



**PATIENT**

Winegardner Callie

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

5 Years 7 Months

**WEIGHT**

11.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Karen Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. McGarvey

**INVOICE**

44040

**DATE**

1/6/23

**PRESENTING CLINICAL SIGNS**

Recheck pancreatic nodule, spleen and GI. Still vomiting and continued weight loss. Sedated with Alfaxan, Torbugesic and Midazolam. Not on any medications currently.

Abnormal PE/Chem/CBC/UA Results: Previous AUS (9/21/2022) Previous USG pancreatic nodule cytology (non-diagnostic sample), and spleen cytology attached.

**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 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 right kidney measured 3.9 cm.

**Adrenal Glands**

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 left adrenal gland measured 0.36 cm. The right adrenal gland measured 0.61 cm.

**Spleen**

The **spleen** was mildly enlarged, measuring 1.2 cm, yet appears to be more uniform than on the prior sonogram.

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

**Gastrointestinal**

The **stomach** revealed progressively shadowing material, consistent with likely hairball accumulation. The intestinal tract revealed persistent diffuse mild muscularis hypertrophy with normal submucosa.

**Pancreas**

The left **pancreatic** nodule was similar to the prior sonogram with a hyperechoic granulomatous type change, measuring 1.09 cm x 0.91 cm, consistent with focal pancreatitis or granuloma. The remainder of the pancreas revealed minor coarse architecture and heterogeneous parenchyma, yet no overt evidence of inflammation.



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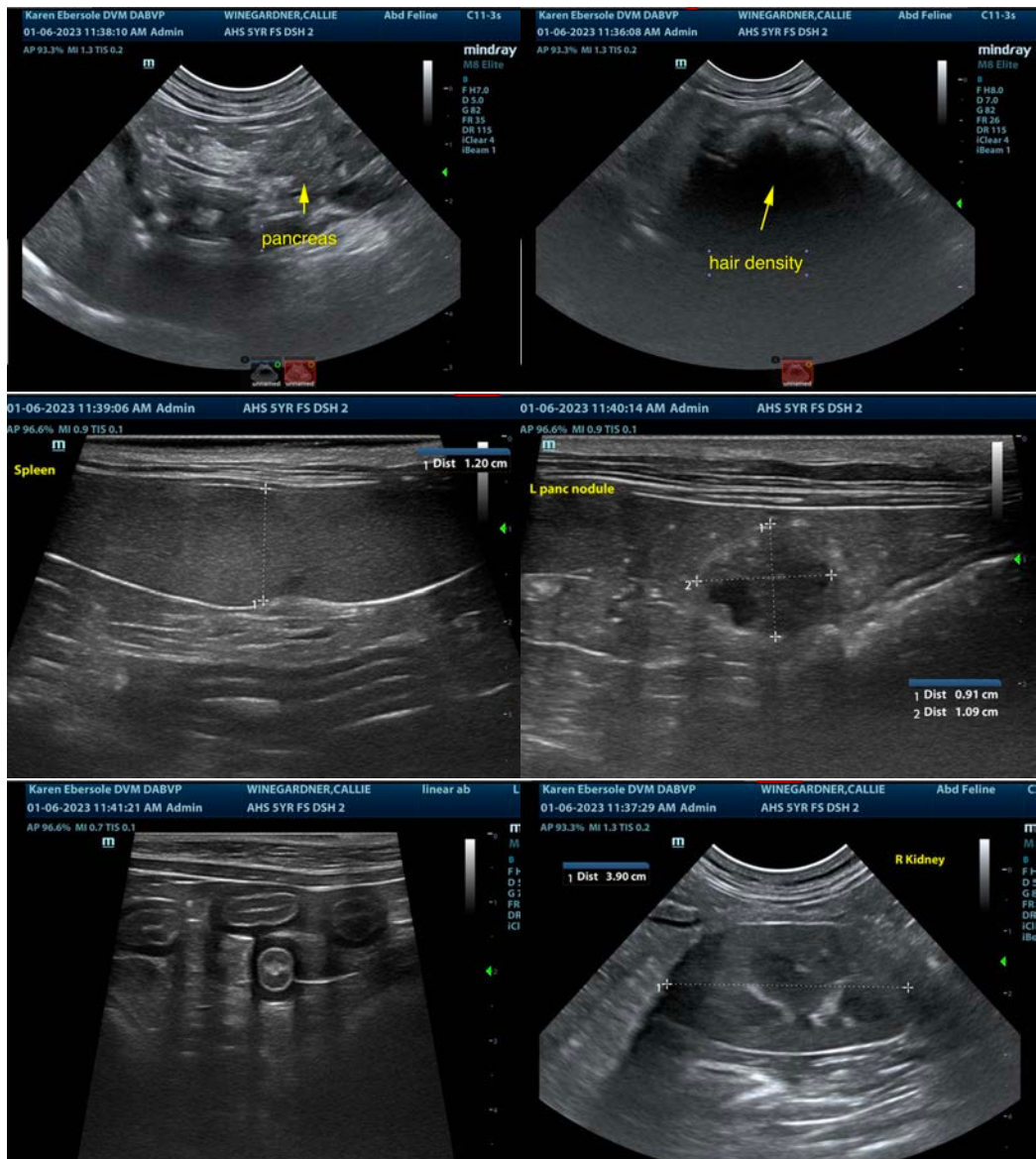
1/6/23

