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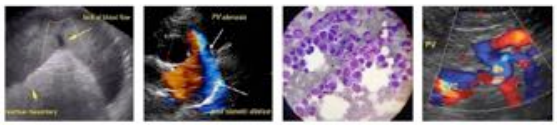


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Davinci Martin

SPECIES

Feline

BREED

Ragdoll

SEX

Intact male

AGE

18 weeks

WEIGHT

3 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Collegeway AH

REFERRING VET

Dr. Hanna

INVOICE

92514

DATE

10/20/21

PRESENTING CLINICAL SIGNS

History: went into resp distress after 2nd set of vaccines were given, recovered but still some lethargy concern for possible PSS
Low creat, urea, elevated Tbil, Alb TP

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 3.19 cm. The right kidney measured 3.67 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. The left adrenal gland measured 0.31 cm. The right adrenal gland measured 0.22 cm.

Spleen

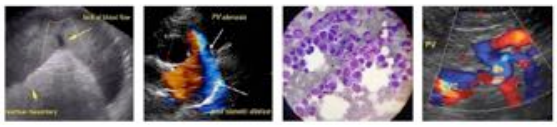
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed coarse architecture and was slightly subnormal in size. The portal vein appeared to have normal branching. The portal vein to vena cava ratio was 1:1. The portal vein measured approximately 0.3 cm, the vena cava measured 0.3 cm. The gallbladder was duplicated. This is a normal variant.

Gastrointestinal

The **stomach** was filled with ingesta. The small intestines and colon were unremarkable.



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Pancreas

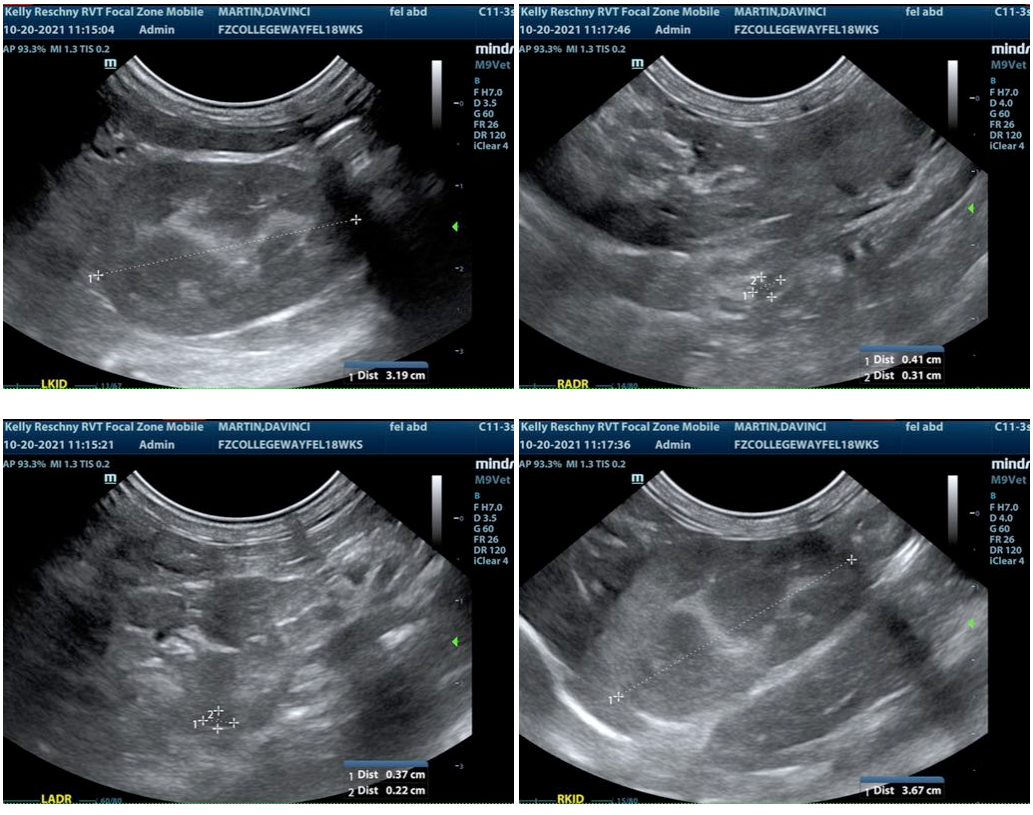
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Duplicated gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of intrahepatic or extrahepatic shunting. However, the portal hilus was somewhat obscured by a full stomach. Assessment of the total bilirubin is warranted to ensure that it is not artifactual. Typically portosystemic shunting does not cause elevated bilirubin. Therefore, acute insult upon the hepatic parenchyma is suspected such as Salmonella or other insult. Microhepatica is present and portal hypoplasia/microvascular dysplasia is likely. However, if bile acids remain elevated despite medical support then further imaging upon complete n.p.o. status would be recommended as views of the vena cava and one adjunctive view of the portal vein branching was present. However, this was difficult to image owing to interfering gastric artifact. Duplicated gallbladder is a normal variant and not a clinical issue.



