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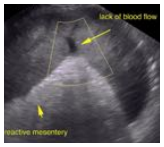

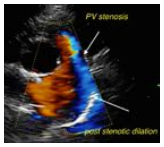

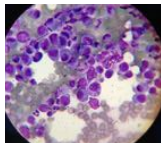
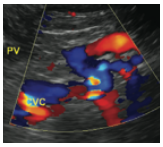

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1-800-838-4268 info@sonopath.com

PATIENT

Kira Woodbury

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

8.15 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hess

HOSPITAL NAME

Petmedic Urgent Care VC

REFERRING VET

Dr. Hess

INVOICE

32822

DATE

9/9/22

PRESENTING CLINICAL SIGNS

History: Chronic mild azotemia and HM Presented today lateral, vocalizing, hypothermic, bradycardic after vomiting continued to vomit after presentation
Abnormal PE/Chem/CBC/UA Results: hypothermia bradycardia thin CBC- ok Fpl- abnormal Chem- SDMA 20, BUN 37, Crea 2.2 Na 168

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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.5 cm. The right adrenal gland measured

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach. The ileum or proximal descending colon revealed an obstructive mass. The mass measured 3.1 x 1.4 cm.

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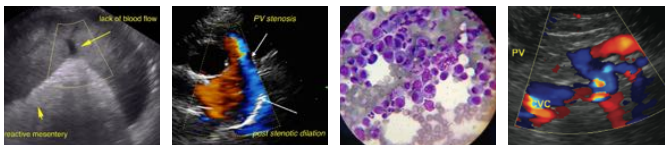

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Occasional hyperechoic nodule noted in the pancreas. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

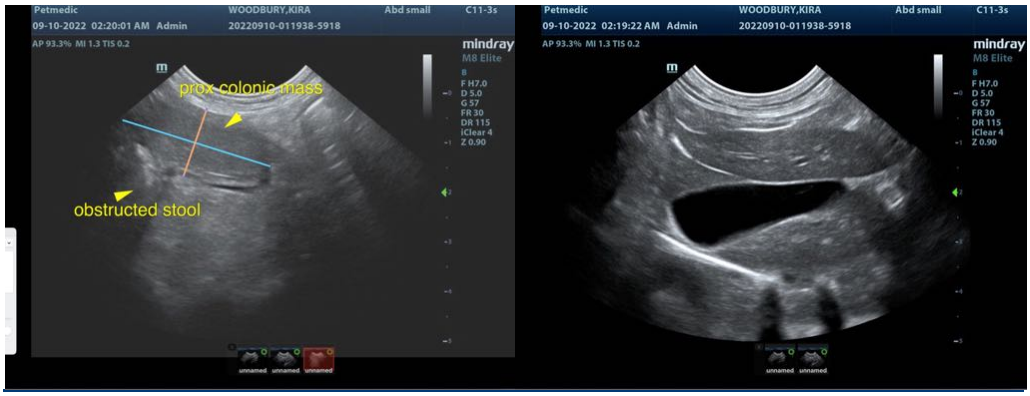
History of pancreatitis is likely in this patient. Some low grade inflammation may be evident. Subxiphoid palpation is recommended.

Intestinal mass either ileum or colonic. Appears resectable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend chest radiographs to assess for metastatic disease followed by surgical intervention with expectations towards intestinal resection and anastomosis, may be a subtotal colectomy. The lesion was undifferentiated and could not be recognized as distal small intestine versus proximal colon. FNA of the lesion could also be considered for further definition and potential medical management if surgery is not an option. Supportive care is warranted to correct the azotemia.

History of pancreatitis is likely in this patient. Some low grade inflammation may be evident. Subxiphoid palpation is recommended.



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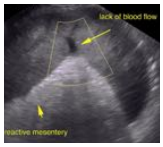
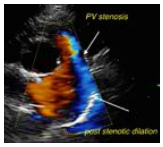
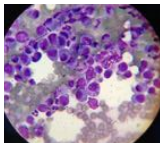
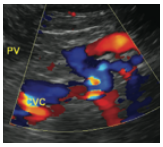

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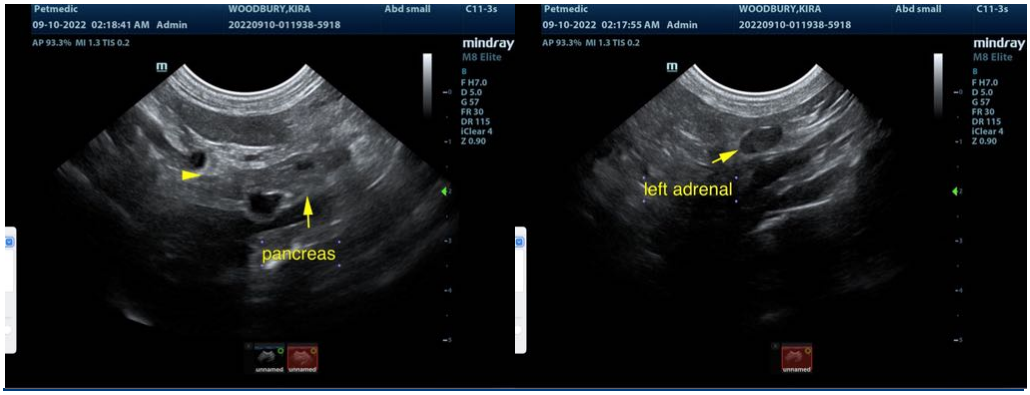

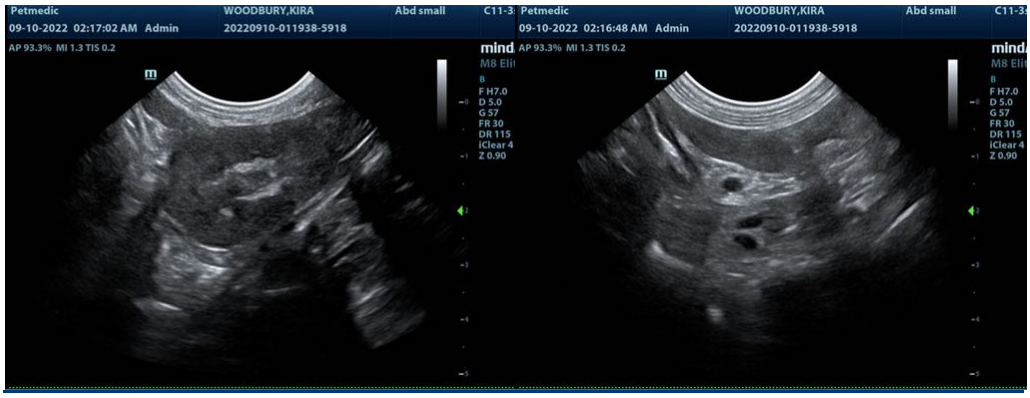

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com