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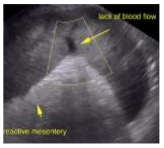

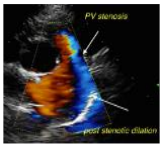

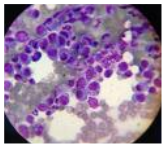
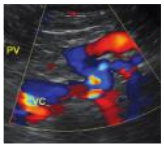


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1-800-838-4268 info@sonopath.com

**PATIENT**

Kush Bigelow

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 years

**WEIGHT**

13 lbs

**INTERPRETED BY**

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

**IMAGING PERFORMED BY**

Chaley Hunt, LVT

**HOSPITAL NAME**

Eighth St. VC

**REFERRING VET**

Dr. Bruce Withers

**INVOICE**

13361

**DATE**

6.14.23

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

History: Sudden onset of not eating starting Tuesday, lethargic. Icteric on exam. Belly is distended and uncomfortable on palpation

Abnormal PE/Chem/CBC/UA Results: RBC - 5.73 HTC - 30.2% WBC - 54.93 SDMA = 40 Crea - 2.5 BUN - 110 Phos = 10.1 Glob - 5.7 TBil - 7.2 Urine (free catch)= SG = 1.031, proteing 3+, Ketones 1 +, Bil 3+, Bld 4+

***Urinary System***
The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left 4.00 cm / right 3.70 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, and normal pelvis, and capsule. No infarcts, mineralization or renoliths evident. Bilateral cortical medullary rim sign evident.

***Adrenal Glands***
(Not visualized)

***Spleen***
Enlarged (2.30 cm) with a diffuse increased echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

***Liver***
Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

***Gallbladder***
The gallbladder is distended, containing normal anechoic bile with no obvious obstruction evident. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

***Gastrointestinal***
Normal appearance of the stomach, duodenum, jejunum small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

***Pancreas***
Enlarged with increased echogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

***Free Abdomen***
Normal mesenteric lymph nodes.

Small amount of ascites evident.

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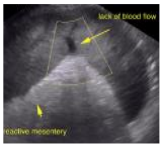
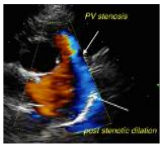
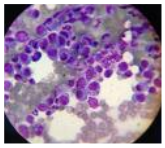
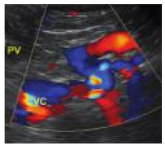

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## ULTRASONOGRAPHIC FINDINGS

### Findings

- Pancreatitis
- Nephropathy
- Splenomegaly
- Ascites

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas would be consistent with pancreatitis.

Etiologies for the nephropathy would acute kidney injury, acute kidney injury superimposed on chronic kidney disease, hypertensive nephropathy and bacterial nephritis.

Etiologies for the splenomegaly would be reactive hyperplasia, splenitis, and infiltrative neoplasia.

Both the ascites and distended gallbladder can be ascribed to the pancreatitis.

Further assessment would be fPLA/PSL assay, blood pressure, urine culture, and possibly FNA cytology of the spleen.

The distended gallbladder needs to be monitored by means of ultrasound, as well as with serum liver enzyme activity and bilirubin. If there is progressive increase in liver enzyme activity and/or bilirubin, as well as progressive distention of the gallbladder, then stenting of the bile duct may be required.

Management of the pancreatitis would fluid therapy, correction of any electrolyte anomalies as needed, analgesics, antiemetics, and feeding small, frequent meals of a low-fat intestinal-type diet.
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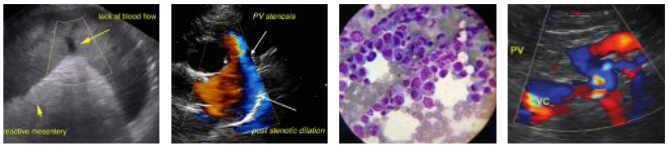

