



**PATIENT**

Mary Chipps

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

16 years

**WEIGHT**

4.22 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Hayley Heindel, CVT

**HOSPITAL NAME**

Mason Dixon AEH

**REFERRING VET**

Dr. Petro

**INVOICE**

42810

**DATE**

12/1/22

**PRESENTING CLINICAL SIGNS**

Chronic vomiting x lifetime, lethargic x a few days, weight loss, littermate died of pancreatic cancer  
Abnormal PE/Chem/CBC/UA Results: AST 489 ALP 36 ALT >1000 CBC WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 3.32 cm. The right kidney measured 3.26 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. The left adrenal gland measured 0.3 cm.

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.18 cm.

**Liver**

The **liver** revealed coarse architecture with mildly increased portal markings. The gallbladder wall is slightly echogenic, yet non-obstructive. The common bile duct was normal at 0.2 cm. The hepatic lymph nodes are slightly enlarged, reactive and measured 1.0 cm.

**Gastrointestinal**



**PATIENT**

Mary Chipps

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

Feline

**Pancreas**

**BREED**

Domestic Shorthair

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

16 years

Non-specific cholangitis liver pattern.

Splenic enlargement.

**WEIGHT**

4.22 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen and liver is strongly recommended in this patient to rule out emerging round cell neoplasia of the spleen versus splenitis or reactive spleen as well as define inflammatory cell type in the liver. There was no evidence of hepatic neoplasia suspected; however, I cannot rule out round cell neoplasia given the splenic enlargement. Infectious agents such as Toxoplasmosis and Bartonella should be considered as potential underlying issues.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Hayley Heindel, CVT

