



PATIENT

Nina Peery

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15 Years

WEIGHT

4.66 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Harmon

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Seyler

INVOICE

20667

DATE

1/21/23

PRESENTING CLINICAL SIGNS

History: 24 hour history of lethargy, poor appetite, and not moving as much. P has HX of vomiting a few times a month, vomited yesterday.

Abnormal PE/Chem/CBC/UA Results: CBC - mild neutropenia, low normal WBC (WBC 3.96, Neut 2.14) Chem17 - mild increased BUN 38, CRE is 1.5, mild hyperglycemia UA - well concentrated, no evidence of UTI BNP - 170.6 - elevated RAD CONCLUSIONS: There is decreased peritoneal detail due to the presence of free abdominal fluid. Differentials would include peritonitis, pancreatitis, a neoplastic effusion, low protein, or other less likely etiologies. This is likely related to the underlying cause for the clinical signs. There is no radiographic evidence of a mechanical obstruction or radiopaque foreign material seen. The prominent appearance to some of the gas distended segments of small intestine could be transient however a partial or early obstruction that may be secondary to non-visible foreign material or infiltrative disease must be considered. No other radiographic abnormalities of the abdomen are seen. Gastroenteritis, pancreatitis, other underlying systemic disease or occult neoplasia contributing to the clinical signs cannot be ruled out. This is a geriatric thorax with no evidence of pulmonary nodular metastatic disease or intrathoracic lymphadenopathy. The cardiovascular structures are radiographically normal.

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 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 3.0 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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 and common bile ducts were normal. No



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

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The **gastrointestinal tract** was empty. Minor enhanced surrounding mesentery was noted around portions of the distal small intestine with minor thickening. Localized areas of free fluid were noted.

Pancreas

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The **pancreas** was enlarged (up to 1.1 cm), irregular, nodular and hypoechoic with enhanced surrounding mesentery. The right limb of the pancreas appeared to have minor heterogenous parenchymal changes. The majority of the pathology appeared to be localized in the left limb and pancreatic base.

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ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis/pancreatic necrosis pattern. There is a possibility of carcinoma.
- Slight areas of free fluid
- Minor enhanced mesentery around portions of the distal small intestine
- Geriatric abdominal changes otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreas is strongly recommended after coagulation panel.

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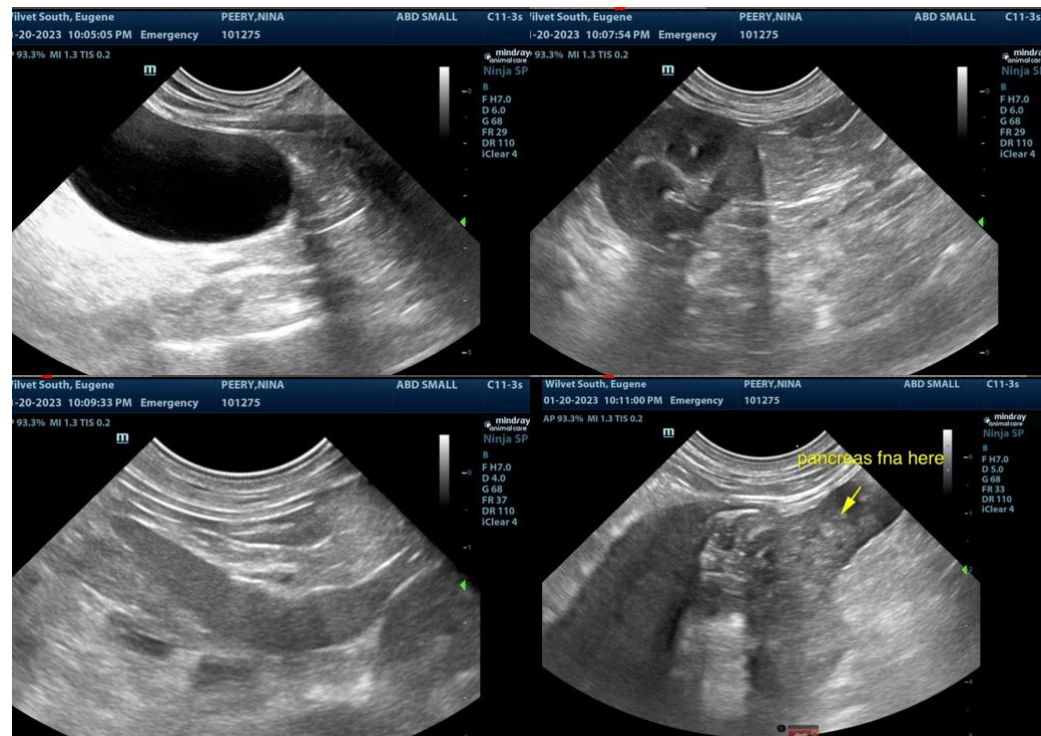
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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