



PATIENT

Paislee Morrison

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

3 ½ years

WEIGHT

10.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Kinney

INVOICE

95830

DATE

2/7/22

PRESENTING CLINICAL SIGNS

Paislee is a 3.5 YO f/s DSH that has had chronic intermittent vomiting. Her medical records shows she came in 11/2019 for vomiting. LK has discussed various tx/dx with client. There is a cat named Tyler in the house that is a bully per records. There are notes about re-homing and declawing in chart. Owner presented to CAK 11-19-21 for off and on vomiting-will vomit 3x a week then doesn't vomit for a week. Owner wanted to do all diagnostics at this visit (AUS and malabsorption panel). Blood work sent out and no concerns noted-T4 and spec fPL were WNL. An AUS and GI panel was recommended. A diet trial was also discussed. Owner elected to do a food trial with z/d. Per owner vomiting on the z/d, offered HA, owner tried for one month and Paislee was still vomiting and both cats did not like food. Owner called 1-25-22 to schedule AUS and Texas GI panel. AUS recommended by LK and CAK to assess GI tract including intestines and assess for any abnormalities.

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.87 cm. The left kidney measured 3.8 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. The left adrenal gland measured 0.27 cm. The right adrenal gland measured 0.3 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.03 cm.

Liver

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



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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.

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Gastrointestinal

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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. There are areas of muscularis hypertrophy noted, but no loss of mural detail. Soft stool was noted in the colon. Slight mesenteric lymph node enlargement was noted.

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Pancreas

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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.

WEIGHT

10.4 lbs

ULTRASONOGRAPHIC FINDINGS

Minor intestinal thickening, slight splenic enlargement. Likely inflammatory bowel and reactive spleen. Slight mesenteric lymph node enlargement.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any weight loss is present then FNA of the spleen is indicated. Full thickness GI biopsies would be ideal.

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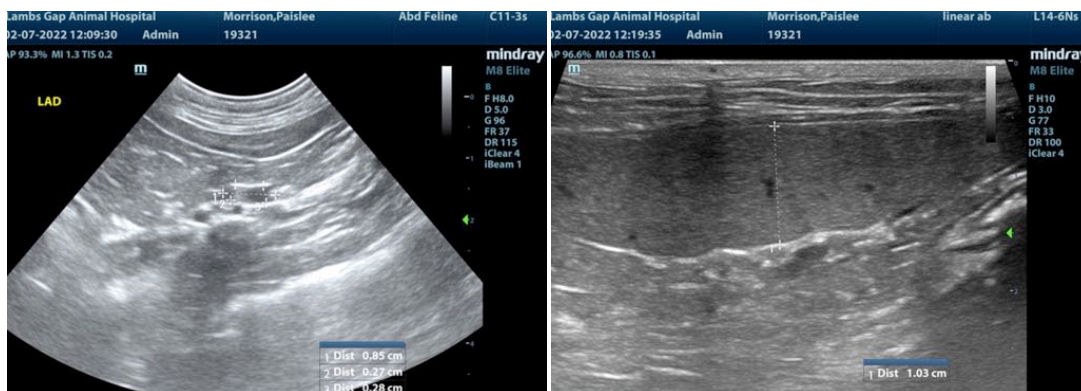
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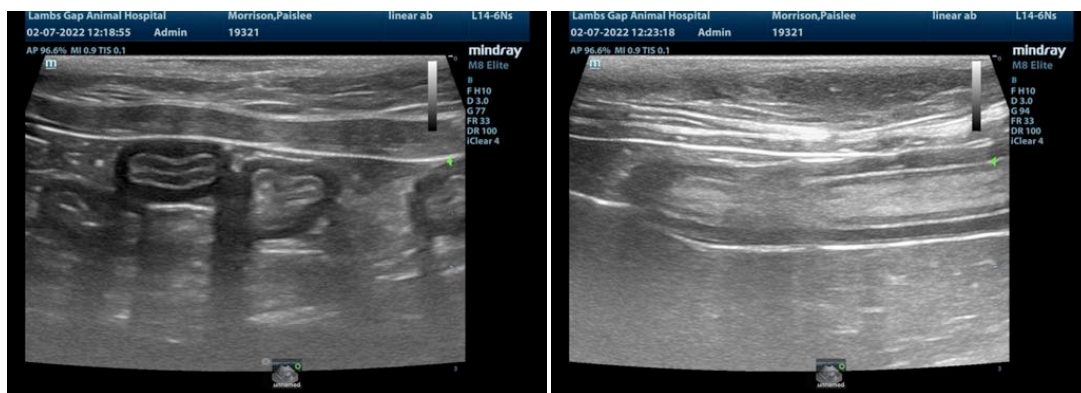
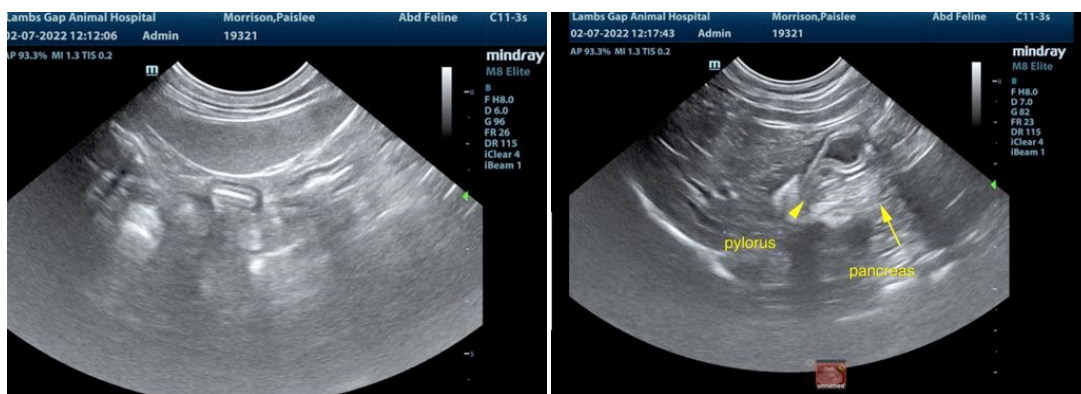
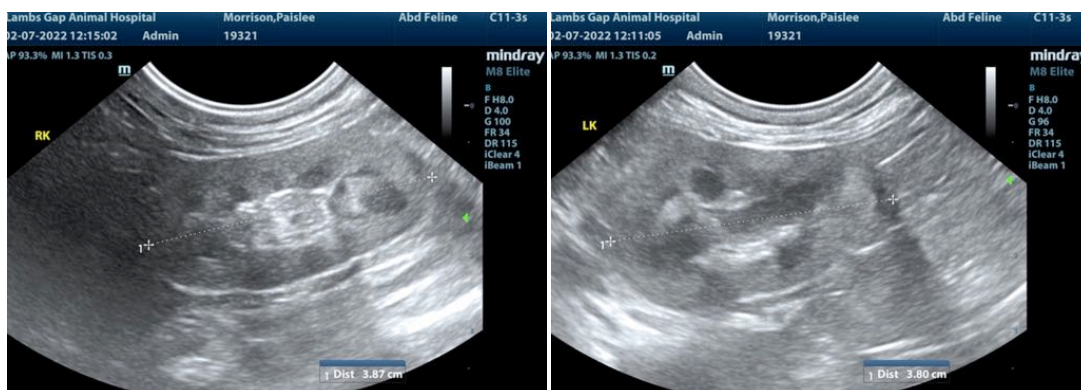
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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