**ULTRASONOGRAPHIC FINDINGS**

- Persistent pancreatic granulomatous nodule based on prior sonogram, current sonogram, and cytology results.
- Reactive spleen – no progression from the prior sonogram.
- Persistent intestinal thickening with muscularis hypertrophy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Medical management could be continued as well as adding hairball therapy to this patient's protocol if the patient is stable. Otherwise, another option from a curative and proactive standpoint would be to surgically remove the left pancreatic nodule and perform GI biopsies as well as evacuating the stomach. The pancreatic nodule is medial caudal to the spleen and appears resectable, occupying the caudal aspect of the left pancreatic limb.





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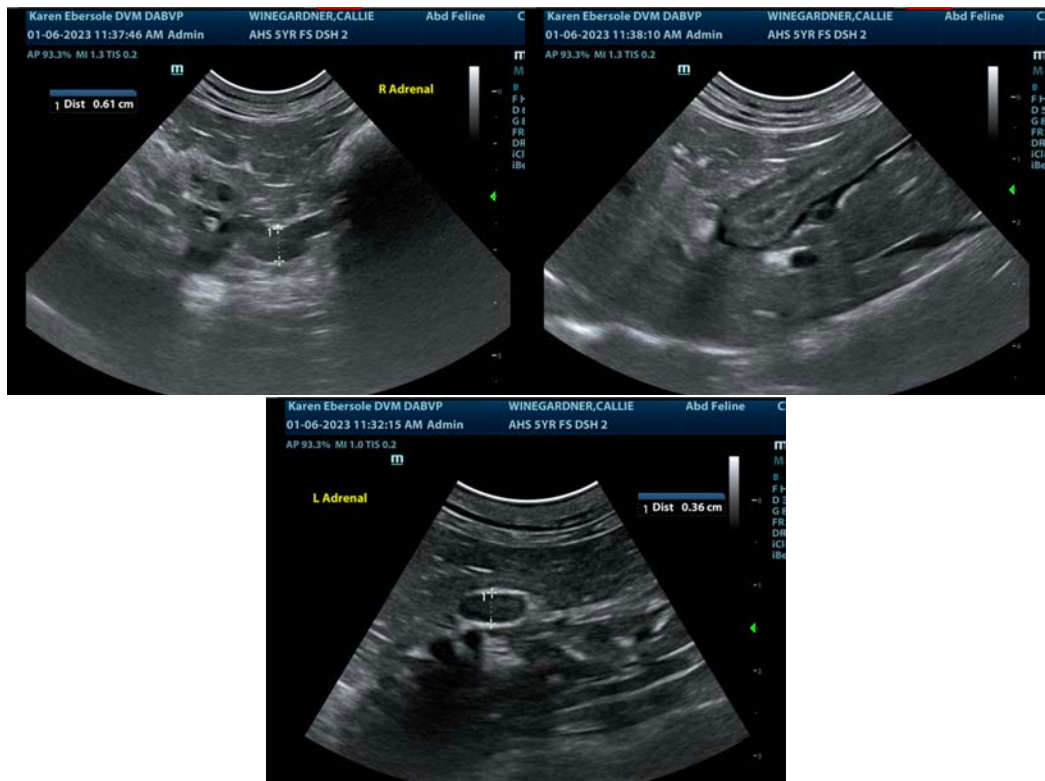
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)