



## PATIENT PRESENTING CLINICAL SIGNS

**Lola Dudley**  
Presented on ER for weight loss, vomiting, and inappetence. Managed by rDVM and had labwork which was "normal" 1.5mo ago. Radiographs did not show any significant findings today, P is emaciated so serosal detail was very poor. Possible scant free fluid on AFAST.  
**Abnormal PE/Chem/CBC/UA Results:** Current Medications Cerenia, Mirataz, SQF

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

4.75 Pounds

## 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 **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 left kidney measured 3.38 cm. The right kidney measured 3.73 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 right adrenal gland measured 0.29 cm. The left adrenal gland measured 0.25 cm.

### 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

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

### Gastrointestinal

The **stomach** itself was unremarkable. Some areas of spastic bowel were present. Transit of chyme into the small intestine appeared to be normal, no evidence of obstruction. No evidence of foreign body. Soft stool noted in the colon.

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

VCA Salem AH

## REFERRING VET

Dr. Wermuth

## INVOICE

35515

## DATE

2/8/22



**PATIENT** *Pancreas*

Lola Dudley 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.

**SPECIES**

Feline

**Free Abdomen**

Trace amounts of free fluid noted in the abdomen.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Geriatric abdomen with gastroenteritis presentation
- Minor free fluid - likely owing to wasting/cachexia

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

No evidence of foreign body or neoplasia. Malassimilation of nutrients is a strong potential.

