



PATIENT

Henrietta Douglas

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

8.3

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Melissa Pascucci

HOSPITAL NAME

American AH

REFERRING VET

Dr. Melissa Pascucci

INVOICE

44336

DATE

1/19/23

PRESENTING CLINICAL SIGNS

Few days of acute anorexia. Not suspecting FB. Had vomited twice but none since receiving Cerenia yesterday. Still not eating. History of IBD diagnosed by AUS only. Has been on prednisolone for it.

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 were noted. Ureteral papillae were normal.

The **kidneys** revealed mild irregular contour and irregular cortices. Mild enhanced surrounding fat noted, suggestive for inflammation. Slight loss of corticomedullary definition noted. The left kidney measured 3.0 cm. The right kidney measured 3.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 were noted.

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 mildly tortuous, which is an age related change.

Comet tail lung pattern noted through the diaphragm.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. The distal small intestine revealed slight thickening without neoplastic criteria. Fluid filled colon.

Pancreas

The **pancreas** was mildly enlarged and slightly irregular with scalloping contour.

ULTRASONOGRAPHIC FINDINGS

- Slight irregular kidneys
- Distal small intestinal thickening and fluid filled colon
- Enlarged, irregular pancreas
- Comet tail lung pattern



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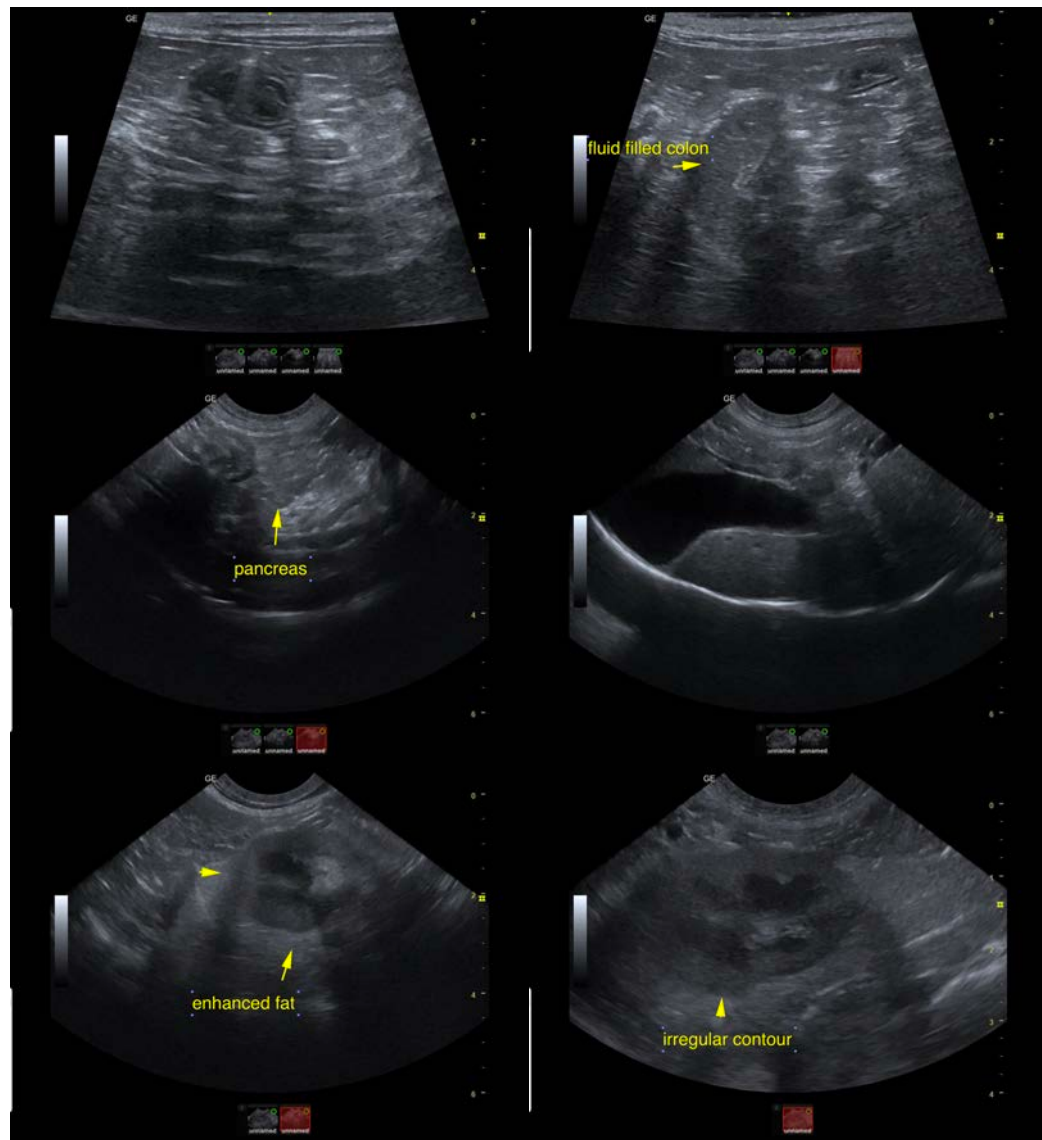
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the Prednisone history, I'm concerned for a potential Prednisone suppressed disease such as lymphoma or inflammatory bowel. Urinalysis warranted to assess for any inflammatory sediment associated with the renal presentation. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. No evidence of foreign body. Inflammatory bowel and low-grade pancreatitis possible. Fecal test, anti-parasitic protocol, GI protectants all indicated. Other causes of anorexia such as orthopedic pain, CNS or thoracic disease should all be considered. Chest radiographs warranted to assess for comorbidity.





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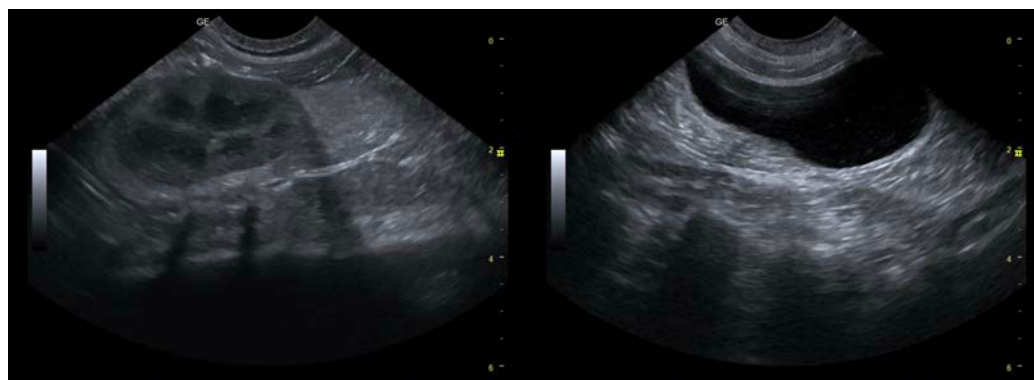
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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