



PATIENT

Jamie Lynn Delano

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

5.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Ebert

INVOICE

42528

DATE

11/15/22

PRESENTING CLINICAL SIGNS

History: Patient started vomiting up her food after eating about 3 days ago. She has not eaten the last 2 days and has continued to vomit. She had a small amount of runny stool yesterday and has been lethargic.

Abnormal PE/Chem/CBC/UA Results: PE: Tense/painful abd, mildly dehydrated CBC: RBC 12.71m/ul (H), HCT 68.0% (H), hemoglobin 20.1g/dl (H), mcv 53.5fl (H), WBC 17.63k/ul (H), neutrophils 15.82k/ul (H), eosinophils 0.06k/ul (L) Chem10: Glucose 160mg/dl (H), TP 9.6g/dl (H), globulin 5.8g/dl (H), ALT 177u/l (H), ALP <10u/l (L) ePOC: Po2 76.8mmhg (H), cso2 93.0% (H), BE -6.1mmol/l (L), icalcium 1.15mmol/l (L), glucose 159mg/dl (H), HCT 59% (H) fPL: 1.6ng/ml (Normal)

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 3.0 cm. The right kidney measured 3.5 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** 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 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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

The **stomach** revealed anechoic luminal fluid. There is no evidence of foreign bodies. The gastric wall was mildly thickened without loss of mural detail. The gastric wall measured 0.5 cm. Minor intestinal thickening, potential underlying inflammatory bowel. No neoplastic criteria is present.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

Gastritis pattern, non-specific.

WEIGHT

5.2 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective. There was no evidence of foreign bodies.

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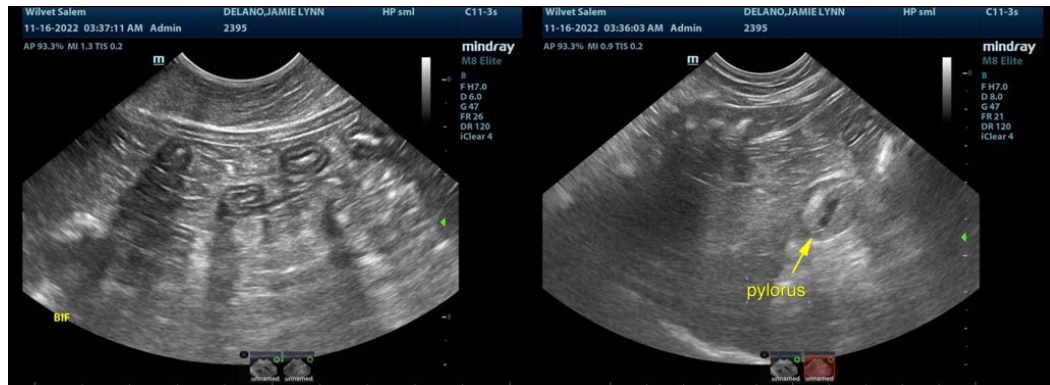
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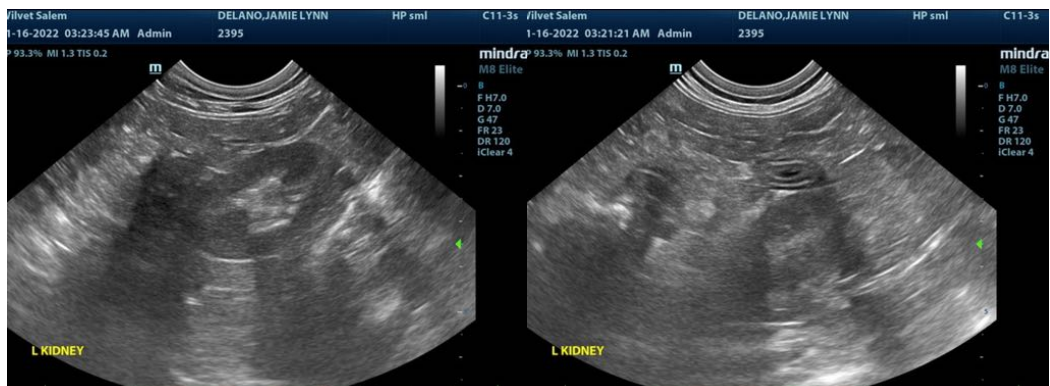
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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