

**DATE**

10/21/22

**PATIENT**

Mary Roe

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Spayed female

**AGE**

9/3/16

**WEIGHT**

11.7 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Thompson

**INVOICE**

40233

**PRESENTING CLINICAL SIGNS**

Mary is a 6 y/o FS DLH who was referred for continued care - loose stool about 2 days ago, watery diarrhea - 1 episode of foamy vomit, not eating yesterday and this am - was at RDVM all day, had BW at RDVM, hyperthyroidism - Temp spike to 106 - was sent home on medications - indoor only - lost 1 lb in a month - mass in chest discovered today, radiology consult pending- not present last year - sudden loss of appetite  
 Medications: - not currently on any medications - preventatives none RDVM diagnostics: CBC/Chem: unremarkable T4: 11.3 X-ray: chest mass  
 Current Medications: Buprenorphine, Gabapentin.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.  
 Imaging Performed By: Andi Parkinson, BS, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralization was noted. The left kidney measured 4.14 cm. The right kidney has slight pinpoint mineralization. The right kidney measured 4.5 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** was slightly heterogenous with minor scalloping contour and measured up to 1.3 cm. FNA is indicated.

**Liver**

The **liver** was mildly irregular and mildly swollen with increased portal markings noted. The vena cava was dilated in this patient possibly owing to passive congestion. The gallbladder revealed a minor amount of debris. Comet tail lung pattern was noted.

**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. The mesenteric lymph nodes were reactive and measured up to 1.9 x 0.34 cm.

### **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.

### **Heart**

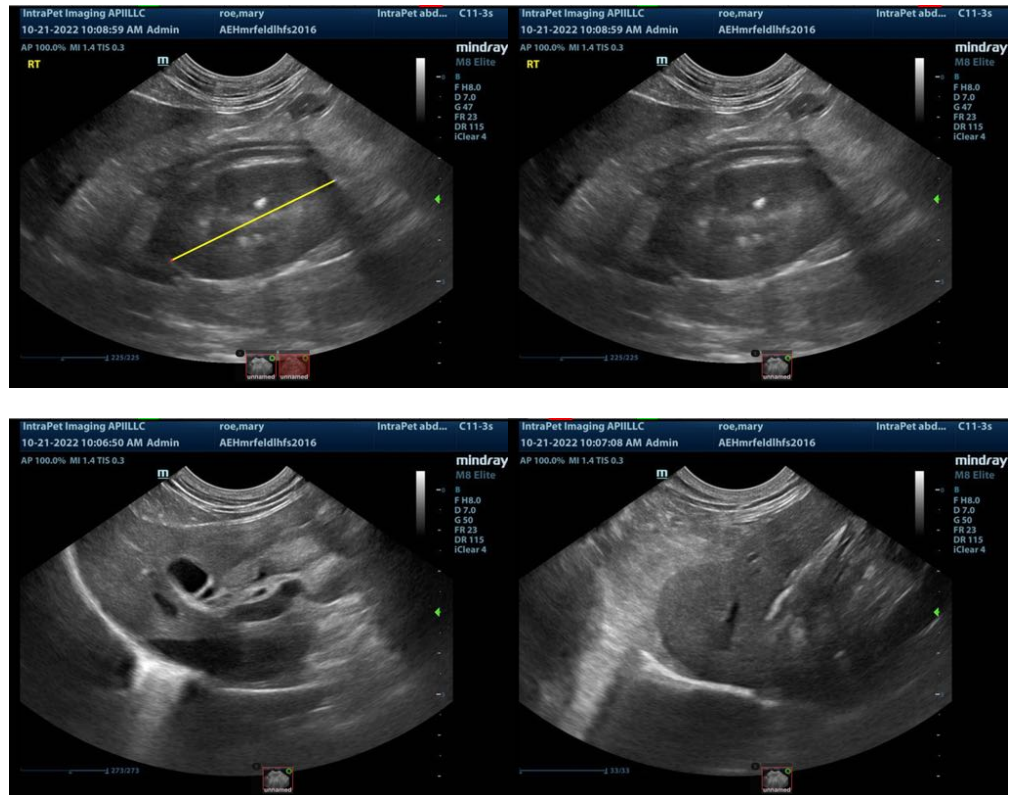
Mild volume overload was noted on rapid view of the heart.

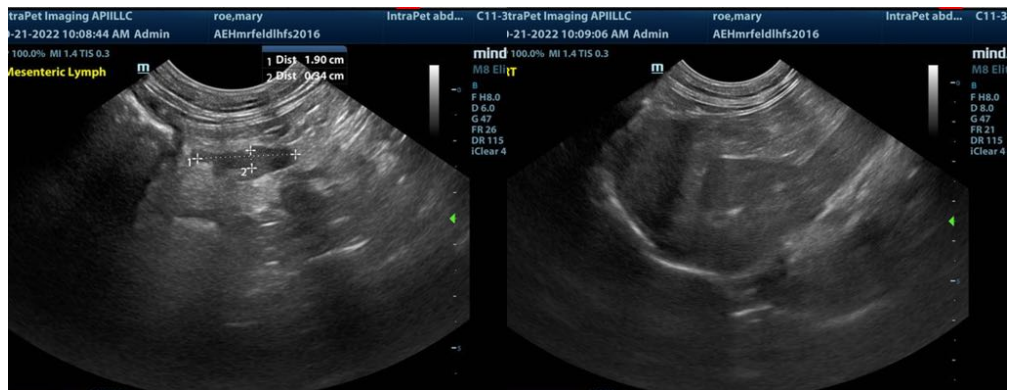
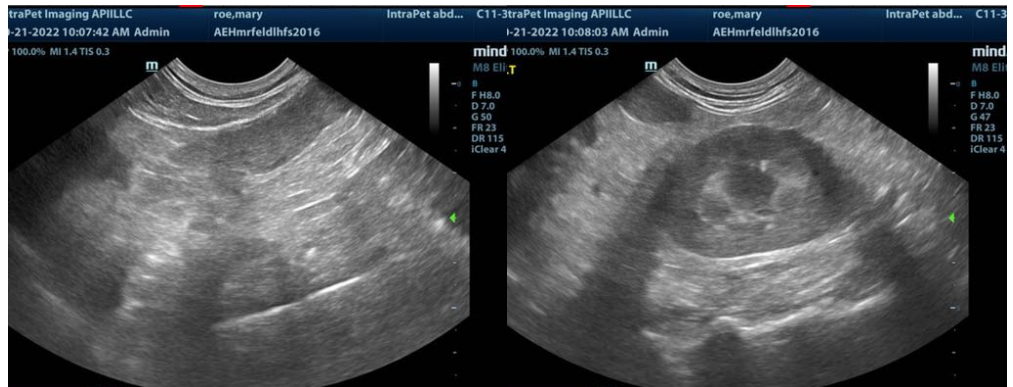
### **ULTRASONOGRAPHIC FINDINGS**

Heterogenous, scalloping spleen.  
Irregular, swollen liver. Dilated vena cava.  
Gallbladder debris.  
Comet tail lung pattern.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient is on fluid therapy the dilated vena cava may be normal over circulation. FNA of the spleen and liver is recommended to ensure that round cell neoplasia is not an underlying issue. Full echocardiogram is recommended given the passive congestion.





**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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