

PATIENT PRESENTING CLINICAL SIGNS

Charlotte Borrelli
 Recent vomiting - r/o primary GI (FB ingestion v dietary indiscretion v parasitism, v other) v secondary to other organ dysfunction (kidneys, liver, endocrine). Decreased appetite, lethargy, hiding.
SPECIES
 Feline
 Hypercalcemia, r/o idiopathic, hypercalcemia of malignancy, spurious, other. Radiographs: normal thorax; normal abdomen. No obvious GI abnormalities save possible constipation. Labs: CBC: HCT 54%; Plt 72K; Chem: Ca 12.9; Glob 5.3; Glu 169; Na 166. FeLV/FIV negative x 2; EPOC - iCa 1.61.
 Medications: Cerenia, pantoprazole, buprenorphine as needed, mirtazapine EOD

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH *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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

AGE
 2 Years
 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 3.3 cm. The right kidney measured 3.25 cm.

WEIGHT *Adrenal Glands*

2.86 kg
 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 right adrenal gland measured 0.32 cm. The left adrenal gland measured 0.33 cm.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Liver

HOSPITAL NAME

New England AMC

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

REFERRING VET

Dr. Katherine Doyon

Gastrointestinal

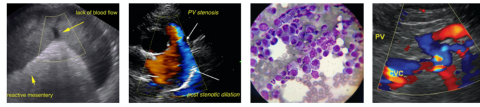
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The **gastric** fundus was empty. However, the pyloric outflow revealed a minor amount of chyme. No evidence of foreign body. The small intestine was unremarkable. The cecum was mildly thickened at 0.32 cm. Some early loss of mural detail noted. Soft stool noted in the colon. A colic lymph node was slightly enlarged, reactive, measuring 0.48 cm.

DATE

1/31/22



PATIENT

Charlotte Borrelli

Pancreas

SPECIES

Feline

The pancreas presented hypoechoic parenchyma and undulating contour, suggestive for inflammation. Reactive mesentery noted throughout the cranial abdomen, around the pancreas. Dilated pancreatic duct. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis pattern
- Cecal thickening, possible low-grade typhlitis

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign body. IV fluid support, pain management, broad-spectrum anti-parasitic protocol warranted. No visceral cause of hypercalcemia in this patient.

