



PATIENT

Gracie Paddison

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

12.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of
Oakland

REFERRING VET

Dr. Sheldon

INVOICE

43536

DATE

12/17/22

PRESENTING CLINICAL SIGNS

Acute onset lethargy on Thursday, vomited large amount with anorexia. Passed soft non formed stool. Ate small amount Friday morning but still very lethargic. Radiographs: radiodense material in stomach (ingesta suspected), slight loss of detail. Bloodwork: Leukocytosis, rest NSF. fPL Normal. Painful on abdominal palpation. Cerenia, SQ fluids, Mirtaz. Hx recent left ventral bullae osteotomy for polyp/chronic otitis at referral hospital, and was on Prednisolone (off last 10-14 days)

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. Hyperechoic medullary rim sign noted. The left kidney measured 3.6 cm. The right kidney measured 3.87 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 right adrenal gland measured 0.36 cm. The left adrenal gland measured 0.28 cm.

Spleen

The **spleen** was mildly enlarged at 1.2 cm, unremarkable otherwise.

Liver

The **liver** was mildly enlarged, hypoechoic, and mildly swollen. The gallbladder was unremarkable.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. However, the descending colon was thickened with early loss of mural detail and reactive mesentery.

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.

Free Abdomen

Trace amounts of free fluid noted in the abdomen between the liver lobes and adjacent to the spleen.



