



**PATIENT**

Guppy Gregory

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

13.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Cohen

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Cohen

**INVOICE**

42228

**DATE**

1/19/23

**PRESENTING CLINICAL SIGNS**

History: 12Y NM DLH presented for 24hr hx vomiting x12, hyporexia. Pt has not vomited within the last 8-12hr. Concern for constipation, straining in litter box, small soft BM today. Tense, painful abdominal palpation. Severe dental disease. Mild hypertension.

CBC- hct wnl 38.2%, normal leukogram Chem17- Glu 166 (stress hyperglycemia), TP wnl 8.2, rest wnl EPOC- bicarb 14.8 (L), Ca 1.08 (L), Glu 168 (H), K 3.3 (L), Lactate 4.17 (H), PCO2 20.0 (L), pH 7.477 (H), PO2 89.2(H), TCO2 13.8 (L), BE -8.8 (L), hct 37% vcheck fPL- 10.6 ng/mL (consistent with moderate-severe pancreatitis)

**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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Slight pinpoint mineralization was noted. The left kidney measured 4.73 cm. The right kidney measured 3.91 cm. Blood flow to the kidneys were unremarkable.

**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 0.5 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of



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congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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A minor amount of **gastric** fluid was noted. The curvilinear patterns were maintained with no evidence of obstruction. The small intestine and colon were unremarkable.

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**Pancreas**

The **pancreas** was hypoechoic with a dilated duct and coarse architecture. The pancreatic contour was swollen. This is suggestive for chronic active pancreatitis.

**AGE**

12 years

**ULTRASONOGRAPHIC FINDINGS**

Interstitial nephrosis pattern.

**WEIGHT**

13.5 lbs

Chronic active pancreatitis with irritable bowel presentation.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Supportive care should prove effective. Pain management, broad spectrum antibiotics and consideration for infectious agents are all warranted. There is no structural evidence of neoplasia.

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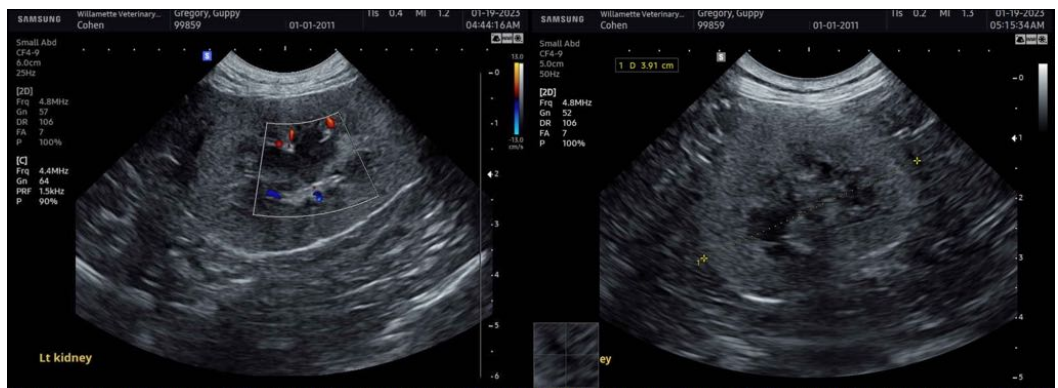
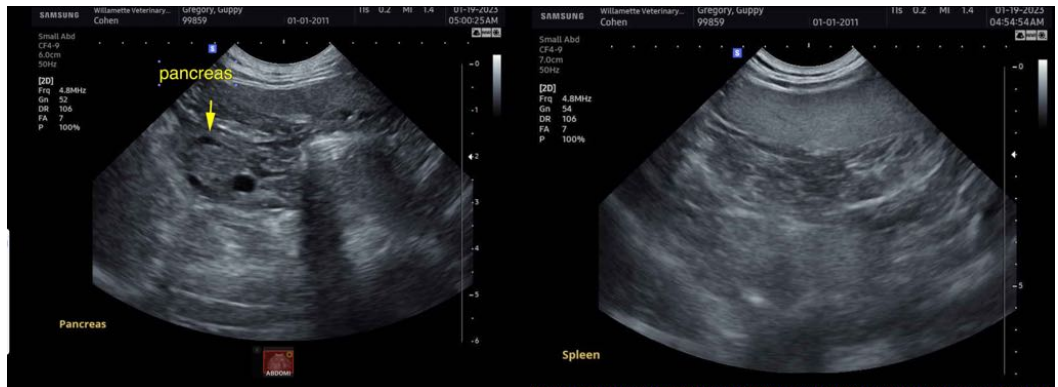
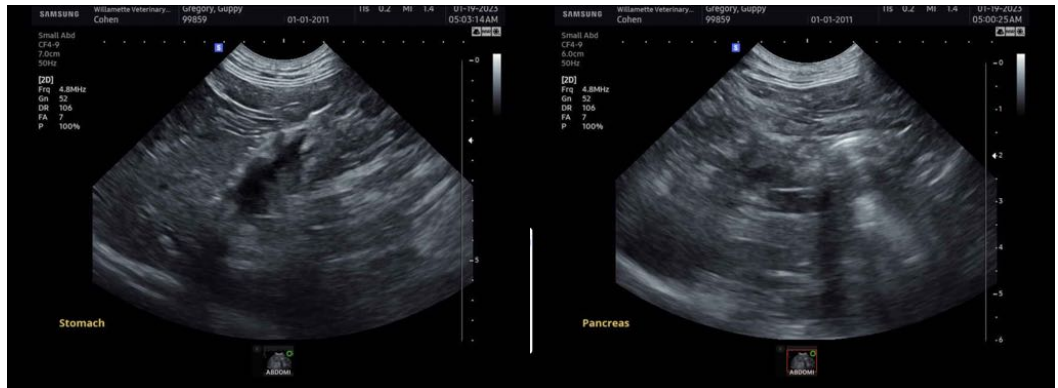
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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