

IMAGING PERFORMED BY

IntraPet.com



 **SonoPath**

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268  info@sonopath.com  SonoPath.com

**DATE PRESENTING CLINICAL SIGNS**

2/2/22 2-2-2022 / Eldersburg Veterinary Hospital / Dr. Alper  
Snowball Thompson

**PATIENT** Feline / Domestic Shorthair / Female Spayed / 7-3-2007 / 11 Lbs.

Snowball Thompson History: not eating well, and skin issues.

**SPECIES** Current Medications: Convenia injection 0.5ml given 1/25/22  
Depo Medrol 20mg/ml .75ml given - 1/25/22.

Feline Lab Results: USG 1.048, hematuria, Amylase 2055  
Radiographs: Excessive GI gas, mild cardiomegaly.

**BREED** Date of Previous IntraPet Ultrasound: No previous IntraPet scans.  
DSH Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Spayed Female **Urinary System**

**AGE** 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.

7/3/07

**WEIGHT** 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 3.81 cm.

11 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

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

**IMAGING PERFORMED BY**

**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.

Andi Parkinson RDMS

**HOSPITAL NAME**

**Liver**

The **liver** was slightly enlarged, uniform. Minor coarse architecture noted. The gallbladder was unremarkable. The vena cava was dilated 0.67 cm.

Eldersbur Vet Hospital

**REFERRING VET**

Dr. Alper

**INVOICE**

35403

**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

## **Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. The pancreatic duct was dilated at 0.42 cm. Hypoechoic undulating contour noted in the right limb of the pancreas with enlargement up to 0.93 cm. 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.

## **Free Abdomen**

A minor amount of ascites noted in the cranial abdomen.

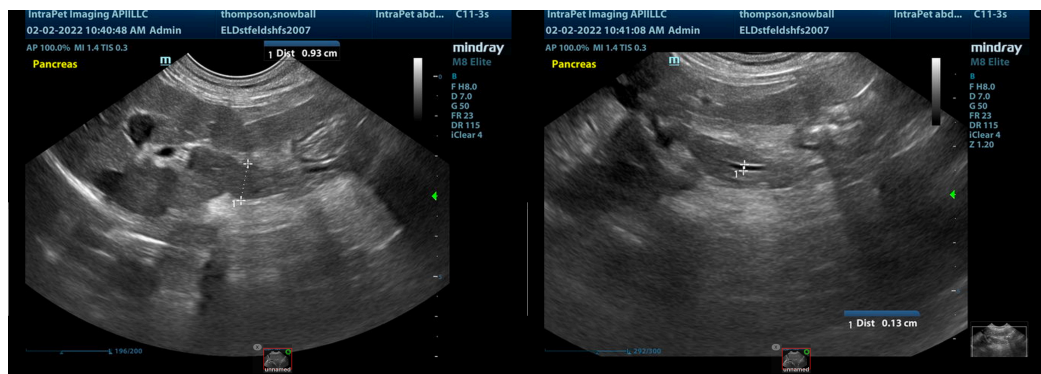
Rapid view of the heart revealed slight left atrial enlargement. However, further imaging is necessary.

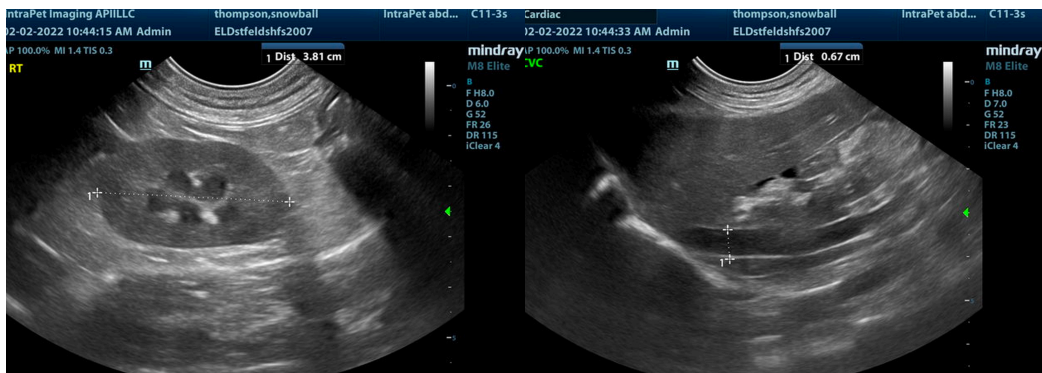
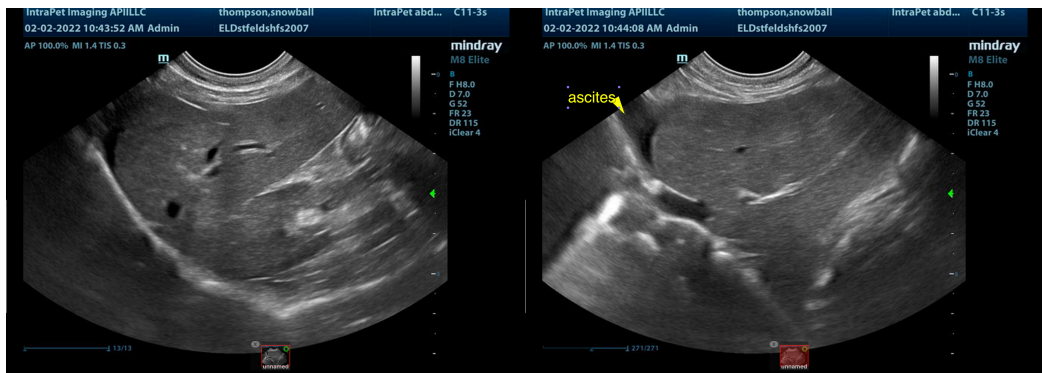
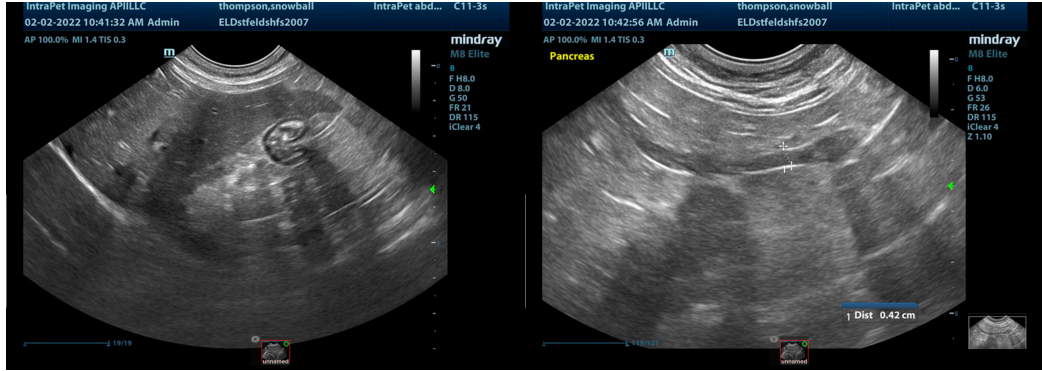
## **ULTRASONOGRAPHIC FINDINGS**

- Hepatomegaly and mild passive congestion hepatic pattern
- Prominent, irregular pancreas
- Mild ascites adjacent to the liver – suspect passive congestion.

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

Subxyphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Recommend echocardiogram in this patient +/- chest CT to assess caudal mediastinal pathology even though the radiographs were unremarkable in this regard. FNA of the liver recommended to ensure an occult neoplastic event such as lymphoma is not emerging, as this can also be a cause of free fluid.





**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)