AGE

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WEIGHT

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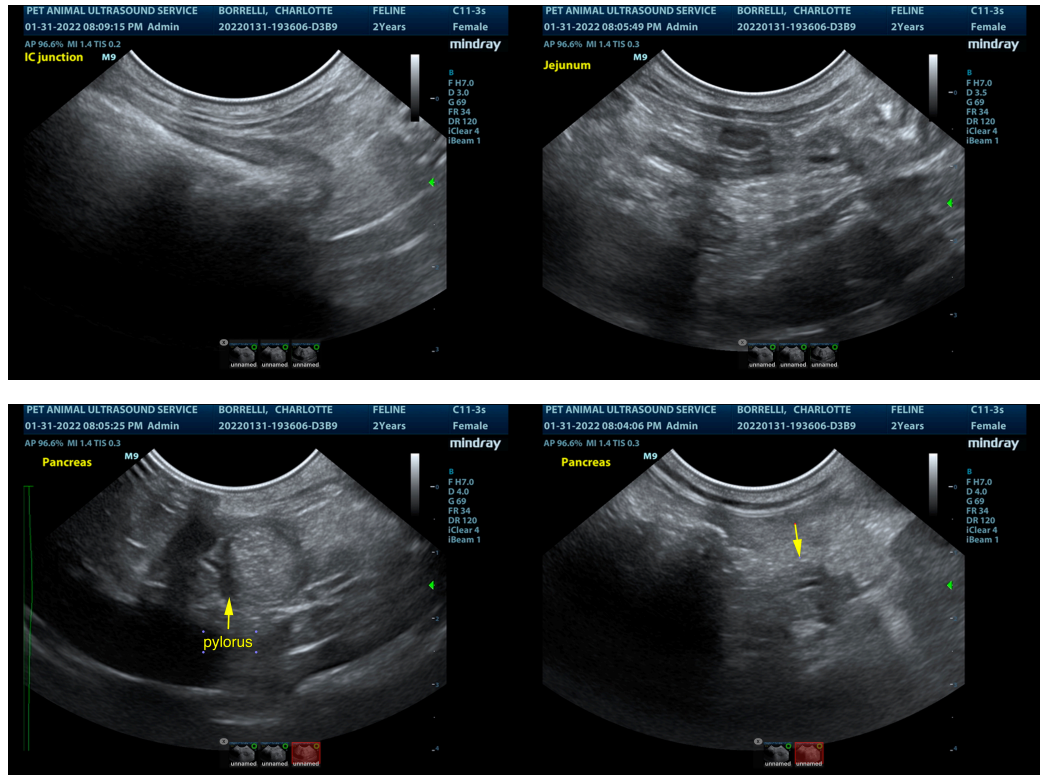
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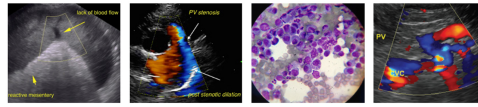
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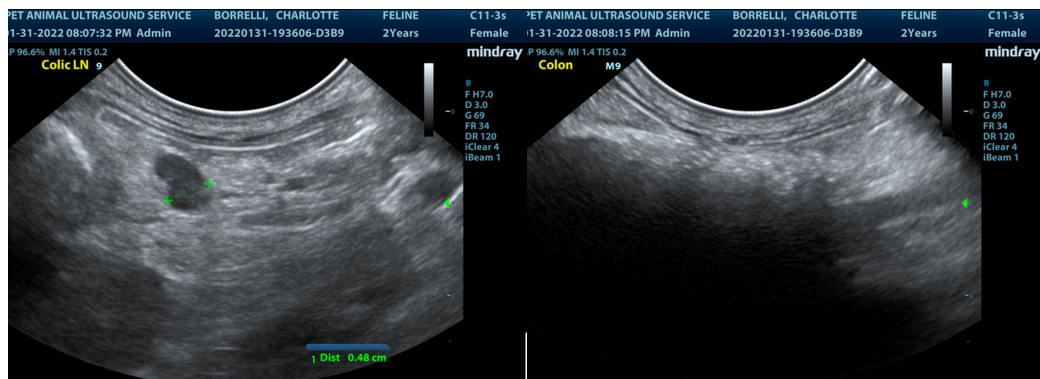
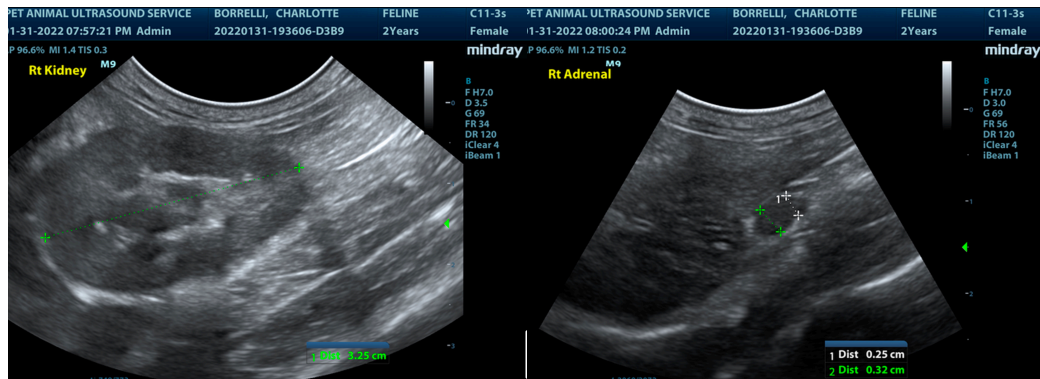