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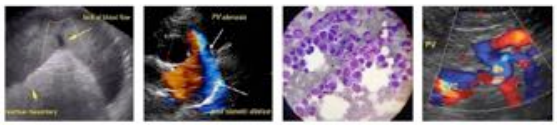

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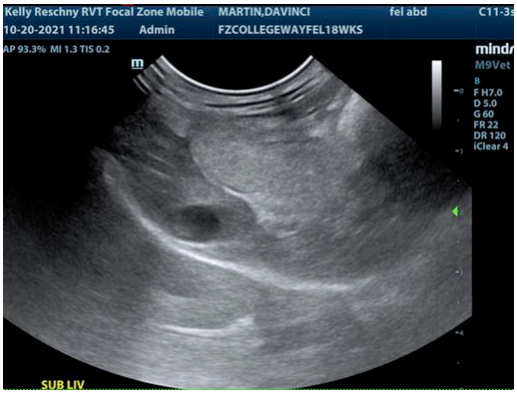

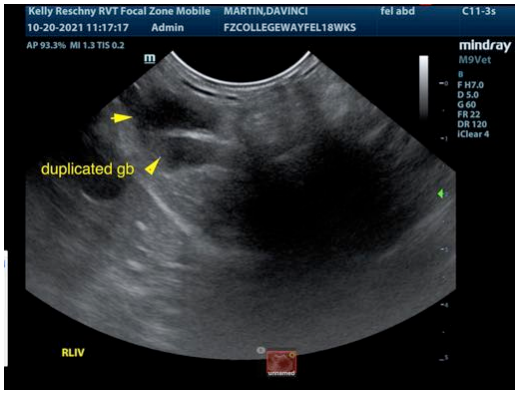

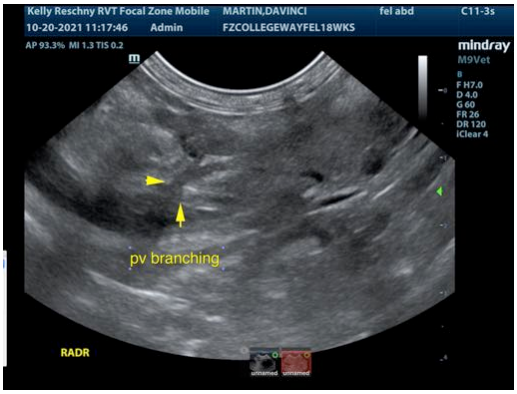

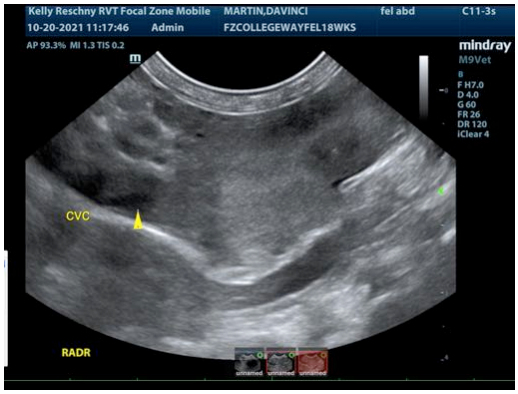

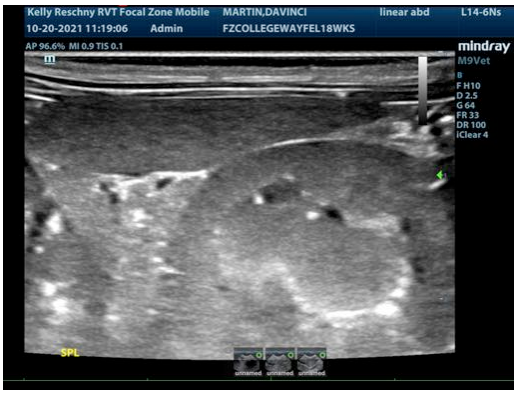

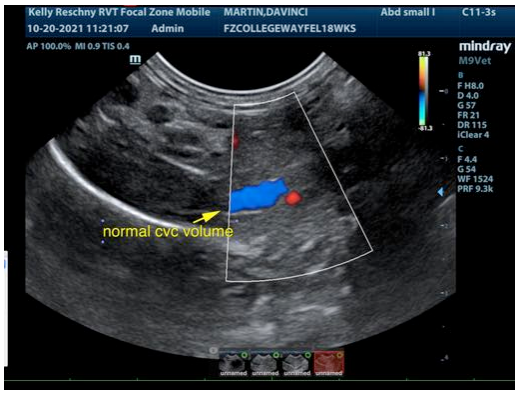

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com