



**PATIENT**

Arwen Crabill

**SPECIES**

Feline

**BREED**

Domestic Medium Hair

**SEX**

Spayed Female

**AGE**

7 years

**WEIGHT**

3.15 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Peterson

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Peterson

**INVOICE**

95069

**DATE**

1/10/22

**PRESENTING CLINICAL SIGNS**

Lethargy, no food or water intake in almost three days, diarrhea, vomiting with blood, dehydration. Vomiting, diarrhea, fever, and anemia  
Abnormal PE/Chem/CBC/UA Results: PCV/TS - 28% 5.0 g/dL EPOC - Hyponatremia 147, hypokalemia 3.3, rest wnl

**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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.0 cm. The right kidney measured 3.0 cm with minor pyelectasia.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**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 visible **liver** was unremarkable. The gallbladder and visible parenchyma was uniform.

**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative



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ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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**Pancreas**

The visible pancreas was unremarkable, yet subtle inflammatory events could not be completely ruled out.

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**ULTRASONOGRAPHIC FINDINGS**

Globally normal abdomen.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

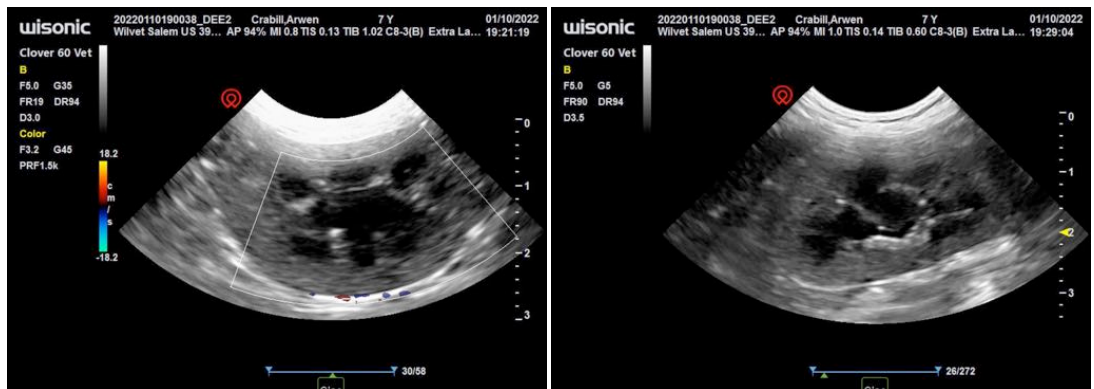
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There was no overt evidence of pathology. However, subtle changes such as low-grade pancreatitis cannot be ruled out. There was no evidence of obstruction or neoplasia.

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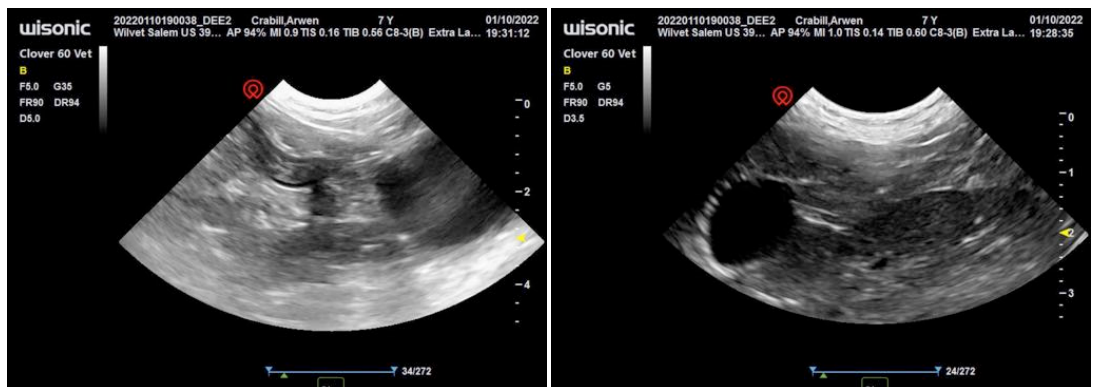
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com