



**PATIENT**

Ayumi Ward

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

2.66 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Morgan, RVT

**HOSPITAL NAME**

Oxford County VC

**REFERRING VET**

Dr. Bowcott

**INVOICE**

42463

**DATE**

11/2/22

**PRESENTING CLINICAL SIGNS**

inappropriate urination, weight loss

Abnormal PE/Chem/CBC/UA Results: WBC: 28.13 (2.87-17.02) with neutrophilia and suspected Bands, lymphocytosis and monocytosis SDMA 21 (0-15)rest if profile wnl U/A WNL started 11/17/21 3.4 kg, 7/22 2.54 10/28 2.52

**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** presented normal size and contour with minor increased cortical echogenicity, non-specific change. The kidneys measured 3.0 cm each.

**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** presented slight increased portal markings. Size and vascularity were normal. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **stomach** was filled with progressively shadowing ingesta, possible hairball accumulation. The small intestine and colon were unremarkable.

**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**

- Minor renal increased cortical echogenicity
- Possible hair accumulation in the stomach



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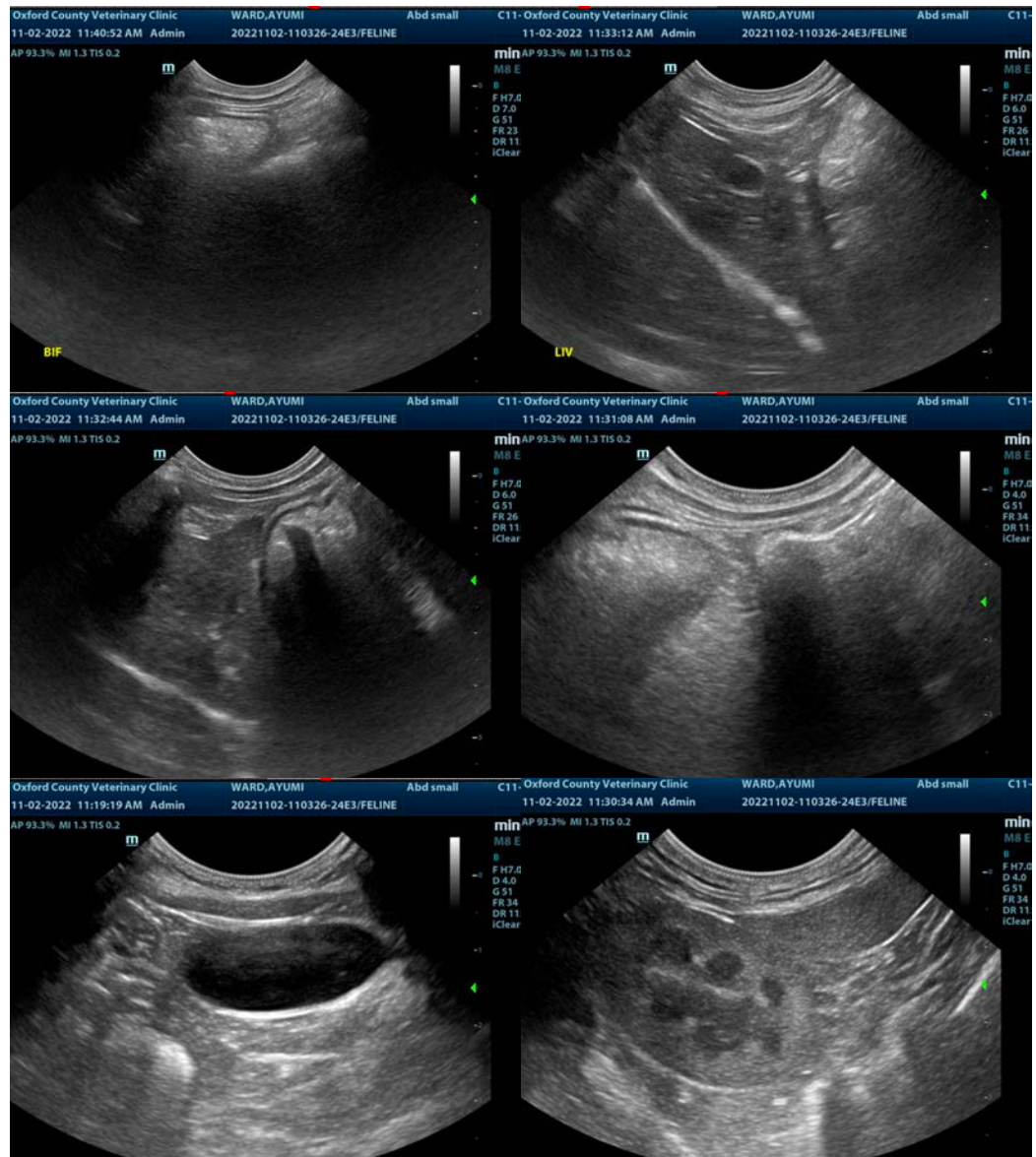
Oxford County VC

**REFERRING VET**

Dr. Bowcott

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend pairing the GI presentation with the feeding history prior to the sonogram. The changes in the kidneys are non-specific. The cause of inappropriate urination is unclear. Occult UTI is a potential. Given the lymphocytosis, CBC path review and bone marrow aspirate warranted. The SDMA may be a paraneoplastic manifestation if lymphoma is diagnosed based on bone marrow aspirate results. No significant evidence of visceral related disease.



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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com [info@SonoPath.com](mailto:info@SonoPath.com)