



**PATIENT**

Sassy Ivy

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Spayed Female

**AGE**

17 years

**WEIGHT**

5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Griffin

**INVOICE**

92296

**DATE**

10/11/21

**PRESENTING CLINICAL SIGNS**

History: Patient is acting like it wants to eat but wont eat very much. Has had gradual weight loss and vomiting small amounts of white foam. Has a history of heart murmur, hypertension, and kidney disease. Patient is currently eating baby food.

PE: Grade 3/6 murmur CBC: WBC 18.41%, Neutrophils 16.9K/uL, lymphocytes 0.73k/uL CHEM: wnl SDMA: 20 T4:wnl UA: USG 1.015, WBC: >50/HPF, Rods Present- culture pending

**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 was noted. Ureteral papillae were normal.

The iliac lymph nodes were also slightly enlarged.

The left **kidney** was subnormal in size with cortical infarct and enlarged calculus. The left kidney measured 2.8 cm. The infarct is likely related to the adjacent calculus. The right kidney revealed similar changes to the left with a cortical cyst and recent infarct. This was adjacent to the calculus. The right kidney was subnormal in size and measured 2.8 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.

**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 was noted.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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**Gastrointestinal**

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The **gastric** wall was mildly edematous with anechoic luminal fluid. The small intestine and colon were unremarkable. A portion of the gastric wall was particularly thickened with regional lymph node. The gastric thickening extended for approximately 2.0 cm with maximum thickness of 0.7 cm. The gastric thickening appeared to be in the greater curvature. Regional lymphadenopathy was noted. There is a strong concern for emerging gastric neoplasia with probable metastatic spread to the lymph nodes. Full thickness biopsies with lymph node biopsies are recommended.

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**Pancreas**

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**ULTRASONOGRAPHIC FINDINGS**

Undefined gastric thickening with regional pancreatic inflammation.

**WEIGHT**

5 lbs

Regional lymphadenopathy.

Renal dystrophy with calculi and infarcts.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full thickness gastric biopsies are strongly recommended. Endoscopy will not likely provide complete definitive diagnosis as the pathology is intramural and nodal. Guarded prognosis.

**IMAGING PERFORMED BY**

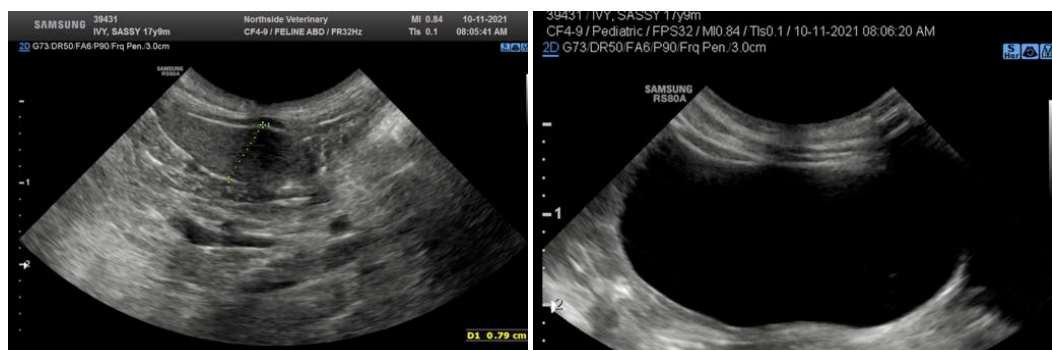
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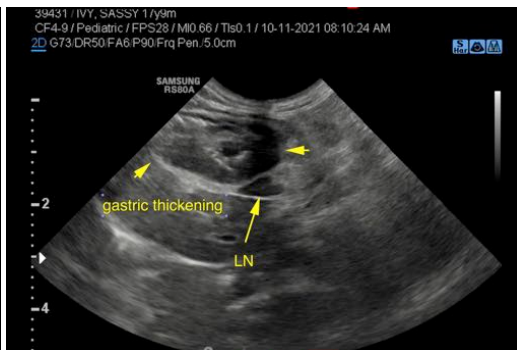
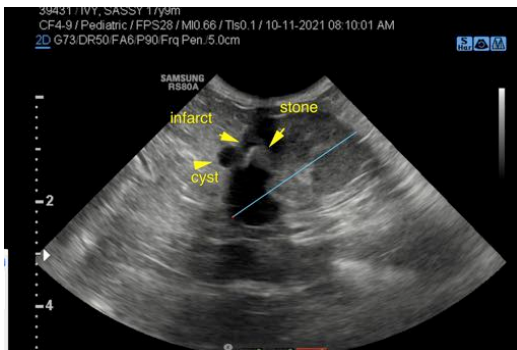
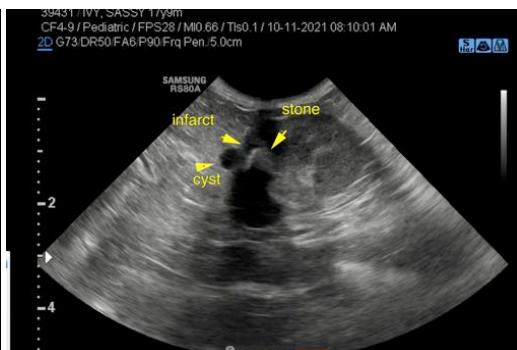
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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