



PATIENT

Hannah Morrison

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

6 years

WEIGHT

4.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Zippay

INVOICE

40192

DATE

10/20/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for hospitalization/further care per rDVM. Patient has had a decreased appetite for about a week, hiding the last few days. O took to rDVM on Monday, received blood work results today. Previous Health Concerns: none Current Medications: none Appetite/When did they eat last: decreased-not really sure (2 cats)

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: tachycardia, no murmur heard Abdominal: tense cranial abdomen, no obvious mass palpable rDVM bloodwork 10/18/22: HCT 38.1 N, ALT 225 H, ALP 135 H, AST 141 H, Total bilirubin 0.5 H, T4 1.8 N 10/20 liver panel : alt 192 high, alp 170 high, tbil 1 high; Epcoc: pcO2 28.5 low, lact 4.33 high

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 **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 4.1 cm. The right kidney measured 3.8 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** was diffusely hyperechoic to the falciform fat. The gallbladder and common bile duct were unremarkable. This is most consistent with hepatic lipidosis. Coagulation panel and FNA is indicated for further definition.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

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.

ULTRASONOGRAPHIC FINDINGS

Hepatic lipidosis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA is warranted to confirm. Otherwise, the abdomen was unremarkable.

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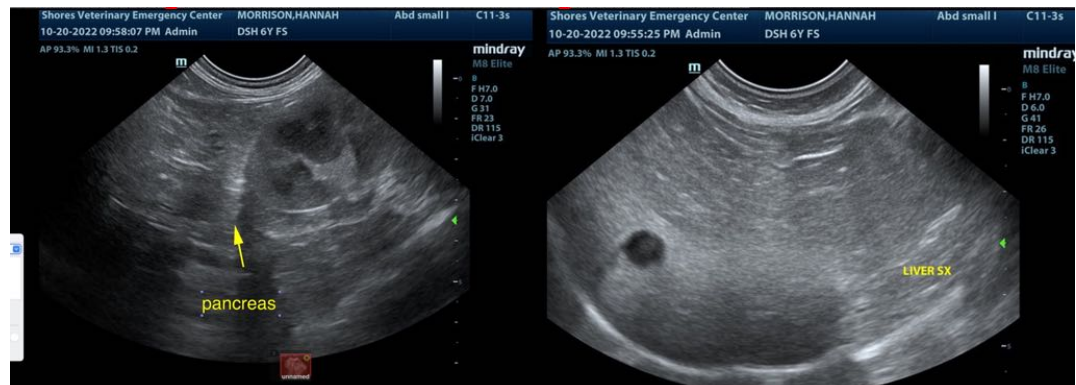
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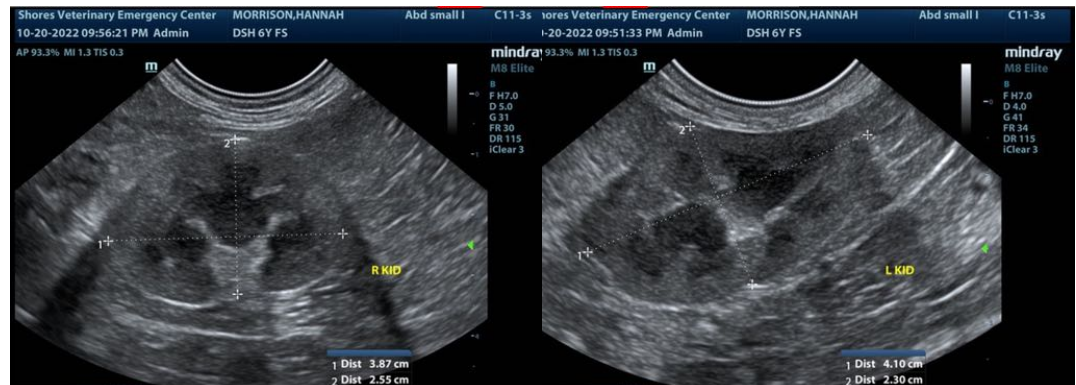
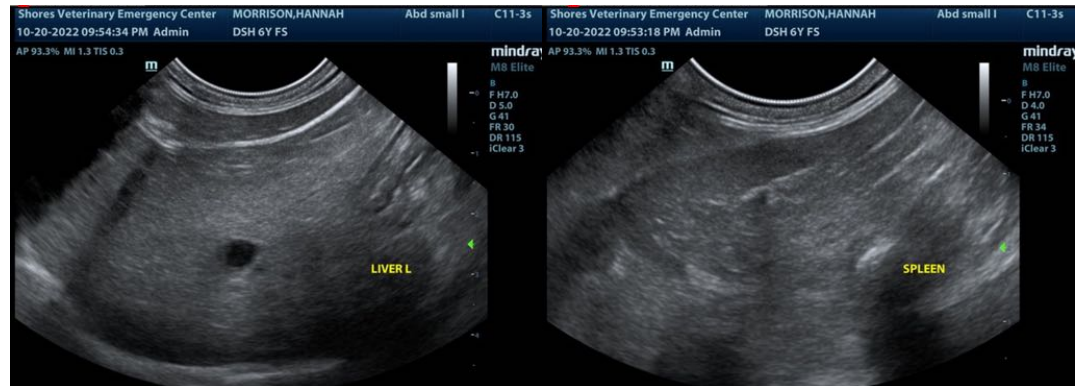
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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