PATIENT

Gracie Paddison

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

12.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of Oakland

REFERRING VET

Dr. Sheldon

INVOICE

43536

DATE

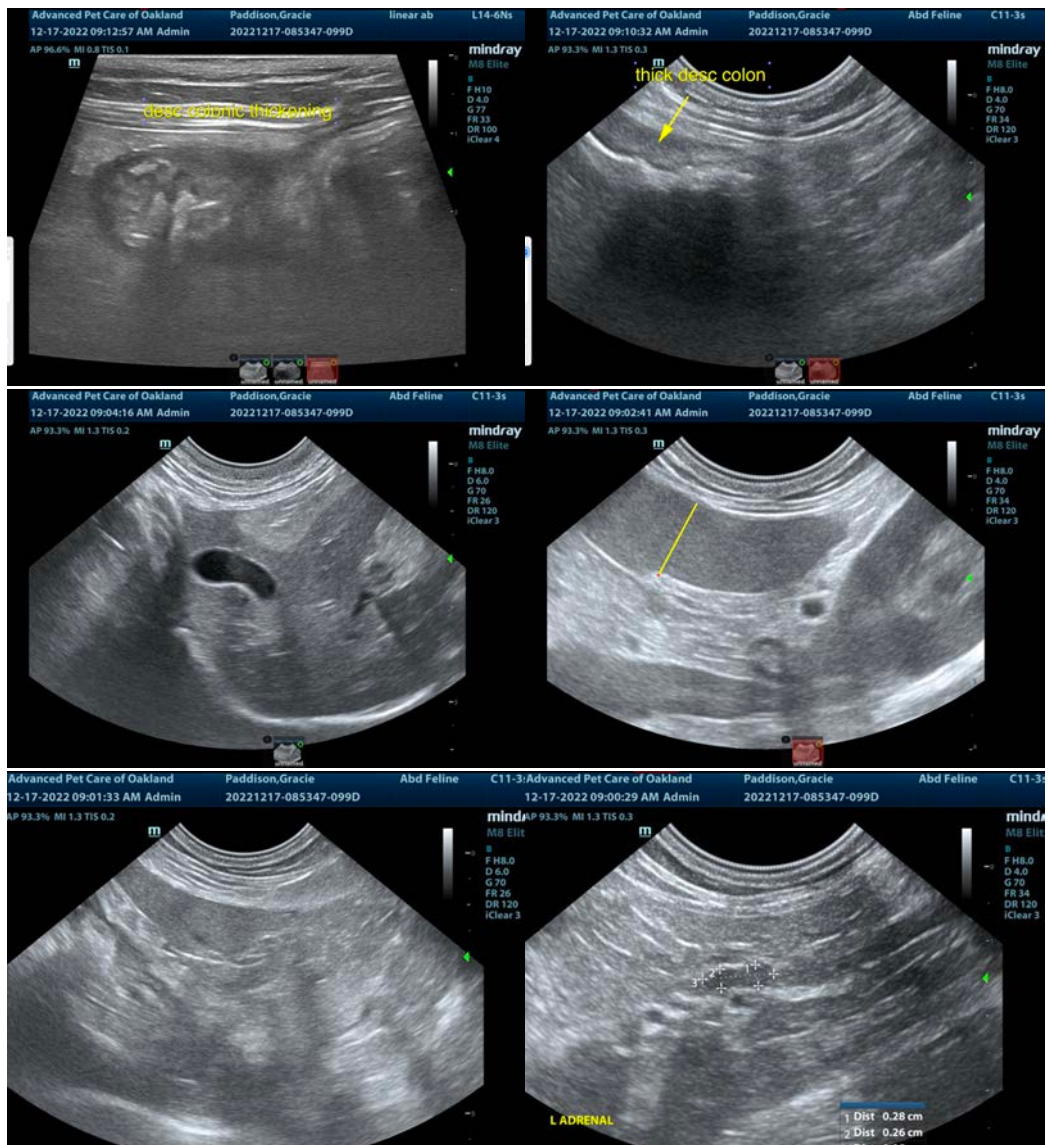
12/17/22

ULTRASONOGRAPHIC FINDINGS

- Splenohepatomegaly with trace free fluid
- Medullary rim kidneys
- Thickened descending colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for underlying FIP or round cell neoplasia in this patient. FNA spleen, liver, colonic wall all indicated. Given the Prednisolone treatment, partial suppression of the presentation may be an issue. Sampling is essential in this patient. Prognosis is guarded. Chest radiographs warranted if not already performed to assess for comorbidity.





PATIENT

Gracie Paddison

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

12.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of Oakland
Oakland

REFERRING VET

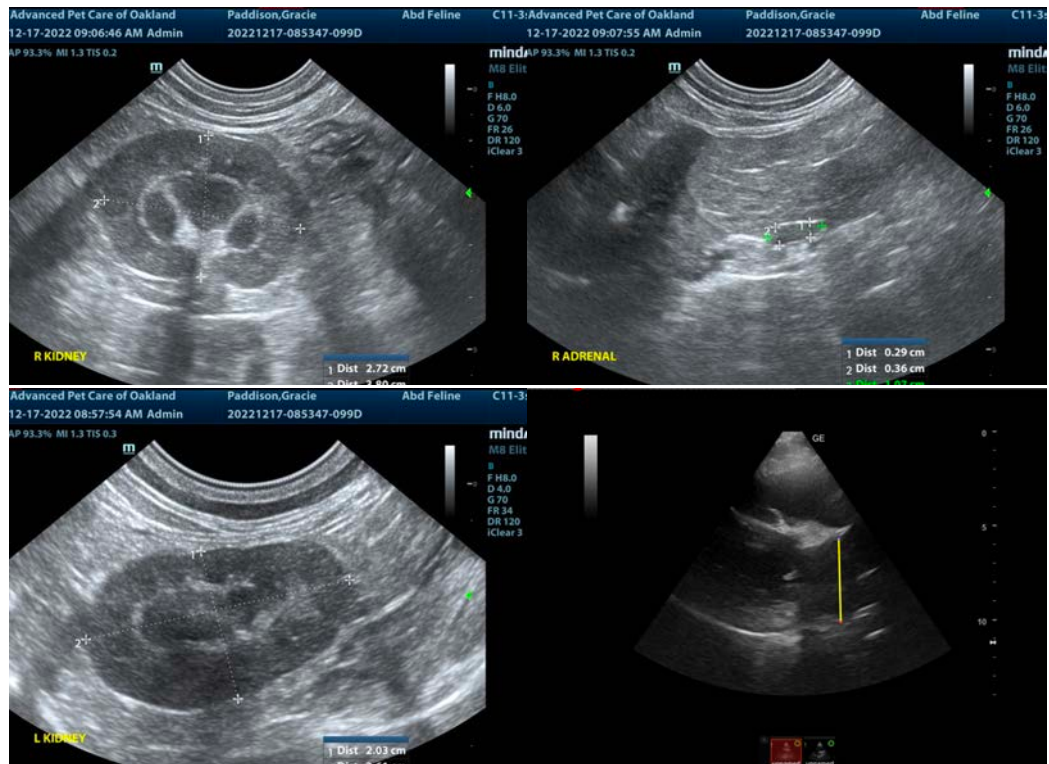
Dr. Sheldon

INVOICE

43536

DATE

12/17/22



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

info@SonoPath.com