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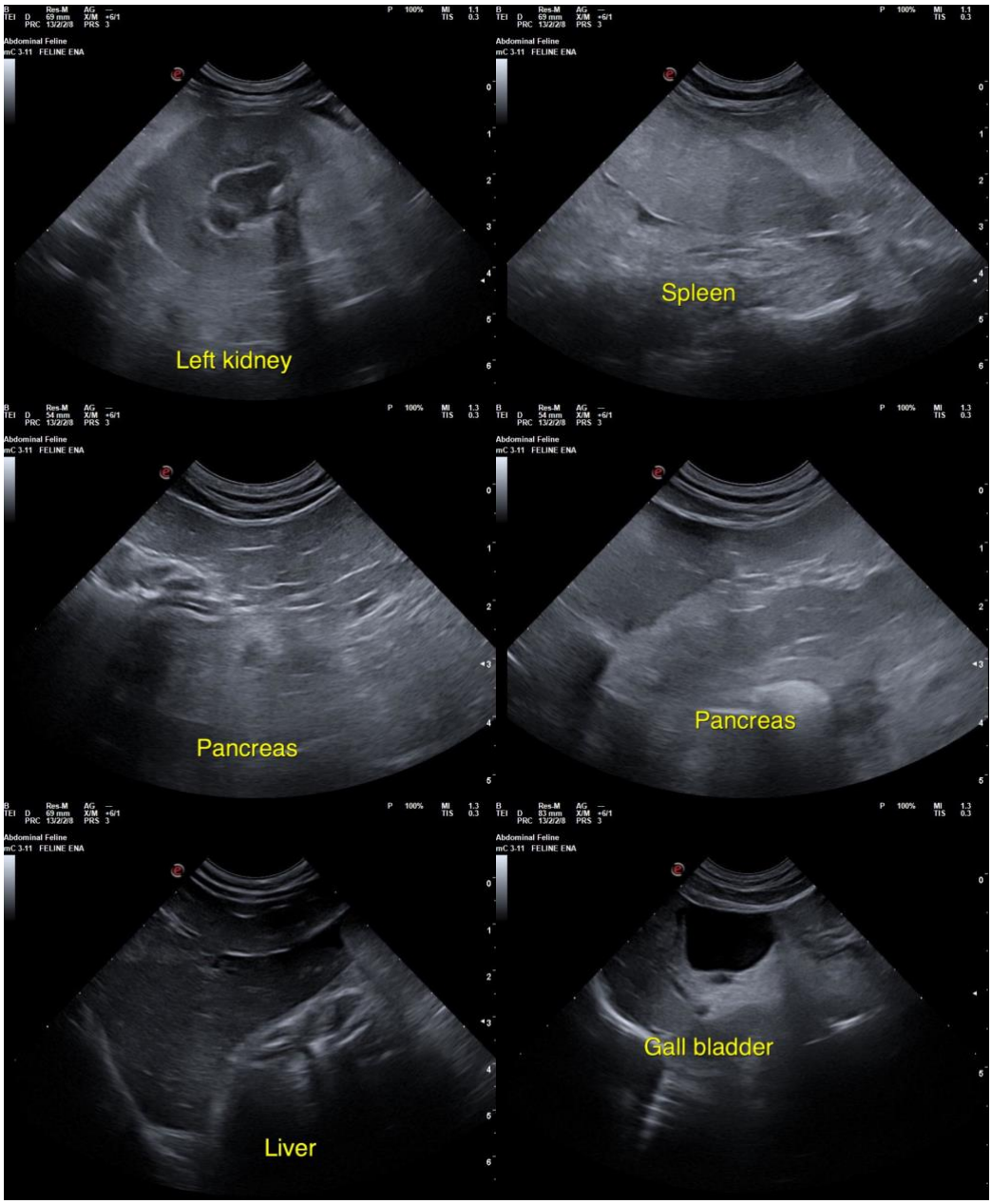


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Remo Lobetti**, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
info@sonopath.com