



**PATIENT**

Kaygon Moore

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

14.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kayla Hanson

**HOSPITAL NAME**

Yorkville AH

**REFERRING VET**

Dr. Fourez

**INVOICE**

33239

**DATE**

12/3/21

**PRESENTING CLINICAL SIGNS**

lethargic/vomiting for 2 days. not eating. patient is icteric  
Abnormal PE/Chem/CBC/UA Results: p is in DKA u/a showed glucose 4+ on 12/2 BW showed MONO HIGH 1.28k/ul, GLU 371mg/dl, ALT 601u/l, ggt 9u/l, TBIL 6.9mg/dl, CHOL 230mg/dl, K 3.0mmol/L low on 12/2/21

**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. The right kidney measured 4.15 cm. Slight pinpoint mineralizations noted. The left kidney measured 4.16 cm with minor pyelectasia and presented a pericapsular inflammatory pattern.

**Adrenal Glands**

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

**Spleen**

The **spleen** was enlarged with scalloping contour, measuring up to 1.3 cm.

**Liver**

The **liver** was enlarged and mildly hyperechoic to falciform fat. The gallbladder wall was mildly thickened.

**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.

**Pancreas**

The **pancreas** was hypoechoic and irregular with regional hyperechoic inflammation, primarily in the right limb.

**Free Abdomen**

The cranial abdomen revealed a 2.0 cm x 1.5 cm hypoechoic, undifferentiated structure, may be related to the pancreas. Ultrasound guided FNA warranted.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic pyelonephritis pattern left kidney
- Splenic enlargement



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- Pancreatitis – possibility of pancreatic carcinomatosis given the free fluid and ill-defined changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Hepatic lipidosis versus underlying round cell neoplasia. Full coagulation panel warranted with ultrasound guided FNA of the liver and spleen for further definition. Treatment for pancreatitis and lipidosis warranted in the meantime. Full urinary workup warranted.

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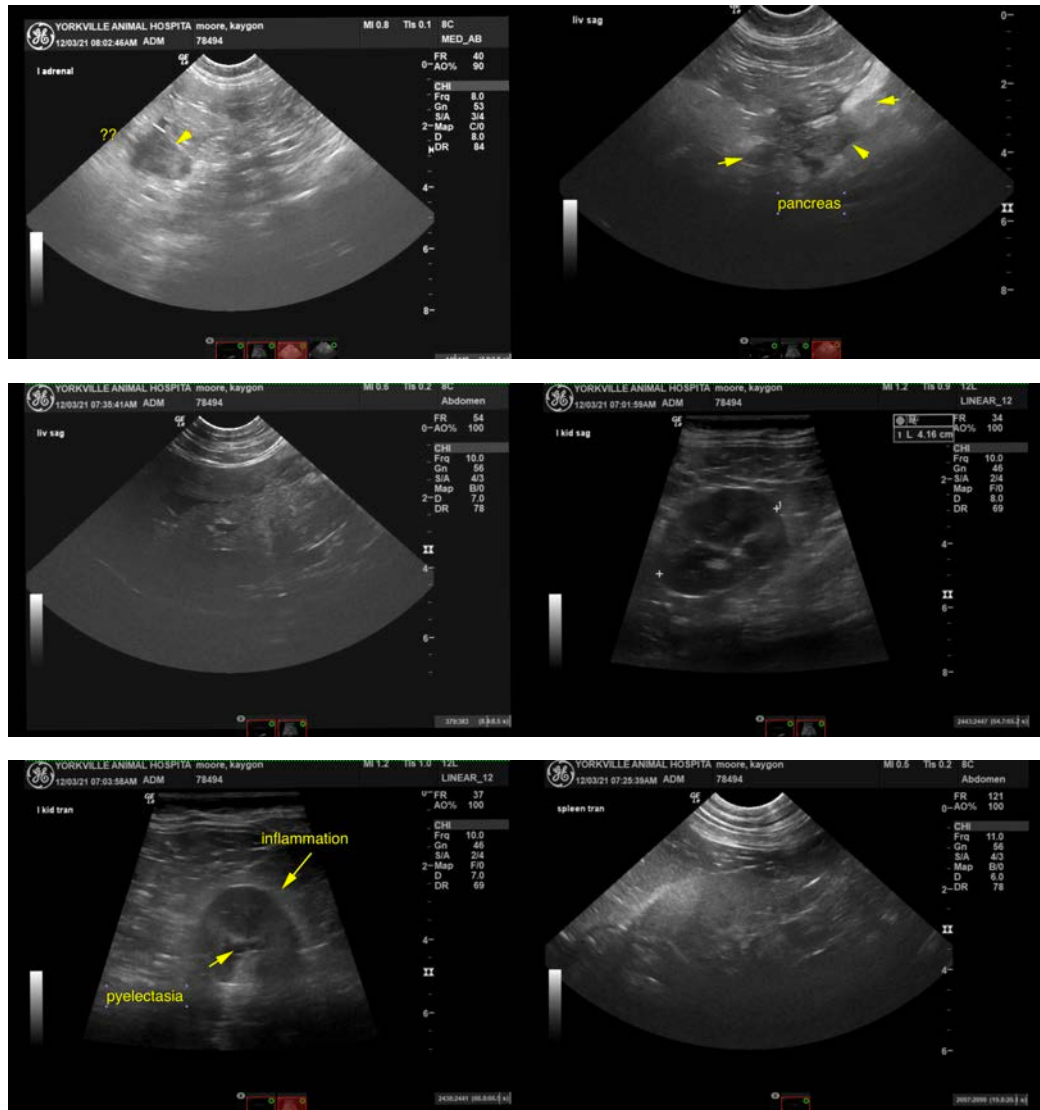
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)