



**PATIENT**

Pippin Lowenthal

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

3 years

**WEIGHT**

8.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Fritz

**HOSPITAL NAME**

Waterbury VH

**REFERRING VET**

Dr. Fritz

**INVOICE**

40127

**DATE**

10/17/22

**PRESENTING CLINICAL SIGNS**

History: P had a small (~8mm) dermal nodule surgically removed 2 weeks ago. The biopsy came back as a cutaneous MCT low grade, complete excision with narrow margins. P otherwise doing well at home, no v/d/c/s, no PU/PD. Good energy and appetite.

Abnormal PE/Chem/CBC/UA Results: CBC - mild thrombocytopenia but adequate est on slide Chem - SDMA 14, creat 2.1, BUN 25 (all wnl but high end), mild hypokalemia, slight hypoproteinemia (6.2 g/dL), slight hypoglobulinemia (2.9 g/dL) UA - USG 1.052, protein 2+, occ ammonium phosphate T4 - 1.5 ug/dL UPC - 0.1 Three view chest x-rays - wnl

**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 was noted. No evidence of inflammatory or neoplastic changes was 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. The capsules were acceptably uniform without significant irregularities. Minor pyelectasia was noted. The left kidney measured 3.45 cm. The right kidney measured 3.5 cm.

**Adrenal Glands**

The left adrenal gland was visualized obliquely. The region of the right adrenal gland was imaged with 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 was noted.

**Liver**

The **liver** revealed mildly increased portal markings. The gallbladder wall was thickened. Otherwise, the parenchyma was uniform. Some biliary sand was present in the gallbladder neck and cystic duct.

**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal.



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Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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**ULTRASONOGRAPHIC FINDINGS**

Partially full stomach.

Minor hepatic remodeling and biliary sand.

**AGE**

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Minor renal pyelectasia.

Structurally the kidneys appear unremarkable other than minor pyelectasia. This may be due to pelvic scarring or possible occult UTI.

**WEIGHT**

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Otherwise, unremarkable abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

There was no evidence of mast cell disease.

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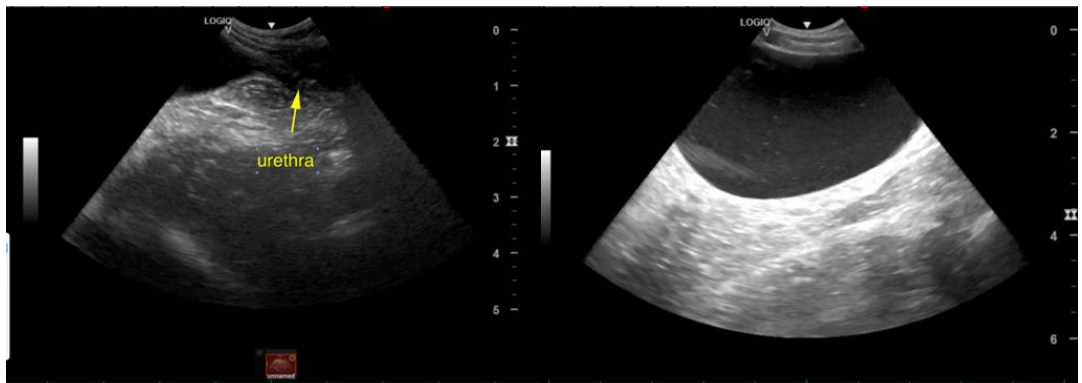
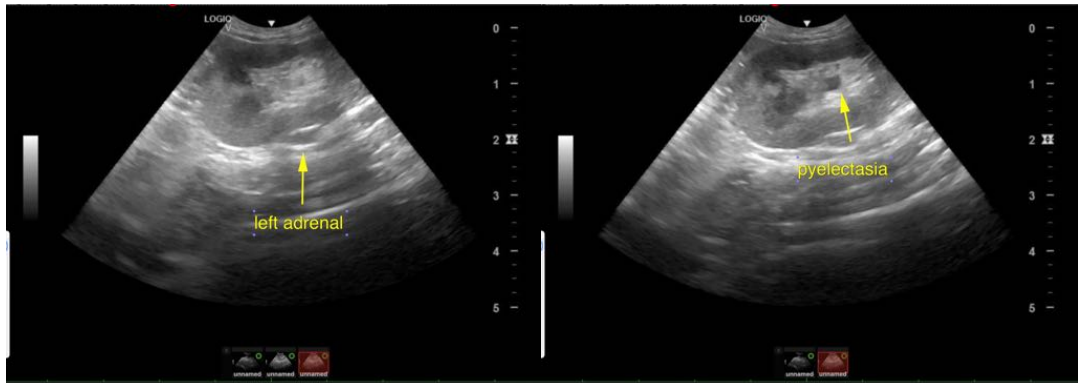
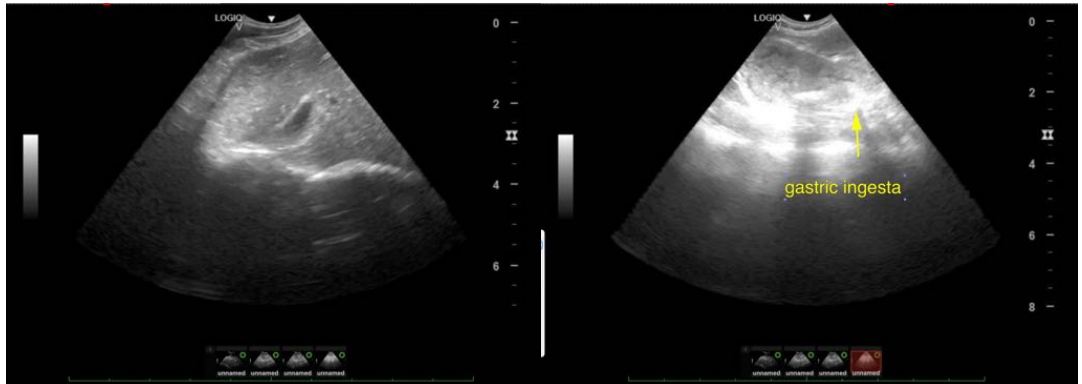
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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