**HOSPITAL NAME**

Mason Dixon AEH

**REFERRING VET**

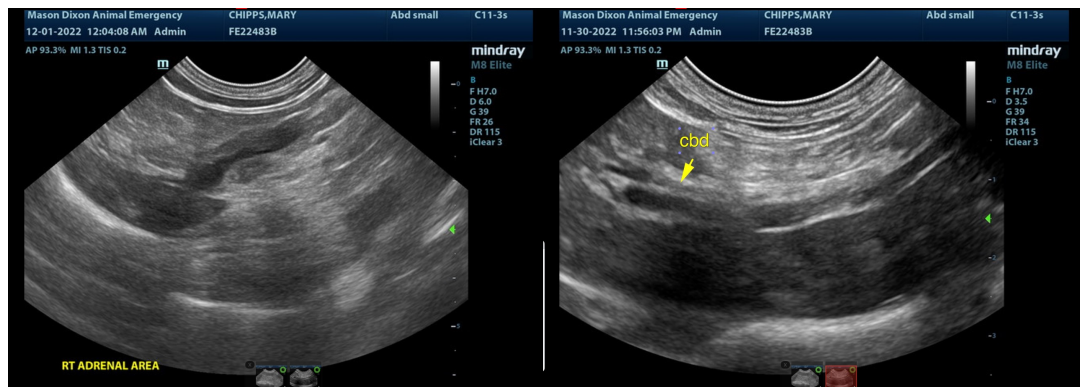
Dr. Petro

**INVOICE**

42810

**DATE**

12/1/22





**PATIENT**

Mary Chipps

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

16 years

**WEIGHT**

4.22 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Hayley Heindel, CVT

**HOSPITAL NAME**

Mason Dixon AEH

**REFERRING VET**

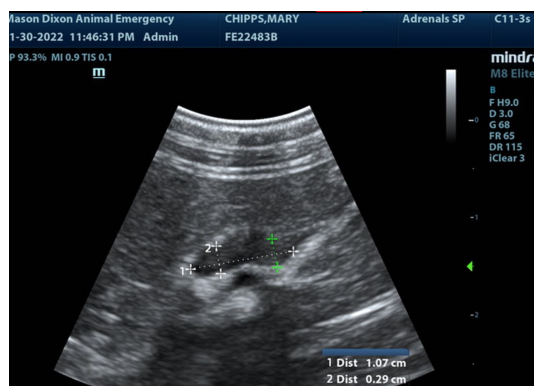
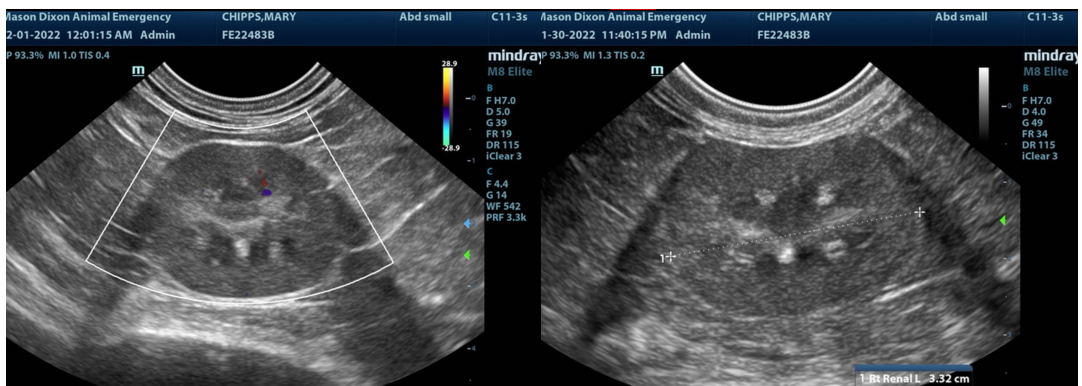
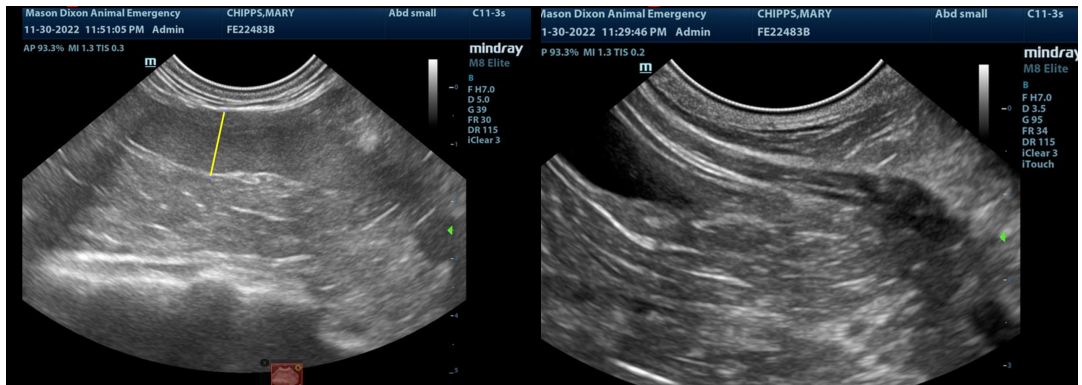
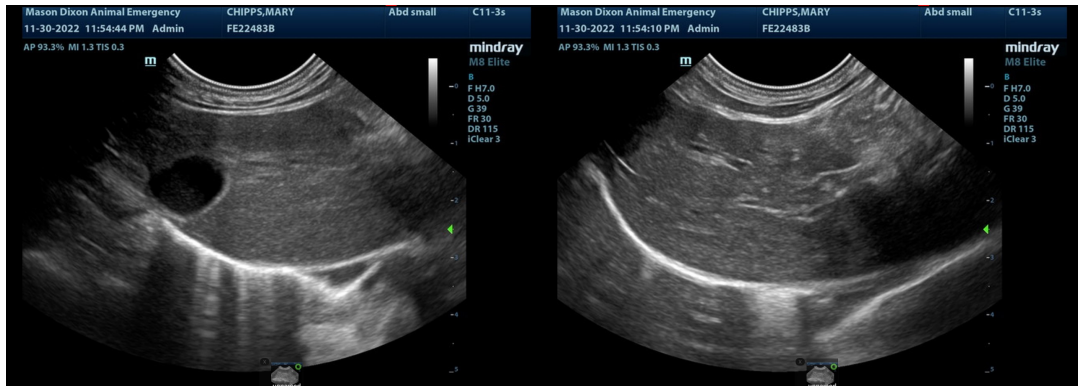
Dr. Petro

**INVOICE**

42810

**DATE**

12/1/22





**PATIENT**

Mary Chipps

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.

**SPECIES**

Feline

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.

**BREED**

Domestic Shorthair

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

**SEX**

Spayed female

**AGE**

16 years

**WEIGHT**

4.22 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Hayley Heindel, CVT

**HOSPITAL NAME**

Mason Dixon AEH

**REFERRING VET**

Dr. Petro

**INVOICE**

42810

**DATE**

12/1/22