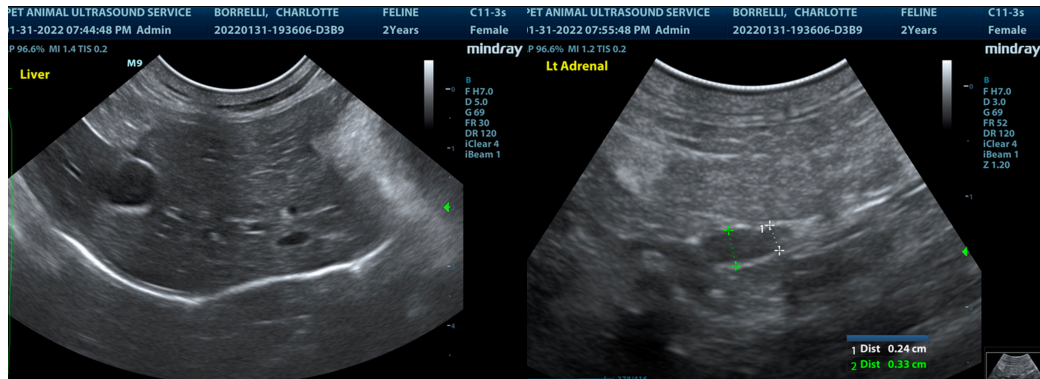
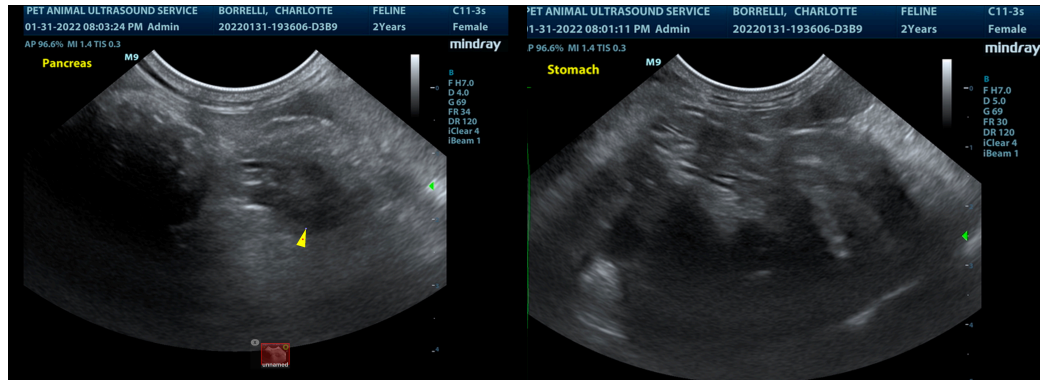
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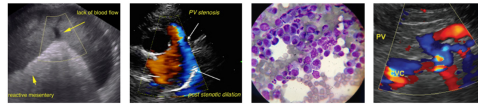
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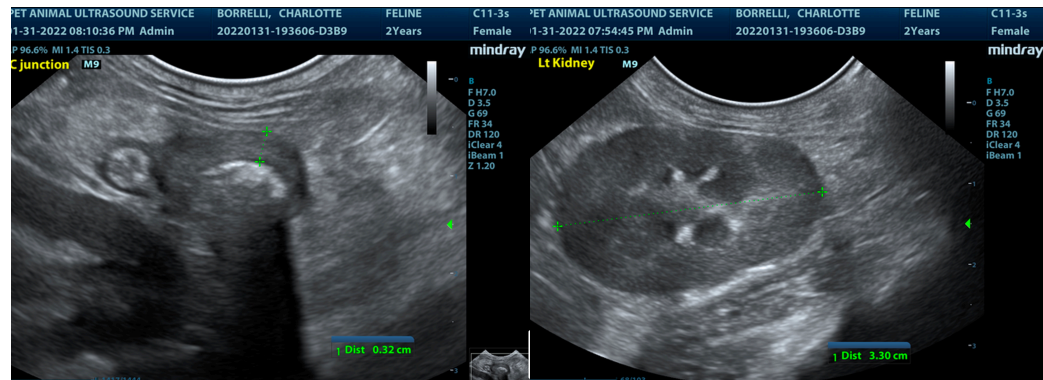
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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