



PATIENT

Rosie Fritz

PRESENTING CLINICAL SIGNS

History: Not been eating or drinking for multiple days and has been hiding under the bed, very lethargic. Constipated. Hx of hyperthyroidism - currently being controlled with medication.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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.

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 minor 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 kidneys measured 4 cm each.

AGE

14 Years

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

WEIGHT

3.02 kg

Spleen

The **spleen** was slightly enlarged (9 mm) and 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. Caudal folding of the spleen was noted.

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 pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

IMAGING PERFORMED BY

Matt McGee

HOSPITAL NAME

Mason Dixon AEH

Gastrointestinal

Excessive **GI** gas was noted with hyperperistalsis. No evidence of neoplasia.

REFERRING VET

Michelle Bateman,
DVM

Pancreas

INVOICE

13160

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.

DATE

12/27/21

Free Abdomen



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The mesenteric **lymph nodes** (an example measured 1.02 cm x 0.35 cm) 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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with geriatric changes
- Reactive mesenteric lymph nodes
- Excessive GI gas with hyperperistalsis

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

No specific pathology responsible for the clinical signs. Other causes of anorexia and lethargy (such as orthopedic/spinal pain, thoracic or CNS disease) should be considered.

Spayed Female

AGE

14 Years

WEIGHT

3.02 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Matt McGee

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

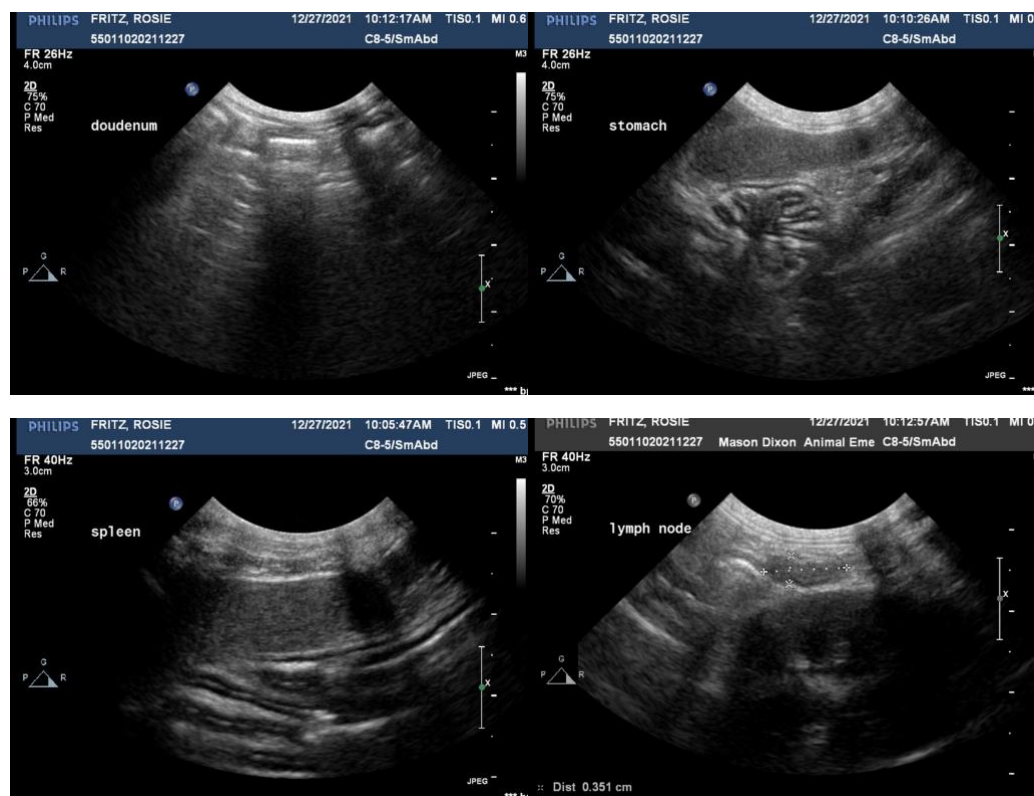
Michelle Bateman,
DVM

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DATE

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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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com



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WEIGHT

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