



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Kiki Gilchrest Presented 3/4/22 for acute onset hyporexia. Mild weight loss note (0.3 lb). Treated with SQ fluids, Cerenia, I/D food, and an enema. Rx Mirtazapine at recheck, and is eating a little.

SPECIES Abnormal PE/Chem/CBC/UA Results: PE: BCS 7/9 RADs: stomach wall appears thickened with visible rugae, and large stool in transverse colon. BW: NSF

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH 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.

SEX

Spayed Female 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 left kidney measured 3.97 cm. The right kidney measured 3.98 cm.

AGE

5 Years

Adrenal Glands

WEIGHT

11.7 Pounds

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 0.56 cm.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Ebersole

Liver

HOSPITAL NAME

Scanvet

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 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.

REFERRING VET

Dr. McMullin

Gastrointestinal

INVOICE

36101

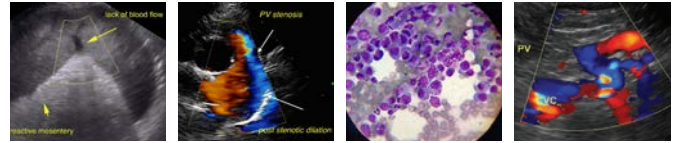
The **stomach** was filled with shadowing material, consistent with hard hairball or similar. Gastric wall was mildly thickened without loss of mural detail. The small intestine and colon were unremarkable.

Pancreas

DATE

3/10/22

The **pancreas** was coarse in architecture and hypoechoic with irregular parenchyma, suggestive for chronic active pancreatitis. The area in question is a region of approximately 2.0 cm x 2.0 cm at the right pancreatic base.



PATIENT

Kiki Gilcrest

ULTRASONOGRAPHIC FINDINGS

- Hairball density in the stomach
- Chronic active pancreatitis pattern

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management for hairballs recommended. Potential diet change to hydrolyzed diet, pain management, broad-spectrum antibiotics, and recheck sonogram in 7-10 days recommended. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

BREED

DSH

SEX

Spayed Female

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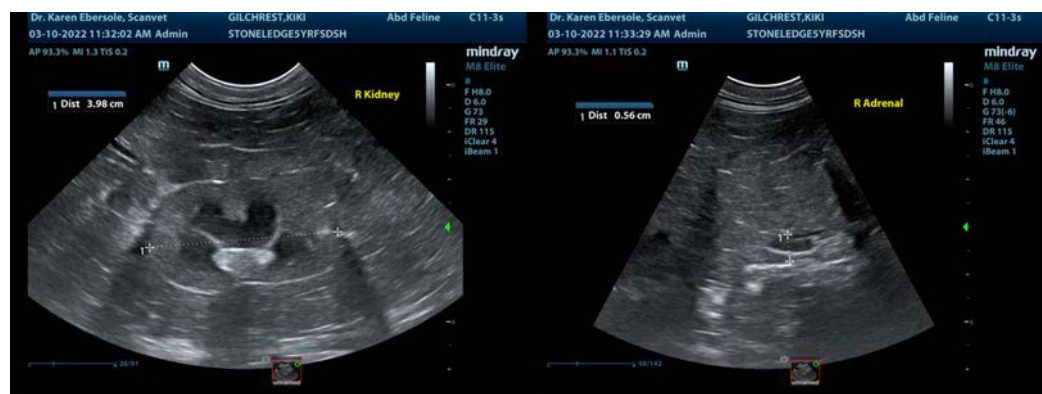
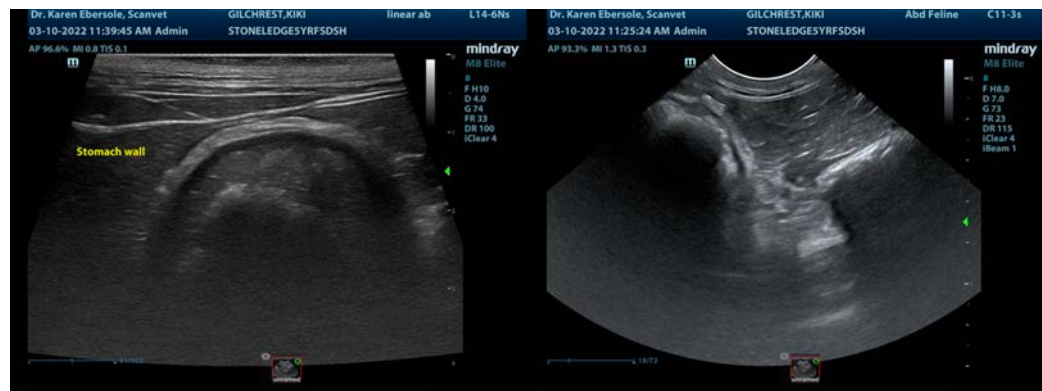
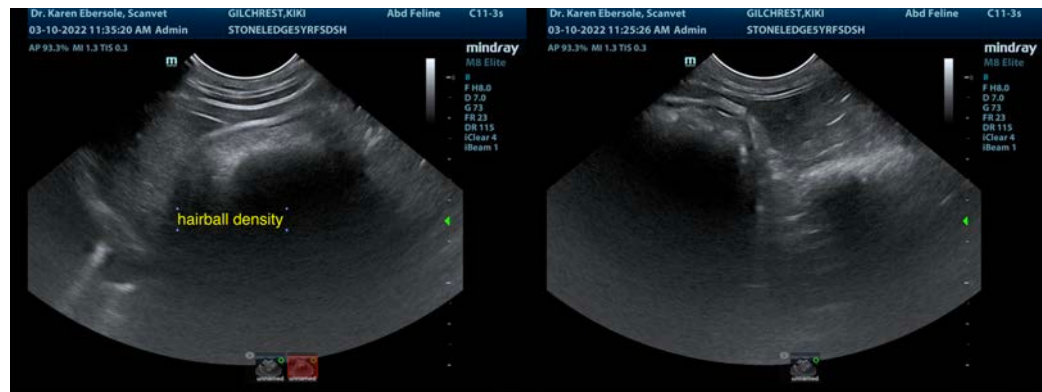
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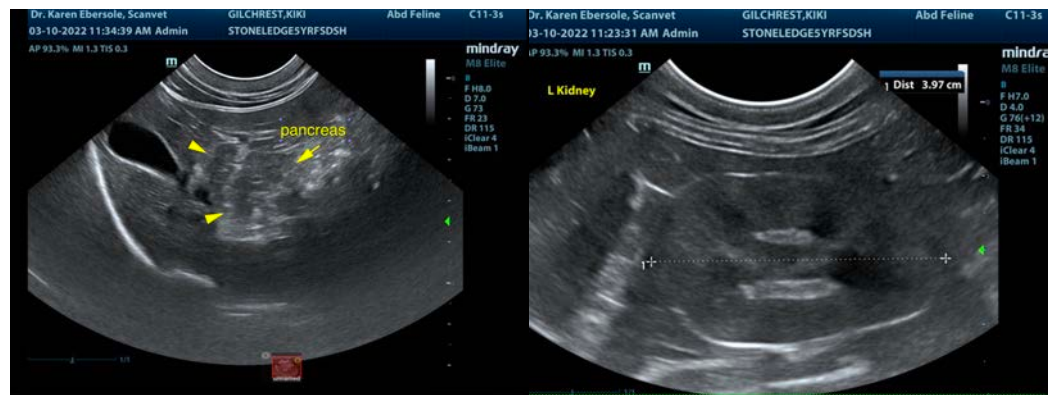
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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