

**PATIENT**

Rosie DePasquale

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Yrs 9 Mos

**WEIGHT**

14.63 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert IVUSS

**IMAGING  
PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Brooklyn Heights VH

**REFERRING VET**

Dr. Thomson

**INVOICE**

95822

**DATE**

02/03/22

**PRESENTING CLINICAL SIGNS**

History: Weight loss 2.5 lbs. In/out of litter box/diarrhea

History of UTI, cystitis

Bloated abdomen, lethargic

Evaluate for infiltrative dx – neoplasia, IBD, Cystitis/UTI, Pancreatitis

Labs + Radiographs attached

**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** 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 this age patient. Medullary structure differed distinctly from that of the cortex. Trace pyelectasia of the right kidney was noted and measured 0.23 cm. The right kidney measured 3.7 cm with slight areas of pinpoint, non-obstructive mineralization. The left kidney measured 3.88 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

**Spleen**

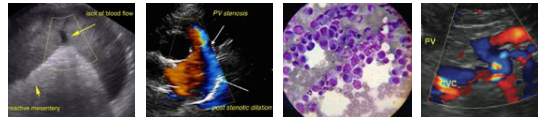
The **spleen** was slightly enlarged and measured 0.95 cm with minor scalloping contour.

**Liver**

The **liver** revealed a double layered, yet collapsed gallbladder. The liver was swollen and irregular with surrounding areas of free fluid.

**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.



## PATIENT

**Pancreas**

Rosie DePasquale

The **pancreas** revealed a dilated duct and undulating contour with hypoechoic parenchyma. Pancreatic duct dilation of 0.41 cm was noted with nodular and microcystic changes throughout. Enhanced mesentery was noted around the pancreas. This is suggestive for subacute on chronic inflammation.

## SPECIES

Feline

## ULTRASONOGRAPHIC FINDINGS

## BREED

Chronic active pancreatitis pattern with cholangitis and swollen liver.

DSH

Free fluid, concerning for emerging round cell neoplasia.

## SEX

Spayed Female

Moderate chronic degenerative renal changes.

## AGE

14 Yrs 9 Mos

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated. Ideally FNA of the pancreas would be considered to rule out neoplasia as well as assess inflammatory cell type. If abdominocentesis can obtain a portion of fluid, which may be difficult owing to the minor amount, then cytospin and culture of that fluid would be appropriate. The prognosis is guarded. 48-72 hour IV fluid support, broad spectrum antibiotics and supportive care is indicated followed by reassessment of the sonogram. Guarded prognosis.

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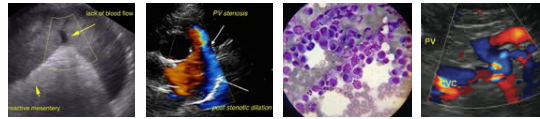
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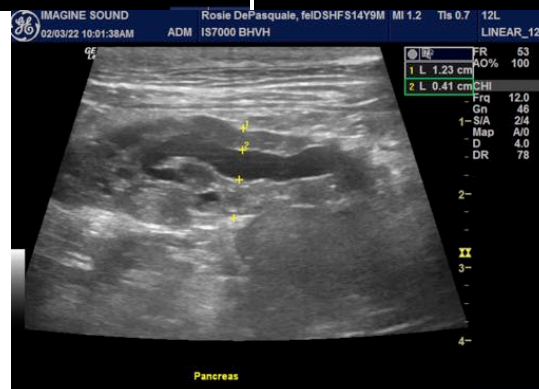
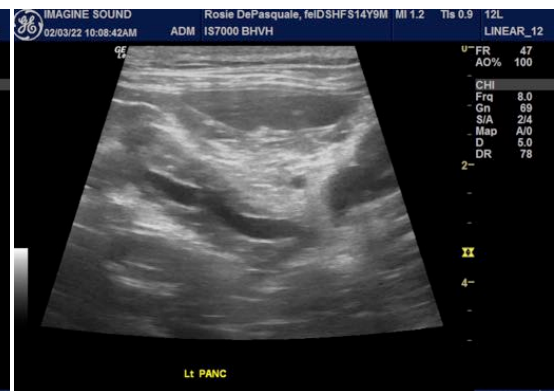
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com