



**PATIENT**

Pali Keller

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female

**AGE**

10 Years

**WEIGHT**

5 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Brittany Gardner

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Brittany Gardner

**INVOICE**

42741

**DATE**

11/11/22

**PRESENTING CLINICAL SIGNS**

Since the springe Pali has been vomiting daily. She was evaluated at her rdvm in July where radiographs and lab work showed no changes. She was started on a hypoallergenic diet but no changes in the vomiting. Owner transitioned her back onto her regular kibble and added water to the kibble. The vomiting decreased to every other day. Last week the vomiting increased to several times a day and the past three days she has been vomiting after every time she tries to eat. She is also lethargic and only eating a few bites of food a day

Abnormal PE/Chem/CBC/UA Results: cbc: HCT 42.8 WBC 5.88 Neut 2.21 lymp 3.05 plts 325 Manual differential: Neutrophils-2532 Lymphocytes-3238 Monocytes-178 chem 10: wnl - kidney values static, liver values wnl EPOc: HCT 42 lytes 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. 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 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. The left kidney measured 3.5 cm. The right kidney measured 3.5 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**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 were noted.

**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** presented minor hypertrophy and minor luminal fluid. No evidence of foreign body. No loss of mural detail. The small intestine and colon were unremarkable. Minor areas of muscularis hypertrophy present.



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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**

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- Structurally unremarkable abdomen with mild gastritis pattern

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of foreign body. Supportive care should prove effective.

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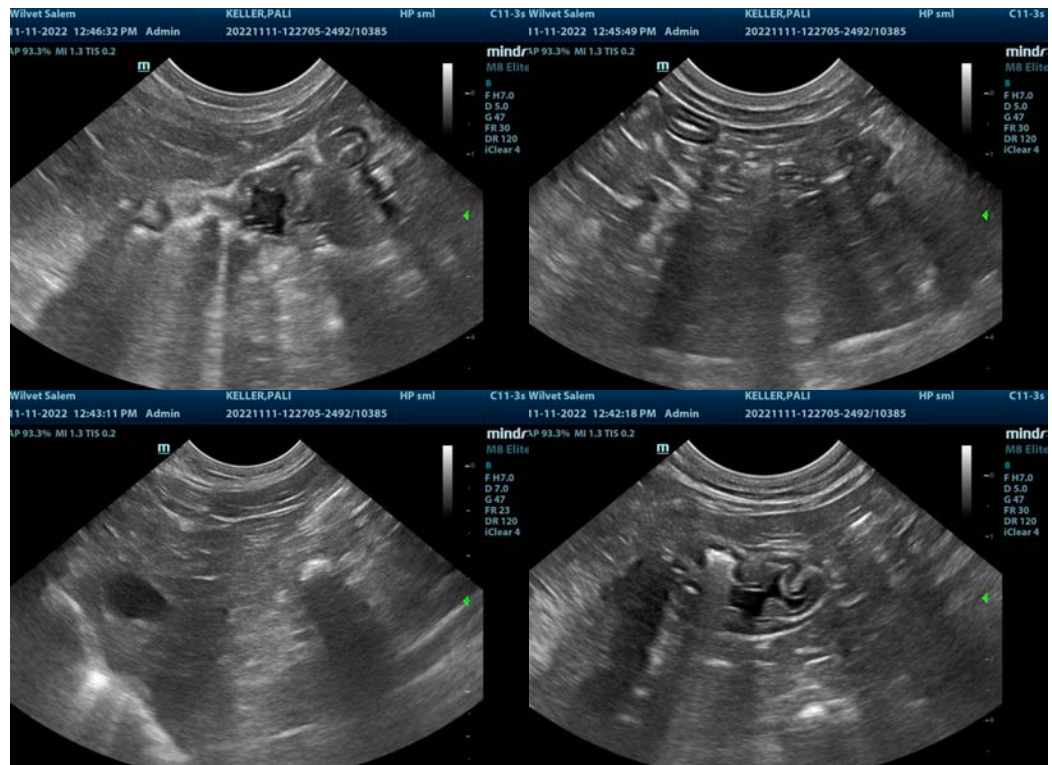
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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