



PATIENT

Penelope Hasson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

8.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Harold Mike Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Dr. Kayla Anthony

INVOICE

20721

DATE

1/23/23

PRESENTING CLINICAL SIGNS

History: Weight loss, poor appetite, chronic intermittent vomiting 3 years, has had trichobezars and constipation.

Abnormal PE/Chem/CBC/UA Results: CBC WNL. Chemistry low BUN, sodium and chloride; high AST. UA WNL. Thyroid level normal. FeLV and FIV negative. Radiographs have been taken over time, at times there is stool in colon and food in stomach, but no gross lesions.

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. A minor amount of suspended debris, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were 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. The left kidney measured 3.5 cm. The right kidney measured 3.5 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evidence of 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** itself was unremarkable. The gallbladder was overdistended with dependent debris. The cystic duct was tortuous. The common bile duct was also dilated, likely owing to posthepatic obstruction. The common bile duct measured 0.44 cm, which is normal to slightly enlarged. Congested cystic duct and gallbladder were noted.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The **pancreas** revealed hypoechoic irregular parenchyma with enhanced surrounding mesentery. The pancreatitis presentation extended from the left base to the right pancreatic base.



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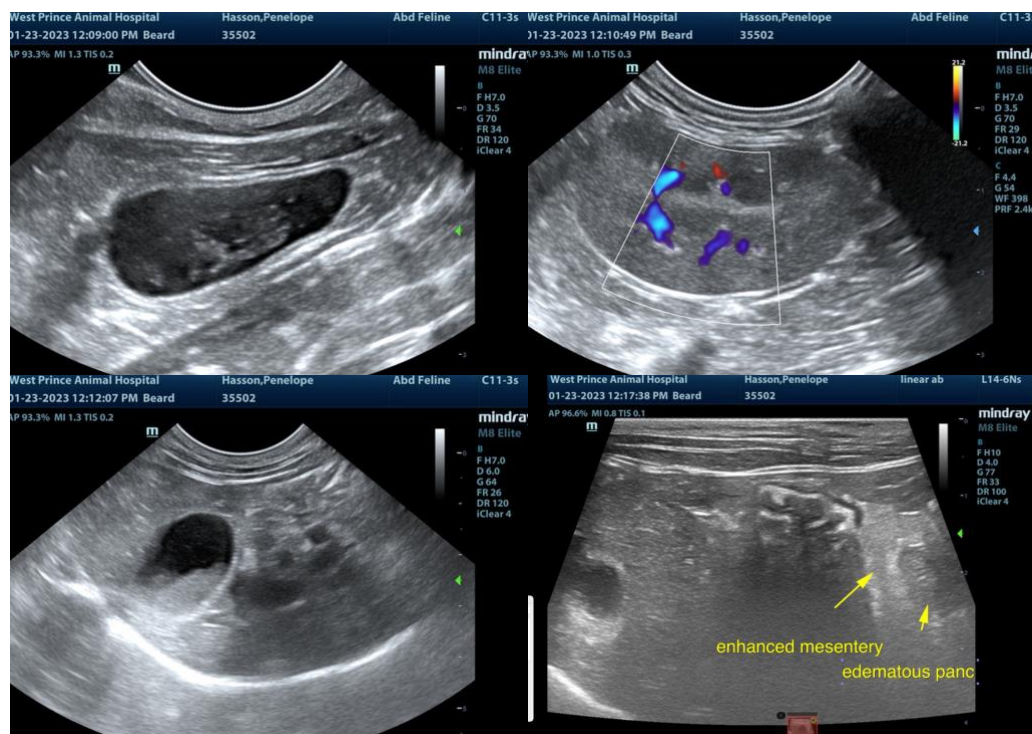
Dr. Kayla Anthony

ULTRASONOGRAPHIC FINDINGS

- Overdistended gallbladder with debris
- Tortuous, congested cystic duct and dilated common bile duct (likely owing to posthepatic obstruction)
- Hypoechoic, irregular pancreas with enhanced surrounding mesentery
- Minor suspended debris in the urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bilirubin values should be monitored carefully in this patient. I recommend IV fluid support, pain management, GI protectants and broad-spectrum antibiotics, such as enrofloxacin or similar. Ursodiol therapy can be considered as well. Diet change may be appropriate. Underlying infectious agents should be ruled out, such as toxoplasmosis and bartonella, these could play a role in these cases. Recheck sonogram in 3-5 days or earlier if bilirubin and ALP elevations occur.



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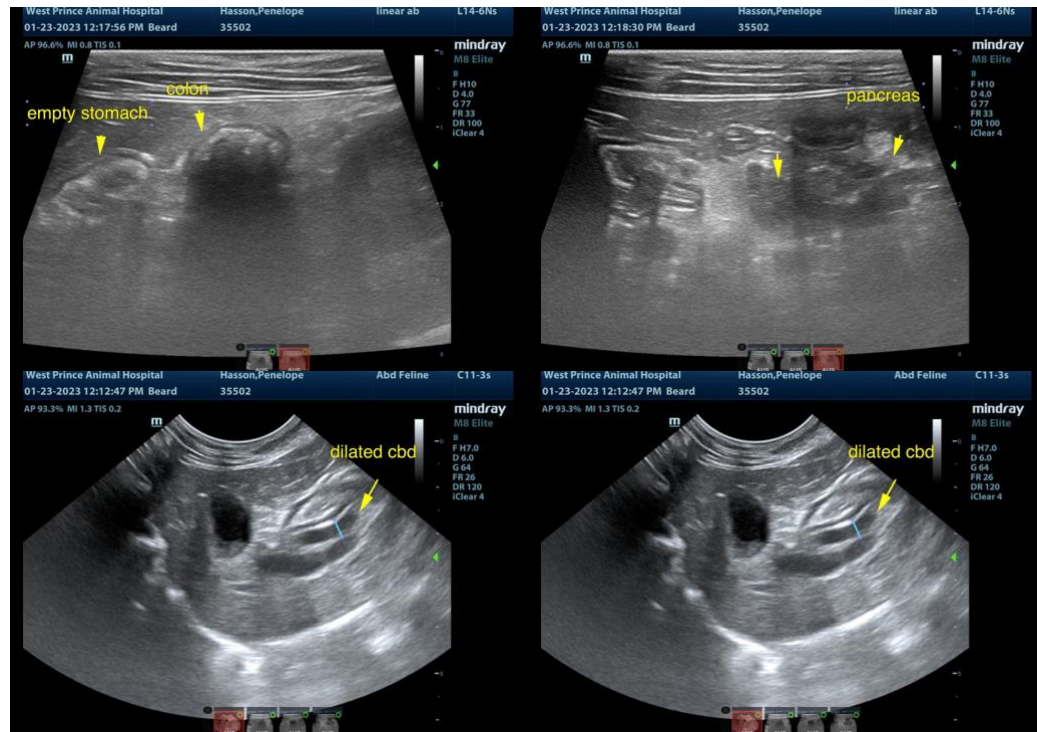
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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