



PATIENT

Cheeseball Hwang

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

7 years

WEIGHT

14.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

42147

DATE

1/16/23

PRESENTING CLINICAL SIGNS

History: Patient presented for diarrhea on 1/9/23 for chronic diarrhea that was worsening Patient improving some since treatment with depo medrol, metronidazole, pro-pectalin and z/d diet- patient did start vomiting and owner stopped metronidazole after 2 days

Abnormal PE/Chem/CBC/UA Results: CBC/CHEM: WNL Fecal: Negative

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. Slight, pinpoint mineralization is noted. Hyperechoic medullary rim sign was noted in the kidneys. The right kidney measured 3.7 cm. The left kidney measured 3.8 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** was at the upper limits of normal and measured 1.11 cm. This may be normal if the patient was sedated at the time of the sonogram.

Liver

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 duct was slightly tortuous. The common bile duct is normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

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The **stomach** was very full with a hairball type density. The small intestine and colon were unremarkable. Soft stool was noted in the colon.

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Pancreas

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Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

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ULTRASONOGRAPHIC FINDINGS

Pancreatic remodeling, potential malassimilation, maldigestion.

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Hairball type density.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A maldigestion panel is warranted. Given the Depo Medrol treatment I cannot rule out a suppressed round cell neoplasia. Splenic FNA may be appropriate if weight loss is an issue. Diet change or potential management for maldigestion may be appropriate. B12 injections, diet change and anti-parasitic protocol is all appropriate.

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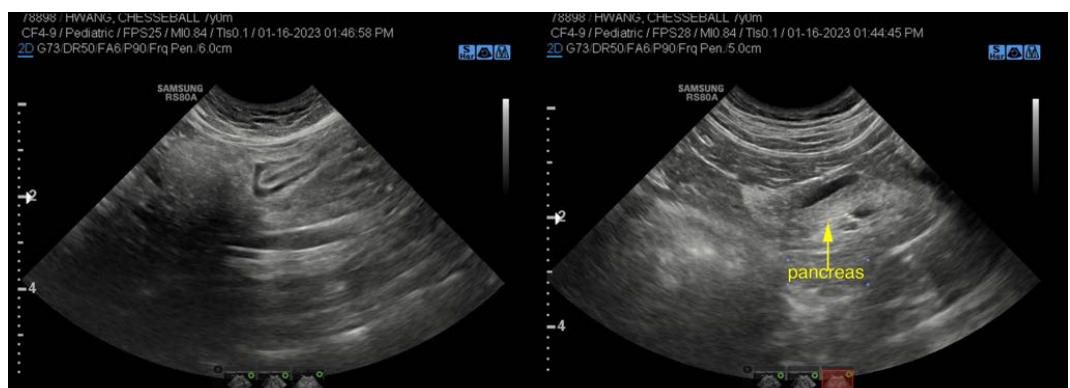
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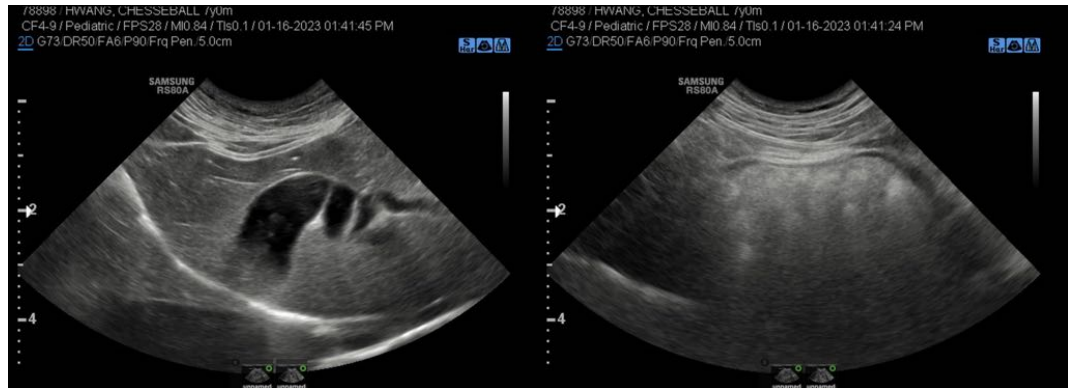
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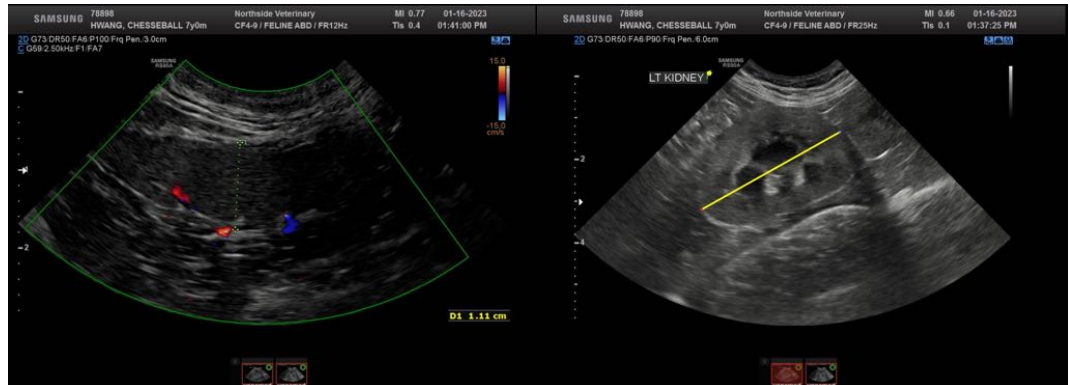
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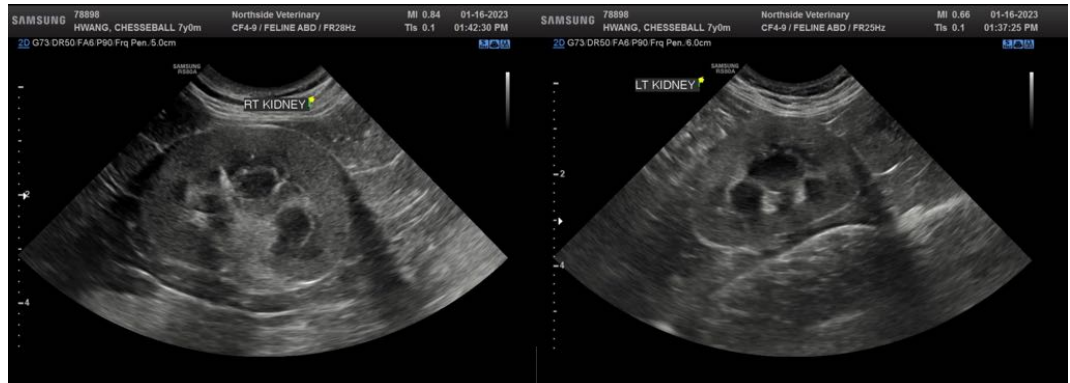
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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