



PATIENT

Sophia Sheely

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

15 years

WEIGHT

10.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Campbell

INVOICE

96269

DATE

2/23/22

PRESENTING CLINICAL SIGNS

Sophia is a fifteen year old, FS, DSH cat who presented 2/15/22 for inappropriate urination. On exam, Sophia had lost weight, so blood work was run in addition to her urinalysis. Her urine was collected by cystocentesis and showed both excessive rods and cocci, <1/hpf WBC, 7/hpf RBC, USG 1.025, and a trace of protein. Her blood work revealed an elevated fPL (10.8, range 0-3.5), SDMA (20, range 0-14), Creatinine (3.6, range 0.9-2.3), BUN (80, range 16-37), ALT (255, range 27-158), and AST (141, range 16-67) She also had low potassium (3.0, range 3.7-5.2) and T4 (0.6, range 0.8-4.7). In addition, she had a mildly low lymphocyte count (694, range 850-5850), RBC (6.08, range 7.12-11.46), hemoglobin (10.2, range 10.3-16.2) and low normal HCT (30.4, range 28.2-52.7). We began marbofloxacin 25mg SID, potassium gluconate 2mEq BID, aluminum hydroxide powder BID, and Cerenia 12mg SID. Sophia has also been on fluoxetine and Miralax chronically. Given her weight loss and changes in her renal, liver and fPL values, an abdominal U/S was strongly recommended.

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 was noted. Ureteral papillae were normal.

The **kidneys** presented moderate degenerative changes with corticomedullary calculi and mild pyelectasia. Blood flow to the kidneys appeared to be fairly normal to slightly subnormal on Power Doppler assessment. The right kidney measured 4.27 cm. The left kidney measured 4.04 cm.

Adrenal Glands

The left adrenal gland was enlarged, hypoechoic and irregular measuring 1.19 x 0.45 cm. The right adrenal gland was normal in size and contour.

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 was noted.

Liver

The **liver** revealed coarse architecture. The gallbladder and common bile duct 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

A large, mixed, hypoechoic mass was noted in the region of the pancreas or possibly attached to liver and occupying the area of the pancreas with superimposition. . The mass measured 5.0 x 3.0 cm. Peripheral inflammation was noted around the mass. The mass extended caudally to the midabdomen.

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ULTRASONOGRAPHIC FINDINGS

Extensive mass occupying the right pancreatic limb, possibly linked to the liver.

Irregular left adrenal gland, possible carcinoma.

Mild to moderate degenerative renal changes, yet do not appear end stage. Therefore, prerenal azotemia is likely playing a role.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the mass in the region of the pancreas is warranted. Carcinoma or sarcoma is suspected. Chest radiographs are warranted to assess for evidence of metastatic disease.

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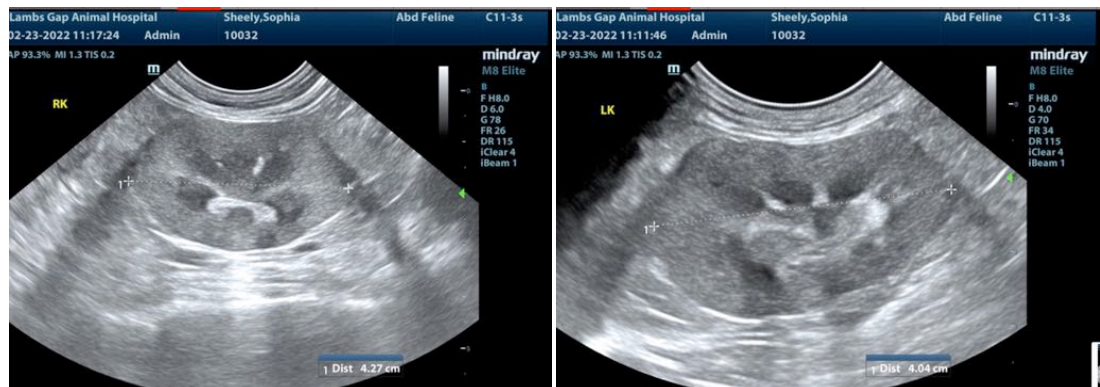
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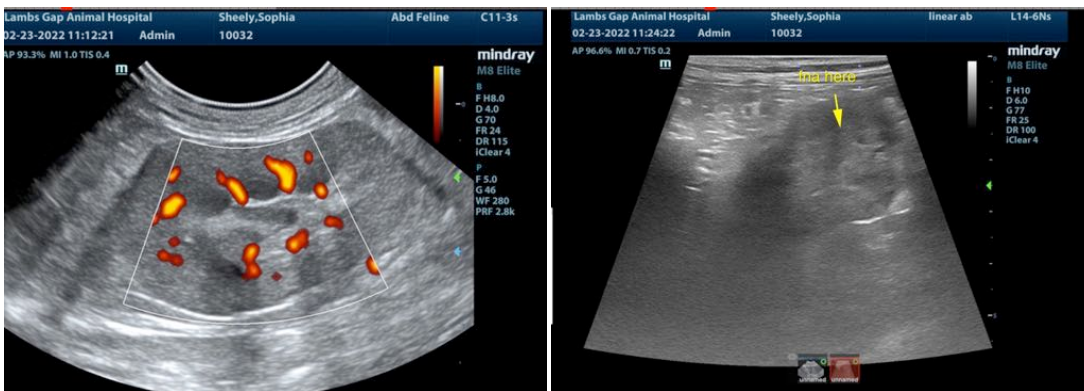
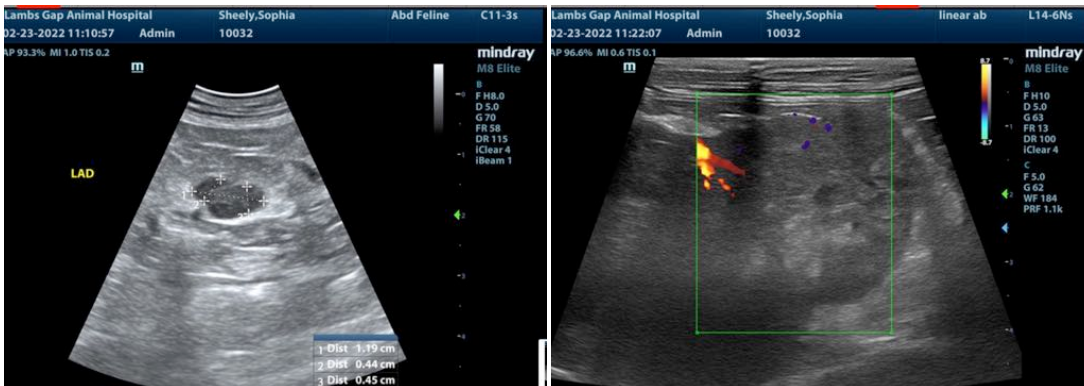
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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