



PATIENT

Calliope DeFrancesco

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

12 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kalenius

HOSPITAL NAME

Willamette VH

REFERRING VET

Kalenius

INVOICE

13020

DATE

12/13/21

PRESENTING CLINICAL SIGNS

History: Week long progressive history of lethargy inappetance and abdominal pain.

Abnormal PE/Chem/CBC/UA Results: PE obese, dehydrated, abdominal pain rDVM labs 12/9 NSF Labs on presentation 12/11 CBC = HCT 42%, monocytosis 1.26k, platelets 135k, manual slide review = platelet clumping chem17 = Glu 173, glob 5.5, ALT 212 lytes = all wnl fPL snap = strong abnormal UA with sediment = USG >1.050, WBC 2/hpf, protein 100+ 3 view abd radiographs = no concern for FB, gastric lumen empty, no plication, no gas dilated bowel segments Currently hospitalized on IV fluids, cerenia buprenex, pantoprazole and enrofloxacin

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. Slight mineralization was present. A cortical infarct was noted at the cranial pole of the left kidney with active mild active inflammatory pattern with ill-defined pericapsular fat. The left kidney measured 3.7 cm. The right kidney measured 4.14 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 0.39 cm. The right adrenal gland measured 0.44 cm.

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** revealed mild uniform enlargement and increased portal markings. Duplicated gallbladder noted, not pathological.

Gastrointestinal

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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The left limb of the **pancreas** revealed mixed hypoechoic parenchymal changes with regional inflammation. FNA of the hypoechoic portion of the left pancreatic pathology recommended with cytology and culture.

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Free Abdomen

The mesenteric **lymph nodes** (the largest of which measured 7.0 mm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

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ULTRASONOGRAPHIC FINDINGS

- Focal left limb pancreatitis
- Left renal infarct with active inflammation
- Reactive mesenteric lymph nodes
- Enlarged liver with duplicated gallbladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Ultrasound guided FNA of the hypoechoic portion of the pancreatic changes in the left limb recommended. Full urinary work up warranted, if not already performed, given the renal infarct. Treatment for pancreatitis warranted. Broad spectrum antibiotics, IV fluid support, pain management recommended. No evidence of foreign body.

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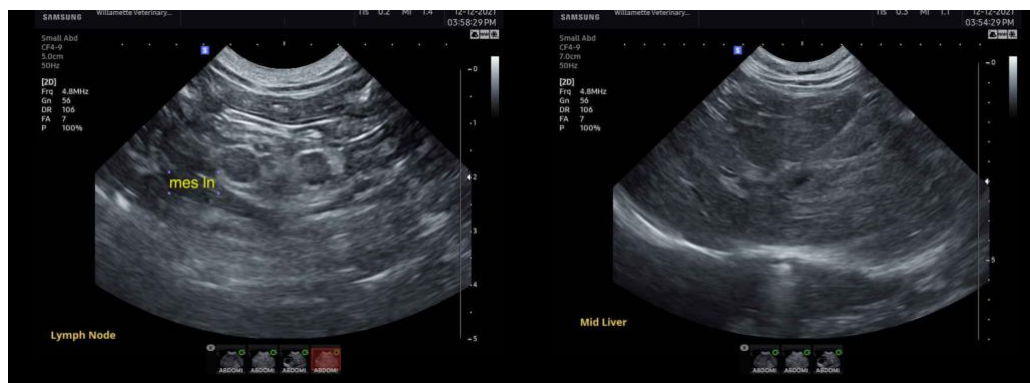
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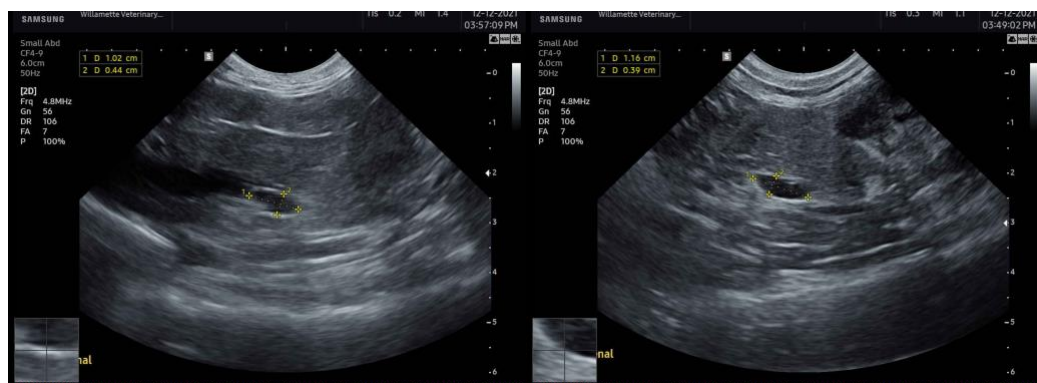
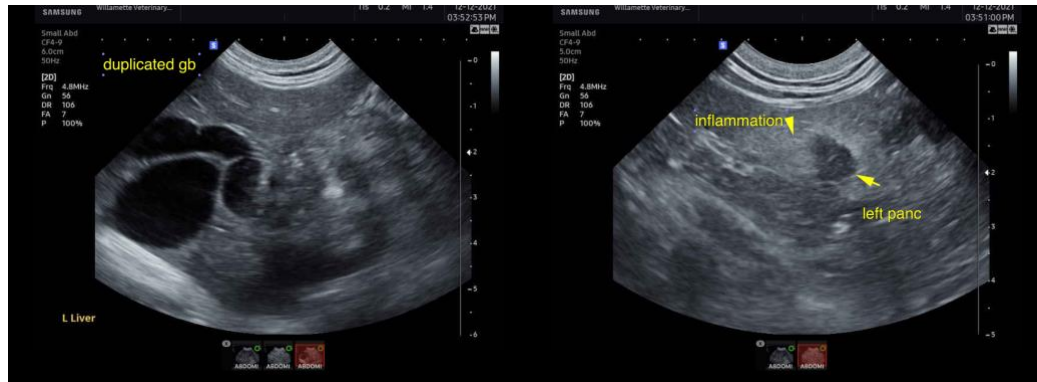
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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