



PATIENT

Jon Strunk

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

10.12 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Olsen

HOSPITAL NAME

Limestone VH

REFERRING VET

Dr. Olsen

INVOICE

42109

DATE

1/13/23

PRESENTING CLINICAL SIGNS

History: 12 year old DSH diagnosed with chronic vomiting diagnosed with suspected chronic pancreatitis on 10/7/21. Managed with cerenia PRN and has done fairly well other than the occasional flare up that generally resolved with either just time or outpatient care. Started with on and off diarrhea in November. At that time had normal bloodwork and switched to GI Biome diet and prescribed a course of metronidazole with no improvement. Chronic diarrhea has persisted and has lost 1 lb since November. R/O progression of chronic pancreatitis to include IBD/triaditis. R/o emerging neoplasia. Abnormal PE/Chem/CBC/UA Results: Bloodwork 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 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. The left kidney measured 4.38 cm and the right kidney measured 4.44 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 0.4 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 slight coarse architecture with increased portal markings and echogenic gallbladder wall. The patient likely has a history of cholangitis. The liver was mildly swollen. Enhanced surrounding mesentery was noted. The gallbladder presented acceptably thin walls with primarily anechoic content. Cystic duct dilation was noted.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The gastrointestinal tract revealed variable distal small intestinal thickening with some luminal fluid dilation owing to ileus or hyperperistalsis.

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There was no overt neoplastic criteria met in this patient at this time. However, I cannot rule out an emerging round cell neoplasia.

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Pancreas

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The right limb of the **pancreas** was also hypoechoic and irregular impinging upon the common bile duct.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered male

Extensive, undulating pancreatitis. Progressed from the prior sonogram.

AGE

Swollen, irregular liver. Tortuous cystic duct.

12 years

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

10.12 lbs

Left-subxiphoid or midabdominal palpation cranial to the left kidney is warranted to assess for discomfort. Ultrasound-guided FNA of the pancreas and liver is recommended for further definition. I recommend to rule out underlying neoplasia and primarily assessing inflammatory cell type. Even with normal blood work in this patient low-grade chronic active inflammation is suspected. FNA is strongly encouraged for long term management.

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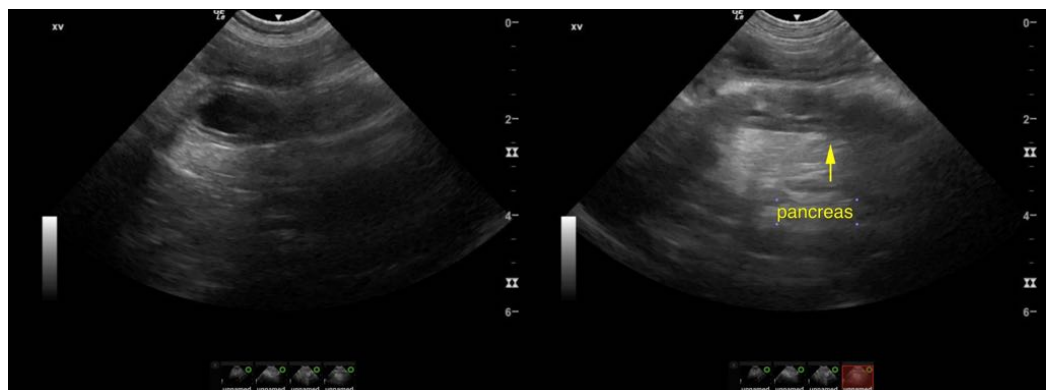
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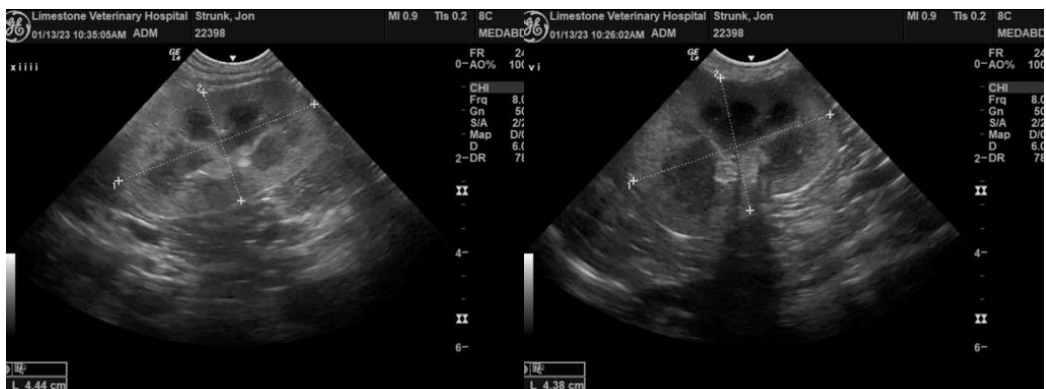
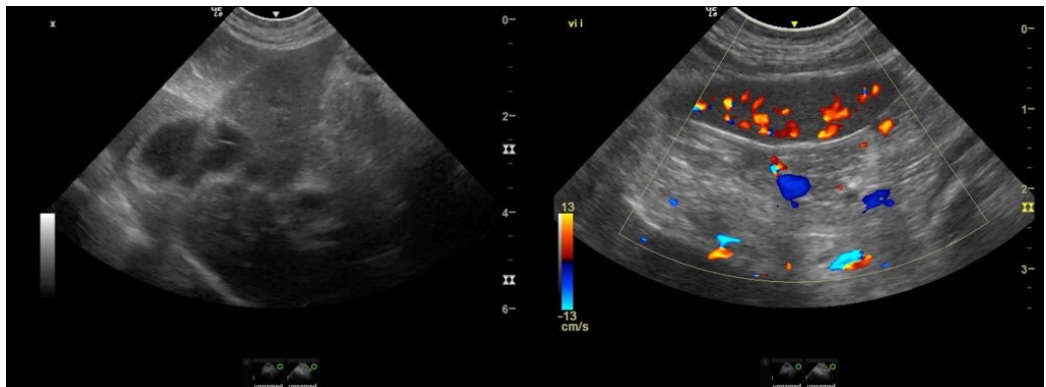
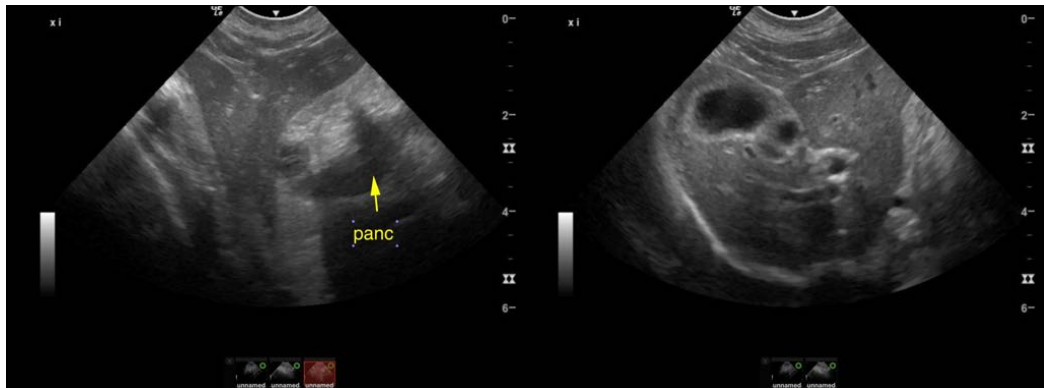
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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