



PATIENT PRESENTING CLINICAL SIGNS

Sally Kuhnle Cat had similar issue one year ago, on abdominal U/S found cyst on pancreas 1/12/22
Abnormal PE/Chem/CBC/UA Results: Current Medications Cerenia 16 mg

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

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.

DSH

SEX

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 4.08 cm. The right kidney measured 3.6 cm.

Spayed Female

AGE

12 Years

WEIGHT

Adrenal Glands

11.9 Pounds

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

INTERPRETED BY

Spleen

Eric Lindquist, DMV

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.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Liver

Sara Hansen

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

HOSPITAL NAME

Echo Hollow VH

REFERRING VET

Echo Hollow VH

Gastrointestinal

INVOICE

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. A 2.76 cm isoechoic mass was noted in the mid abdomen, appearing to derive from the intestinal wall. If this has been a persistent lesion, granulomatous lesion or very low-grade neoplasia is suspected. It does appear resectable.

42961

DATE

11/23/22



PATIENT *Pancreas*

Sally Kuhnle

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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

DSH

- Intestinal mass, appears resectable – likely low-grade or possibly non-neoplastic granulomatous lesion.
- Expected age related abdominal changes otherwise

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical exploratory with resection and anastomosis indicated.

AGE

12 Years

WEIGHT

11.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

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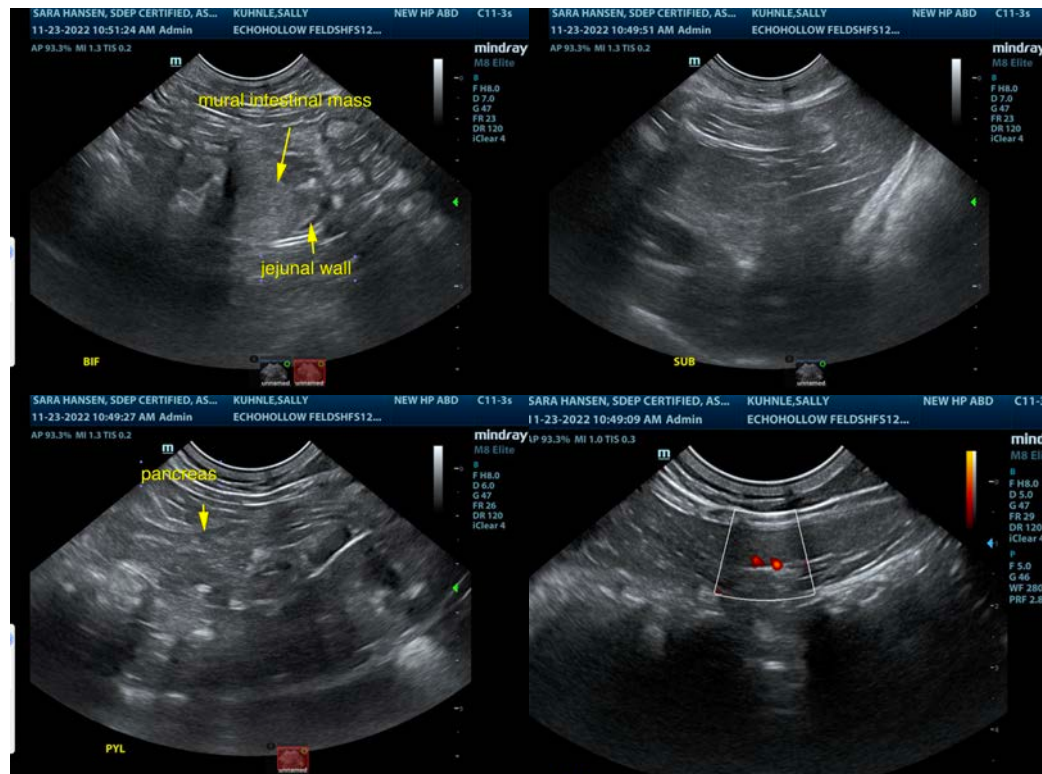
Echo Hollow VH

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PATIENT

Sally Kuhnle

SPECIES

Feline

BREED

DSH

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Spayed Female

AGE

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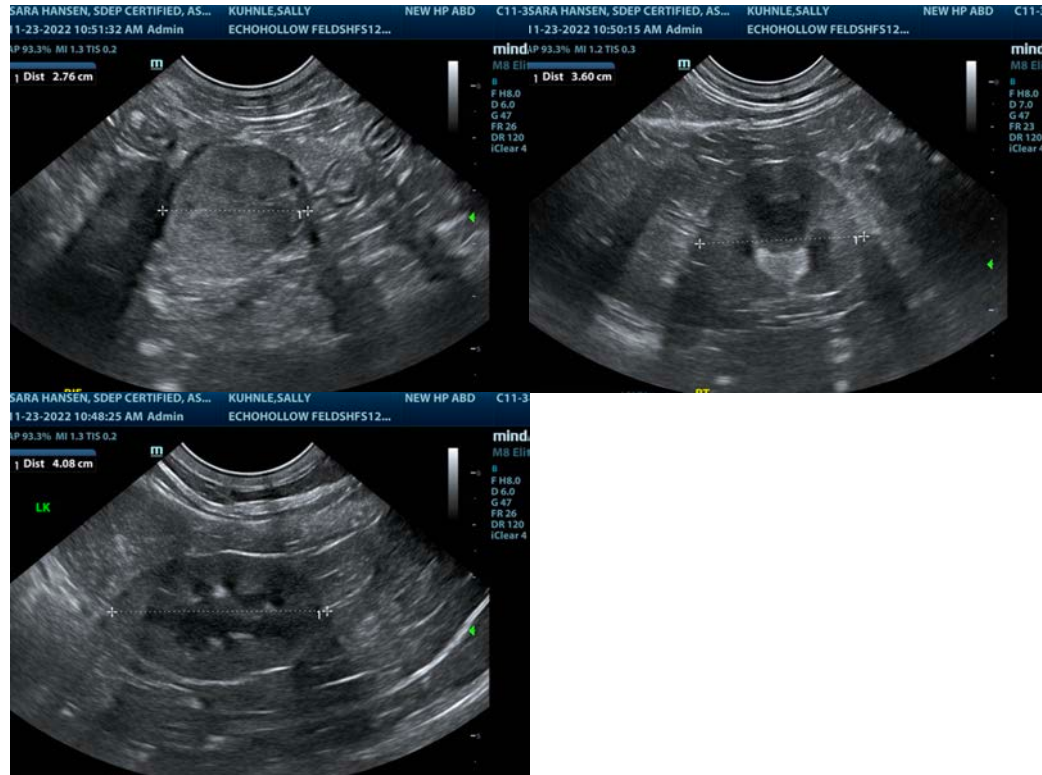
Echo Hollow VH

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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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