



PATIENT

Sarah Nestor

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

11 ½ years

WEIGHT

7.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Emily Kirk

HOSPITAL NAME

Shiloh AH

REFERRING VET

Dr. Zimmerman

INVOICE

42333

DATE

12/22/22

PRESENTING CLINICAL SIGNS

History: Chronic vomiting and weight loss.
Abnormal PE/Chem/CBC/UA Results: Intestines feel grainy. Mild inflammatory leukogram otherwise unremarkable.

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 was 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. The left kidney measured 3.55 cm. The right kidney measured 3.61 cm with a 0.5 cm anechoic cyst in the right renal cortex.

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.

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 was noted.

Liver

The **liver** was mildly enlarged and slightly heterogenous with a hypoechoic parenchyma. This is a non-specific presentation. The gallbladder and common bile duct were unremarkable.

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



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Pancreas

The right limb of the **pancreas** revealed hypoechoic, irregular tissue. The pancreas was enlarged, irregular and undifferentiated. This is consistent with necrosis and pancreatitis, yet there is a potential for underlying carcinoma. The pancreatic pathology measured approximately 2.2 x 3.0 cm. Hyperechoic surrounding fat was noted. Adjacent to the pancreas the pancreatic lymph node was also enlarged.

ULTRASONOGRAPHIC FINDINGS

Enlarged, irregular pancreas. Strong concern for pancreatic carcinoma.

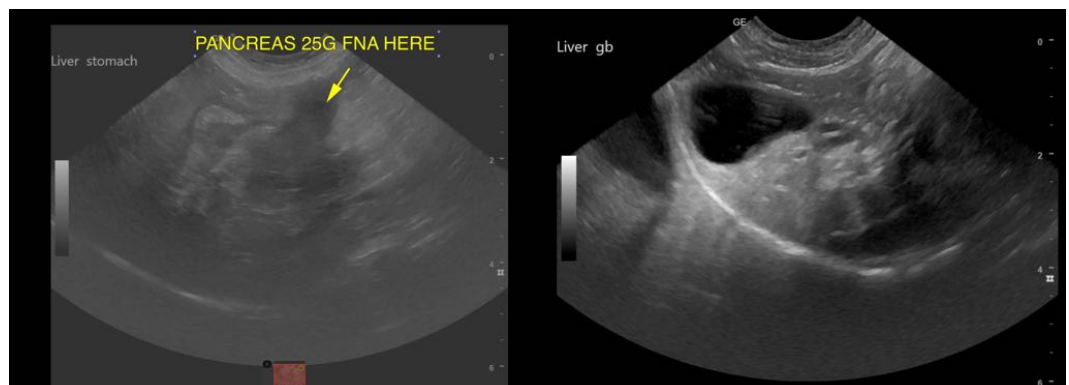
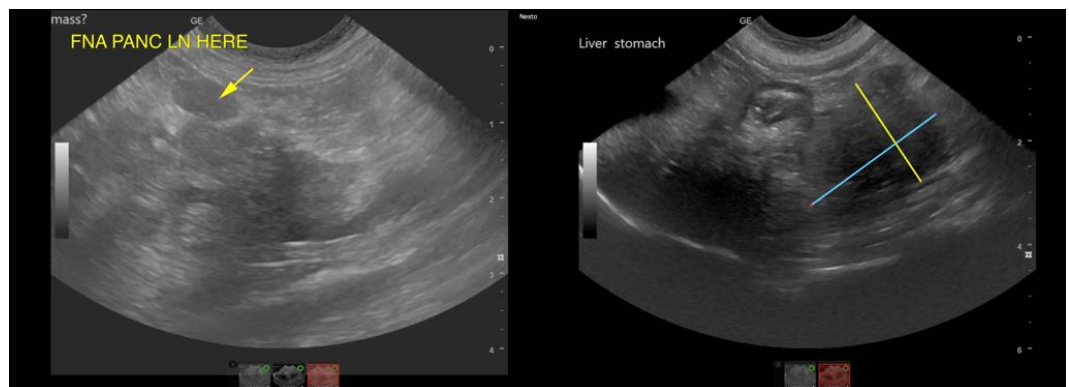
Minor heterogenous hepatic changes, potential for micrometastasis.

Age related renal changes otherwise.

Pancreatic lymph node enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA is strongly encouraged in the pancreas and liver after coagulation panel. FNA of the pancreatic lymph node would be ideal as well (see attached images). Chest radiographs are warranted to assess for comorbidity.





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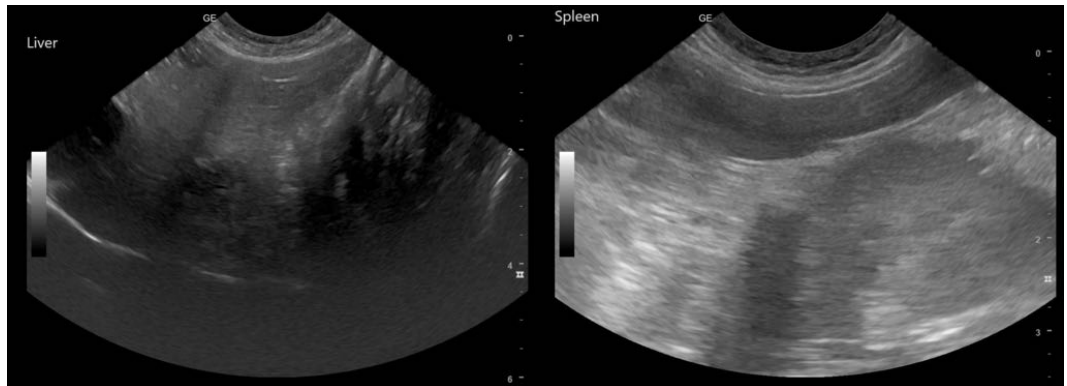
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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