial Injection (Per mL).

BREED

Domestic Shorthair

Lab Results: attached
Date of Previous IntraPet Ultrasound: no previous
Sedation: not needed
Stat Report: not requested

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

Spayed Female

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.

AGE

2009

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.63 cm. The right kidney measured 3.59 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 0.66 cm. The right adrenal gland measured 0.48 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**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.

REFERRING VET

Dr. Willer

INVOICE

91653

Liver

The **liver** was diffusely hyperechoic to the falciform fat. This is most consistent with hepatic lipidosis. The gallbladder and common bile duct were normal with no evidence of post hepatic obstruction.

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

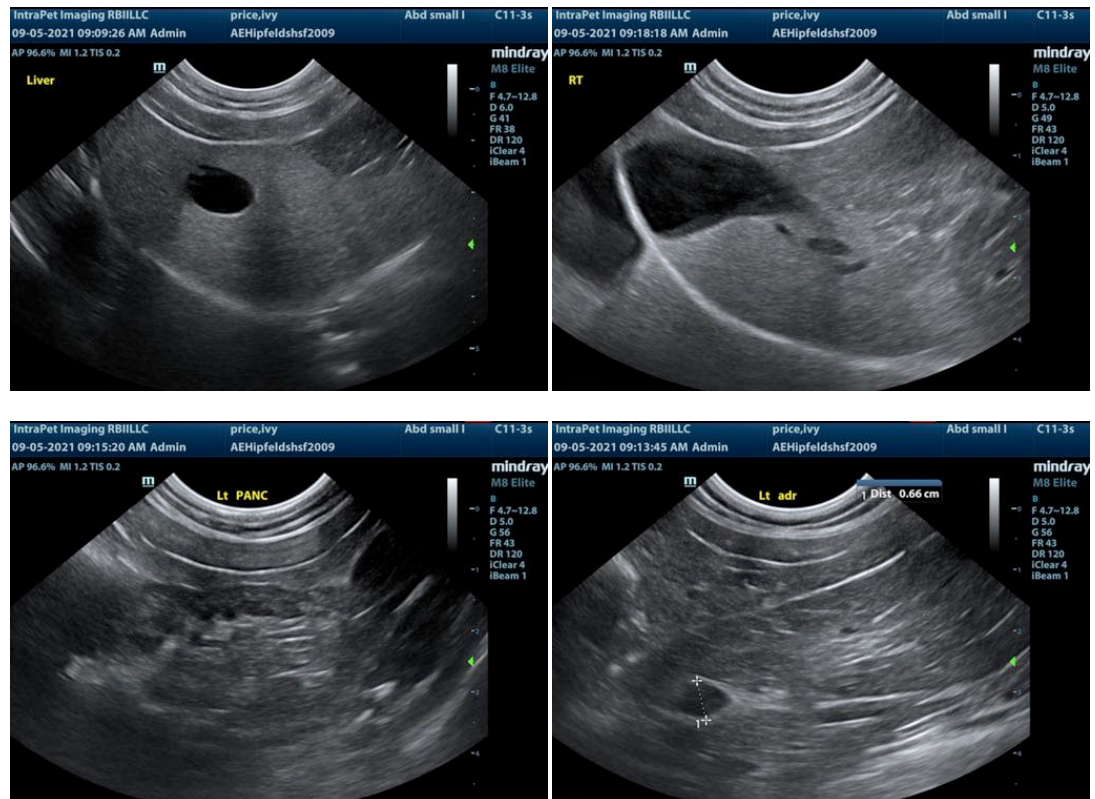
The **pancreas** revealed extensive, mixed hypoechoic, parenchymal changes with undulating contour and enhanced surrounding mesentery. This is consistent with pancreatitis.

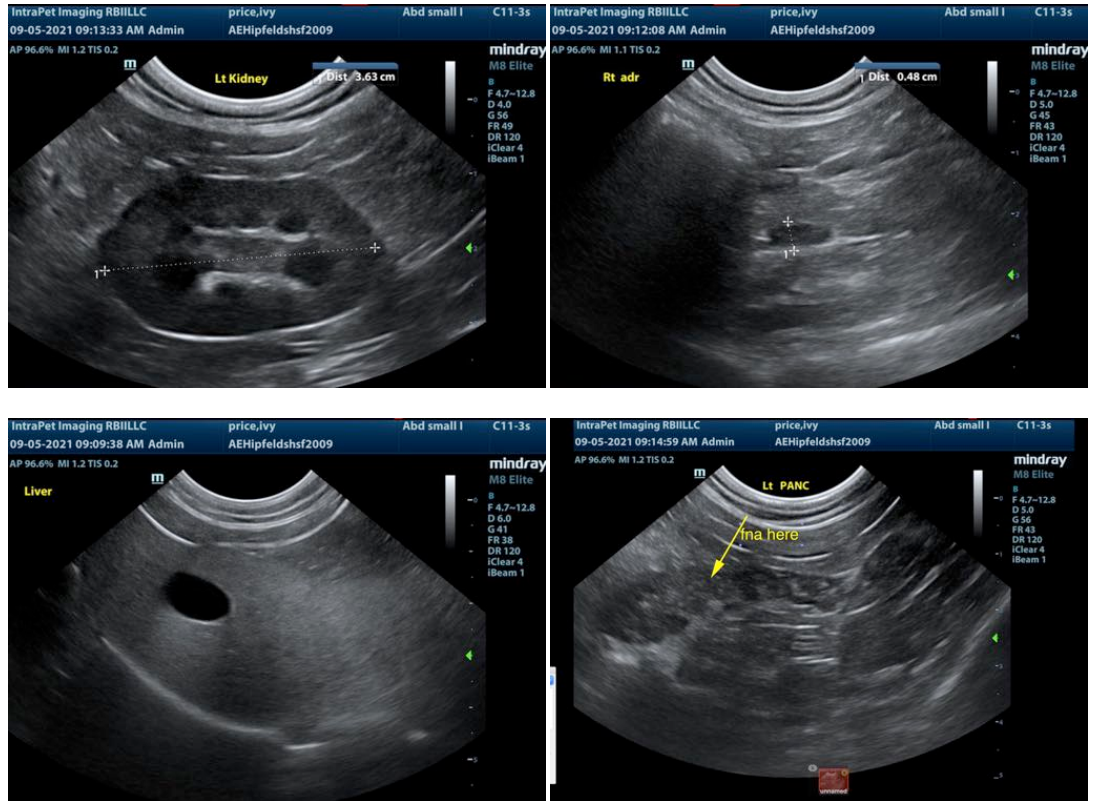
ULTRASONOGRAPHIC FINDINGS

Pancreatitis pattern, lipidosis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is warranted for further definition +/- the pancreas is recommended for further definition. There is no obvious evidence of neoplasia. Pancreatitis and lipidosis protocol is recommended with feeding tube, broad spectrum antibiotics and IV fluid support,





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
 Eric.Lindquist@SonoPath.com