



PATIENT

Lily Desmond

SPECIES

Feline

BREED

Himalayan

SEX

Spayed Female

AGE

11 Years

WEIGHT

8.4 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lynette Reyes

HOSPITAL NAME

Chain of Lakes

REFERRING VET

Dr. Lynette Reyes

INVOICE

13577

DATE

1/24/22

PRESENTING CLINICAL SIGNS

History: Presented to another clinic on Saturday for lethargy, diarrhea, inappetence and vomiting. At the vet they ran BW and treat her symptomatically. Then on Sunday, owner took her to the Urgent care and they repeated BW and radiographs. They repeated BW but we haven't got those results yet. Lily still not eating even after trying Mirtazapine transdermal, Cerenia and LRS SQ. Concern about pancreatitis

Abnormal PE/Chem/CBC/UA Results: MCV: 37 Lymph: 0.39 Calcium: 8.1 CK: 946 T4: 0.8 Felv, FIV, HW: neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a mild change.

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 moderate chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Both kidneys measured 3.5 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** revealed coarse architecture and increased portal markings. A mild to moderate amount of remodeling was present in the liver. The gallbladder and common bile duct were unremarkable. m

Gastrointestinal

The **stomach** itself was unremarkable. Variable small intestinal thickening without loss of mural detail, most consistent with chronic inflammatory bowel. No evidence of foreign body.

Pancreas



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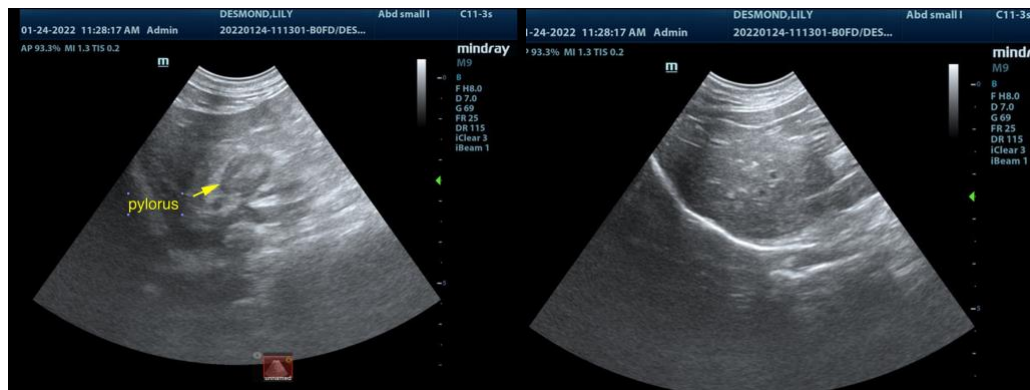
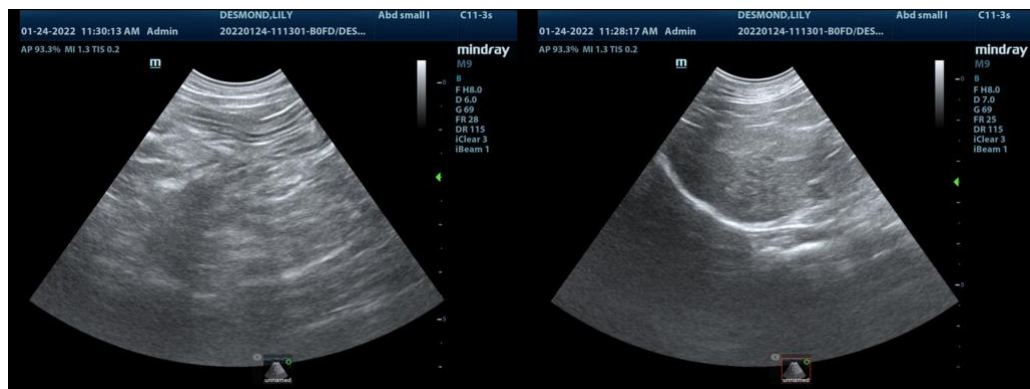
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder debris
- Chronic interstitial nephritis
- Mild hepatic remodeling
- Chronic GI changes, consistent with inflammatory bowel
- Age-related pancreatic changes. The pancreatic changes were fairly minor and largely expected for this age patient, however, some level of low-grade inflammation may be present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective. IV fluid support, GI protectants, anti-parasitic protocol and eventual management with hydrolyzed diet would all be indicated.





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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.

IMAGING PERFORMED BY

Dr. Lynette Reyes

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.

HOSPITAL NAME

Chain of Lakes

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info@SonoPath.com

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