

PATIENT

Oscar Lazarovitz

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

1 year

WEIGHT

4.67 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Hamilton Region
Emergency Clinic

REFERRING VET

Dr. Wattson

INVOICE

42685

DATE

11/24/22

PRESENTING CLINICAL SIGNS

History: Problem list: 1. Vomiting - R/o gastroenteritis secondary to dietary indiscretion or infectious, FB, pancreatitis, metabolic, endocrine, neoplasia, other 2. Anorexia - R/o above 3. Pyrexia - R/o infectious/inflam, immune mediated, neoplasia, other. Has been on: Cerenia, Gabapentin, Methadone. Was given a small amount of Alfaxan for scan.

Abnormal PE/Chem/CBC/UA Results: Please see attached radiographs. FINDINGS: There is good abdominal detail. There is a moderate volume of formed fecal material in the colon. Small intestines are normal for diameter and contain fluid and gas. Some jejunal segments are bunched in the cranial ventral abdomen on the lateral views although not clearly plicated The stomach is empty. The liver, kidneys, urinary bladder, retroperitoneal space, area the pancreas are normal as are included skeletal and thoracic structures. Hemoglobin 180 98 - 162 g/L Eosinophils 0.01 0.17 - 1.57 x10⁹/L Platelets 137 151 - 600 x10⁹/L Glucose 8.92 4.11 - 8.84 mmol/L Urea (BUN) 15.0 5.7 - 12.9 mmol/L Phosphorus 2.44 1.00 - 2.42 mmol/L Chloride 106 112 - 129 mmol/L

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.

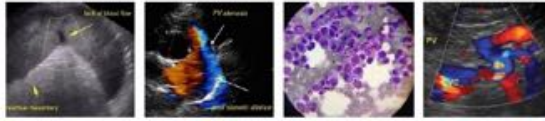
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.06 cm. The left kidney measured 3.4 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 right adrenal gland measured 0.34 cm. The left adrenal gland measured 0.38 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.



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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 appeared normal. The distal small intestine revealed a minor amount of stasis in the jejunum with a soft shadowing 0.5 cm structure. This appears to be transiting.

Pancreas

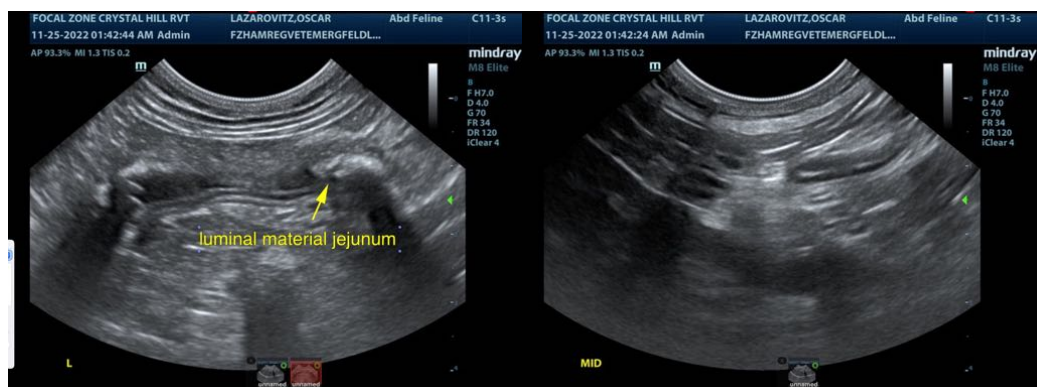
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

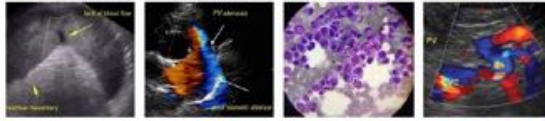
ULTRASONOGRAPHIC FINDINGS

Transiting distal small intestinal material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support and medical management is warranted. A recheck sonogram is recommended in 24-hours if the patient is still clinical.





