



PATIENT

Sharon Burkhouse

PRESENTING CLINICAL SIGNS

Chronic vomiter, presents for anorexia. Had I131 treatment 2 months ago, T4 now normal. Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL.

SPECIES

Feline

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.

BREED

DLH

SEX

Spayed Female

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 right kidney measured 3.75 cm.

AGE

12 Years

Adrenal Glands

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

WEIGHT

10 Pounds

Spleen

The **spleen** in this patient was uniform, yet volume contracted at 0.65 cm. Hydration status should be assessed.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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 overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. A hepatic lymph node was enlarged.

IMAGING PERFORMED BY

Kelly Vazquez

Gastrointestinal

HOSPITAL NAME

New Bridge VP

The **gastrointestinal tract** was unremarkable other than gastric stasis. Slight regional lymphadenopathy noted around the stomach. Mild pyloric hypertrophy noted. Enhanced surrounding mesentery noted around the pylorus. Some minor loss of mural detail noted. These are new developments. Adjacent lymph node also enlarged, measuring 1.0 cm x 0.80 cm.

REFERRING VET

Dr. Abina Glennon

Pancreas

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. Duct dilation measured 0.20 cm. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

INVOICE

43433

ULTRASONOGRAPHIC FINDINGS

DATE

12/14/22

- Pyloric hypertrophy and gastric stasis with regional lymphadenopathy and inflammation
- Geriatric abdomen otherwise



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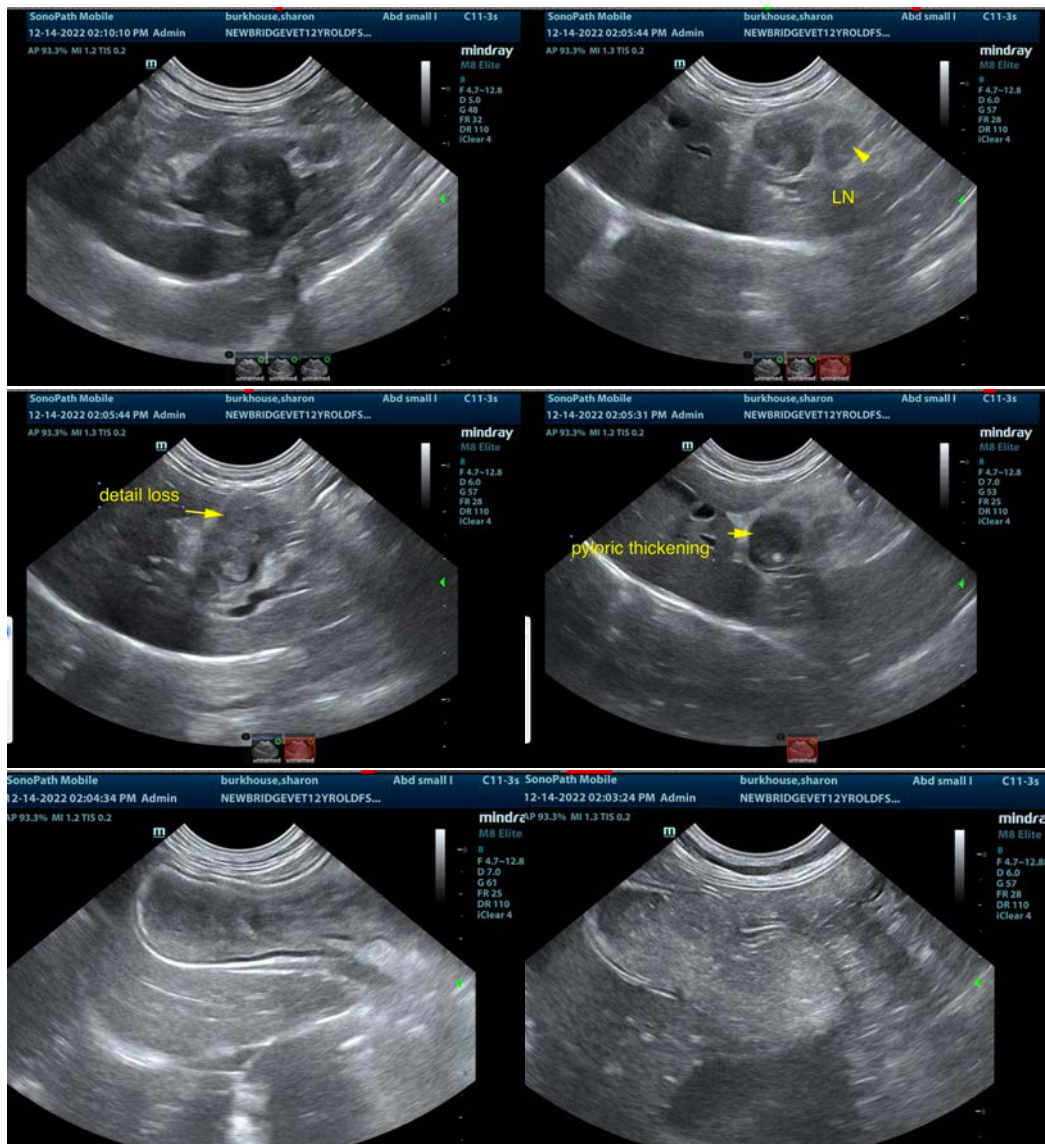
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for pyloric and lymph node based neoplasia. These regions are difficult to sample adequately both from an exfoliative standpoint and from a positional standpoint, given the vicinity of the pylorus and portal vein. Endoscopy would be ideal in this patient to sample the pyloric outflow. Otherwise, surgical biopsies of the pylorus and regional lymph nodes would be essential. Granulomatous disease with lymphadenitis versus carcinoma or lymphoma all possible causes of the underlying pyloric hypertrophy and regional lymphadenopathy. Very guarded prognosis. Sampling is essential for definitive diagnosis in this patient.





