



**PATIENT**

Cass Worley

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

5.35 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Kristin Peterson,  
DVM

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Kristin Peterson,  
DVM

**INVOICE**

13230

**DATE**

12/30/21

**PRESENTING CLINICAL SIGNS**

History: Brief History: Vomiting started wed-sun. Anorexia for 1 week. presented to salem ER 12/26. Labs wnl. Rads wnl per O (do not have a copy). On presentation was painful abd, hypersalivating  
Radiographs: CONCLUSIONS: 1. The thorax is radiographically normal. 2. The appearance of the stomach may be due to functional ileus such as with severe gastroenteritis, pancreatitis, pain, or metabolic derangements. Additional consideration is given to a pyloric obstruction secondary to the presence of a foreign body or a mural mass lesion. 3. The small intestines are radiographically normal. However, conditions such as enteritis, inflammatory bowel disease, and round cell neoplasia are not ruled out. 4. The increased opacity of the fecal material in the colon may be due to desiccation of the fecal material such as with patient dehydration or due to previous ingestion of mineral opaque foreign material. 12/29 6 AM Recheck abdominal rads - CONCLUSIONS: Persistent gastric gas distention does raise concern for a partial mechanical obstruction of the pyloric outflow tract. However, no obstructive lesion can be identified in this examination. Therefore, functional ileus (e.g. due to gastritis, pancreatitis or other systemic disease) is still considered. There is no evidence of obstruction within the proximal duodenum. There are suspected chronic, healed fractures of the right 12th and 13th ribs, considered incidental

**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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with moderate chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.0 cm. The right kidney measured 3.0 cm. Blood flow to the kidneys was subnormal on color flow assessment.

**Adrenal Glands**

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

**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**



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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.

### **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**

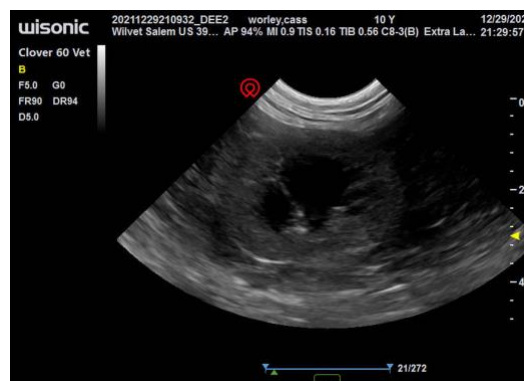
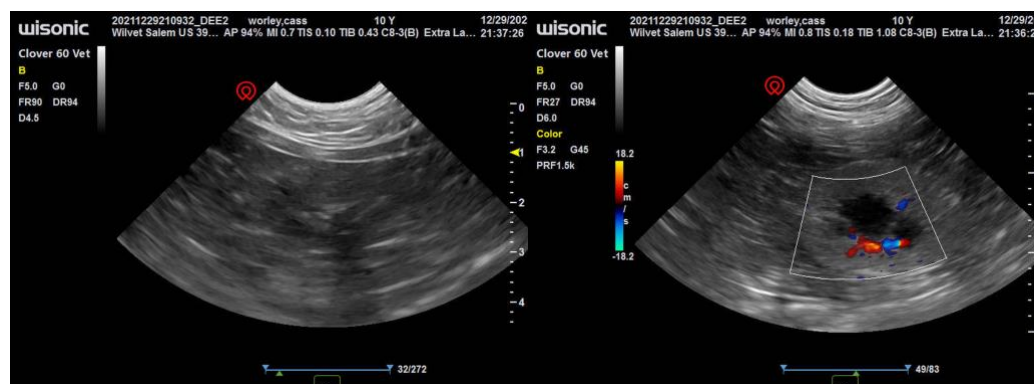
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### **ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable abdomen
- Moderate degenerative renal changes, interstitial nephrosis pattern

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Renal values should be monitored carefully in this patient and long-term management.





**PATIENT**

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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.

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Feline

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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info@SonoPath.com

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