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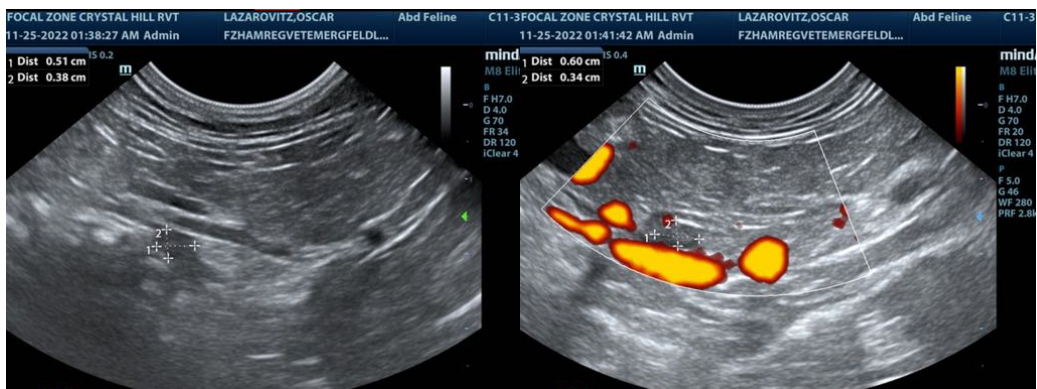
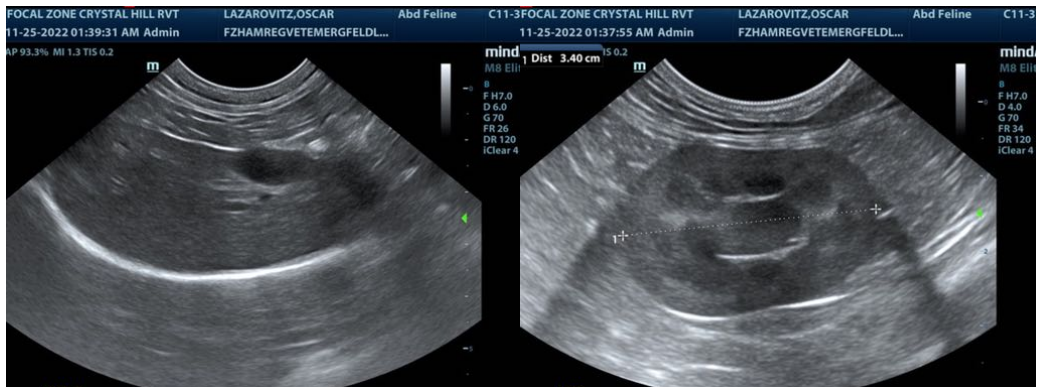
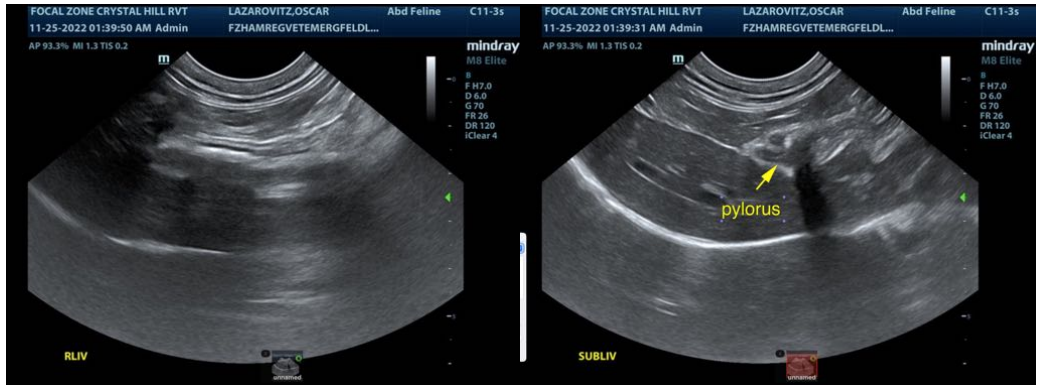
Dr. Wattson

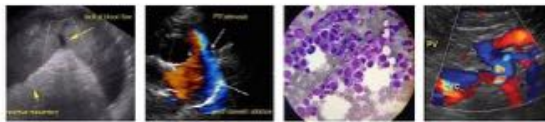
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com