12 Years

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

**WEIGHT**

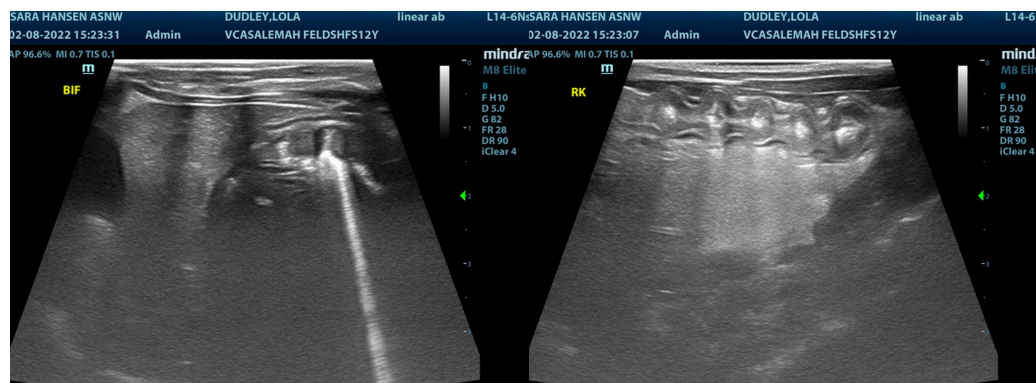
4.75 Pounds

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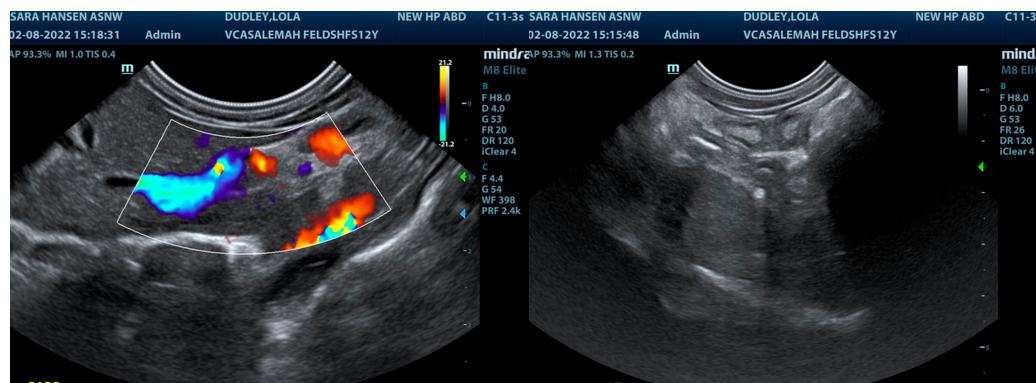
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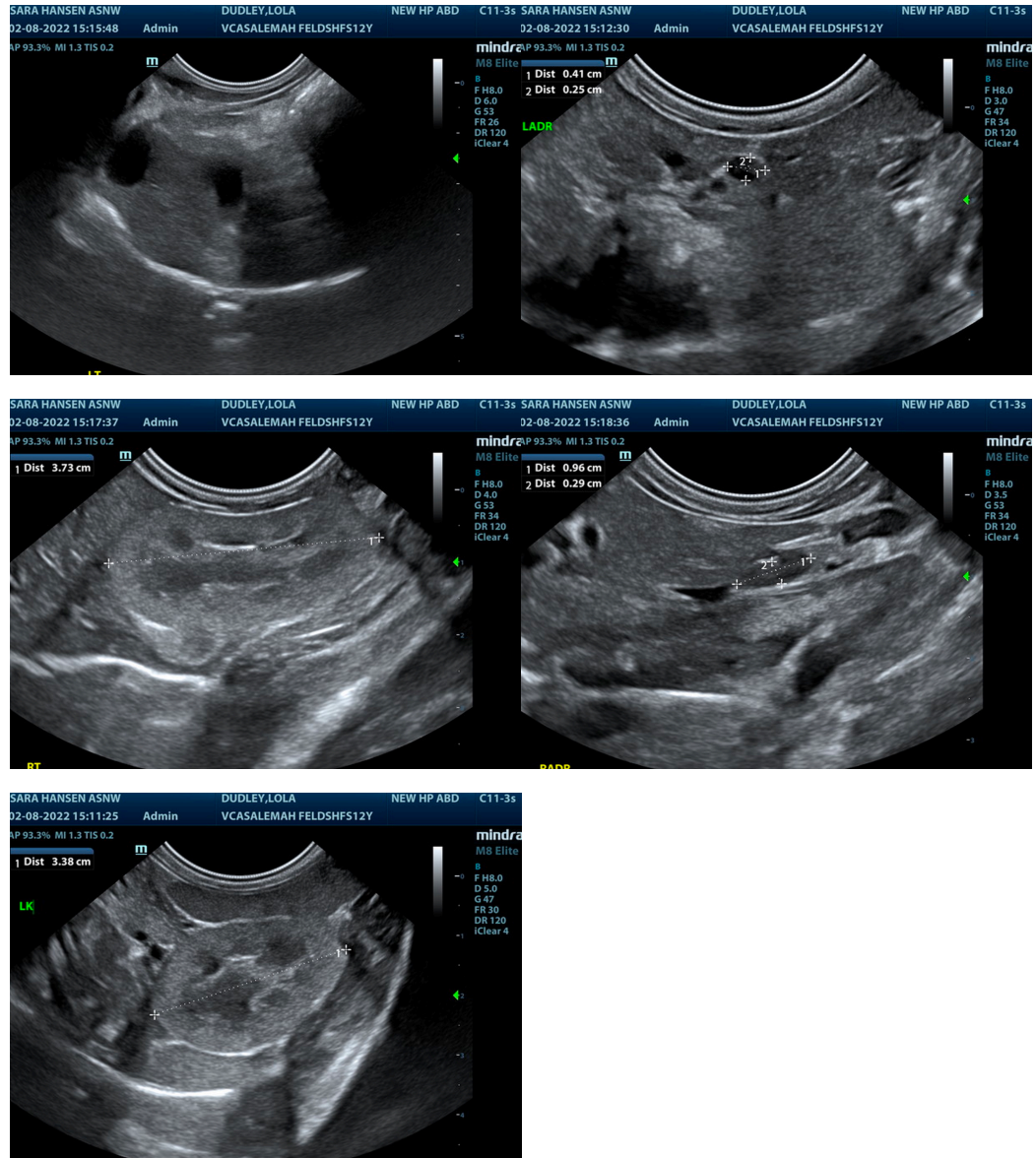
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

[info@SonoPath.com](mailto:info@SonoPath.com)