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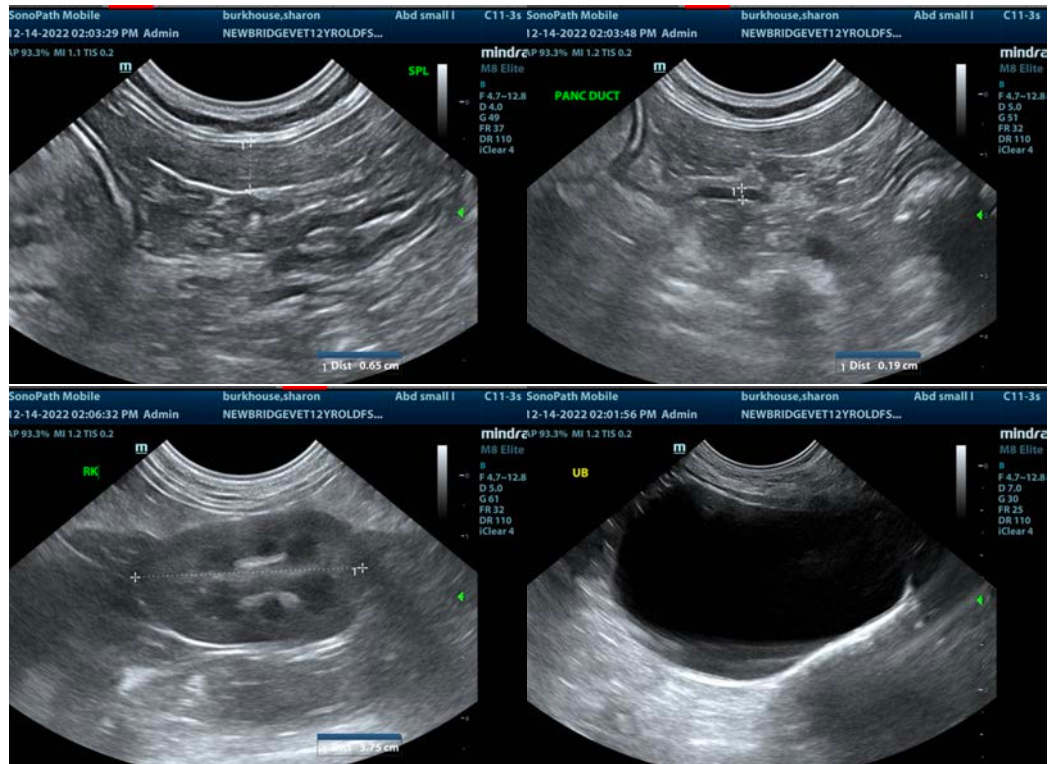
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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