



PATIENT

Mabel Ballard

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

8

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Maggiulli

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Weston

INVOICE

20245

DATE

12/25/22

PRESENTING CLINICAL SIGNS

History: pt had dental and mass removal from face at RDVM on 12/22, hasn't eaten or had a bm since then despite having an app. stim, other than O force feeding_ e/d- pt has not been eating since after dental appt on Thurs. (12.22), has been drinking water pretty well. UR/BM- ur wnl, no BM's. No signs of C/S/V/D per O. Per O its hard to tell if pt seems painful when attempting to eat, per O pt did receive a pain medication that should last for 4 days from when d/c that when eating shouldn't hurt. CURRENT MEDICATIONS/SUPPLEMENTS: amlodipine, mirtaz, revolution_ P has 4/6 left sided heart murmur, appears to have hypertension and on y/d-for hT4

Abnormal PE/Chem/CBC/UA Results: CBC: eosinophilia (1.64) Chem 17: ALKP (136), ALT (133), BUN (39) EPOC: hypocalcemia (1.19), CREA wnl (1.22), BUN elevated (44), hyperglycemia (149), hypokalemia (3.1), hypernatremia (147) Radiographs: Left kidney appears rounded and mildly enlarged. Increased sternal contact of the heart. Enlarged cardiac silhouette. Mineral opaque material pyloric outflow tract surrounded by soft tissue opaque material. FAST Scan: Region of hyperechoic hepatic tissue near gallbladder. Distended gall bladder. Regions of hyperechoic mesentery. Material within the stomach. No free fluid x4.

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** were fairly normal in size with slight irregular contour. Mild nonspecific increased cortical echogenicity was noted. The kidneys presented largely age-related changes, which were nonspecific and certainly not end-stage. The left kidney measured 3.4 cm. The right kidney measured 3.5 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 0.6 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially



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normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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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

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Other

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A rapid view of the **heart** revealed normal to slightly subnormal volume and tachycardia.

ULTRASONOGRAPHIC FINDINGS

- Slightly subnormal volume and tachycardia in the heart
- Age-related hepatic and pancreatic changes
- Nonspecific age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cardiac examination is recommended, as well as EKG. No obvious evidence of abdominal disease in this patient. Orthopedic/spinal pain, CNS or thoracic disease should all be considered, as well as potential oral pathology yet no evidence of abdominal pathology influencing the clinical signs.

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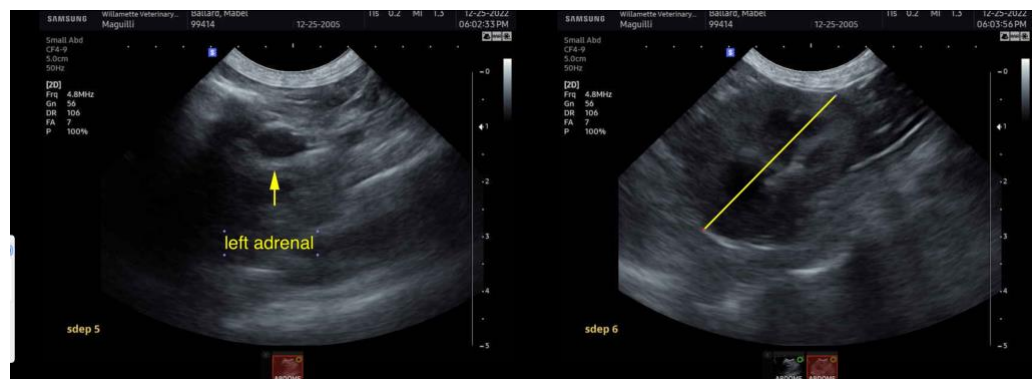
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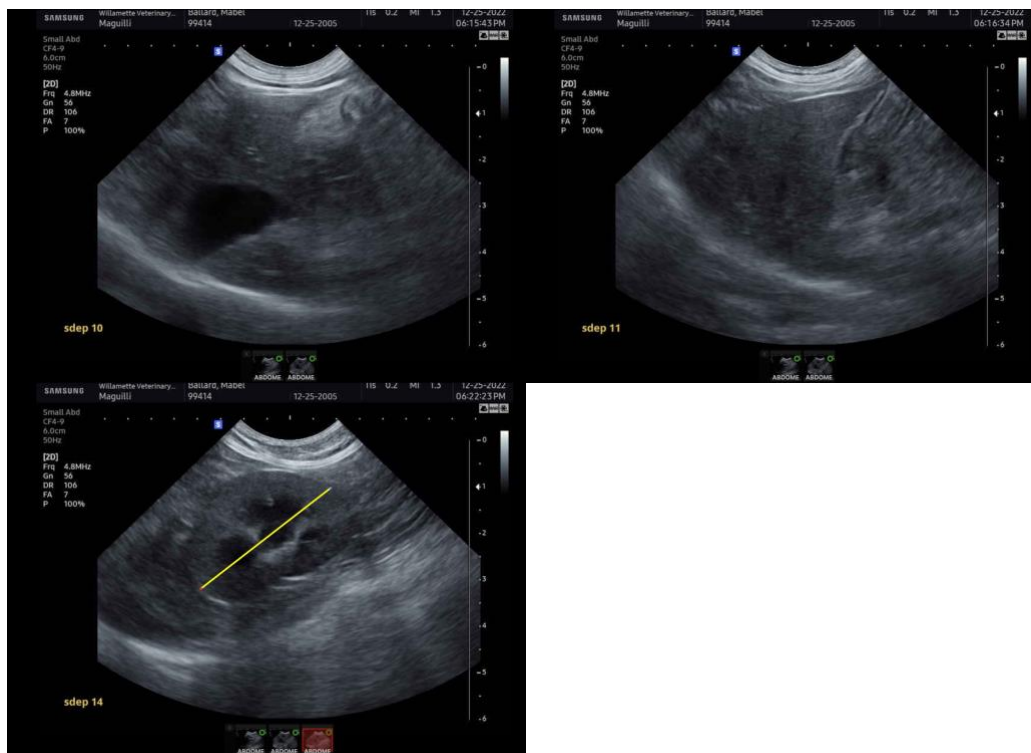
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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