



**PATIENT PRESENTING CLINICAL SIGNS**

Troya Lorenzo

History: Presented for an abdominal ultrasound. Pt presented to rDVM on 3-7-23 for evaluation of anorexia. Eats the treats but not the food. PT had an episode of vomiting after giving medications previously prescribed. O said that pt is drinking water and urinating normally. PT has a history of hyperthyroid. PT was given IV fluid, cerenia, famotidine and mirtazapine.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: PE: Dehydration BW: Increased TT4 : 6.9, Chem: K: >10, Decreased chloride 100, Increased ALP 119, Amylase 1516 CBC: wnl

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed female

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.

**AGE**

18 years

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. The right kidney measured 3.8 cm with trace pyelectasia.

**WEIGHT**

7.1 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 0.5 cm.

**IMAGING PERFORMED BY**

Dr. Ferrer

**Spleen**

**HOSPITAL NAME**

Pulse Pet Ultrasound  
Service

The **spleen** was enlarged with scalloping contour measuring up to 1.2 cm and was folded upon itself.

**REFERRING VET**

Dr. Rodriguez

**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.

**INVOICE**

43270

**DATE**

3/9/23



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**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. The mesenteric lymph nodes were reactive and measured up to 1.2 cm. A mesenteric cyst was noted and measured 1.17 cm. This may be a residual lymph node.

**Pancreas**

The **pancreas** was heterogenous, hypoechoic and irregular with areas of enhanced mesentery. The pancreatic duct was dilated with a maximum width of up to 1.13 cm.

**Free Abdomen**

An anechoic cyst was noted at the right base of the pancreas and measured 1.2 cm.

**ULTRASONOGRAPHIC FINDINGS**

Reactive mesenteric lymph nodes.

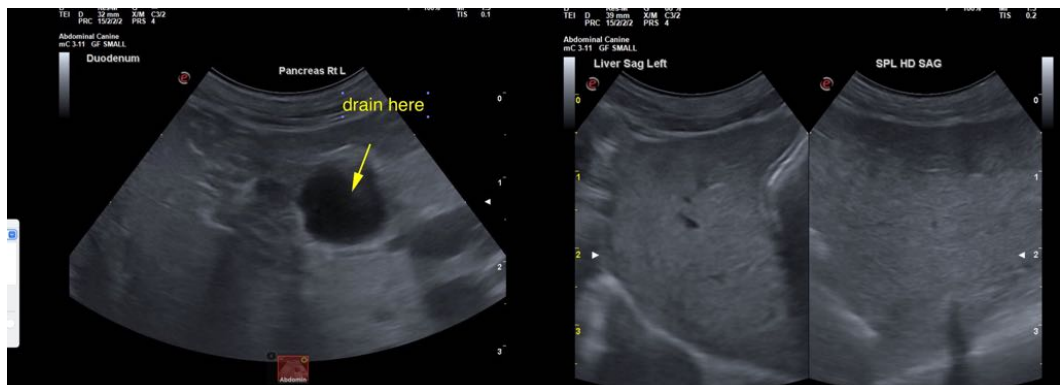
Intestinal thickening.

Chronic active pancreatitis pattern. Pancreatic cyst.

Age related abdominal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Supportive care for GI upset and pancreatitis should prove effective in this patient. Ultrasound-guided drainage of the cyst with cytology and culture can be considered of the pancreatic cyst.





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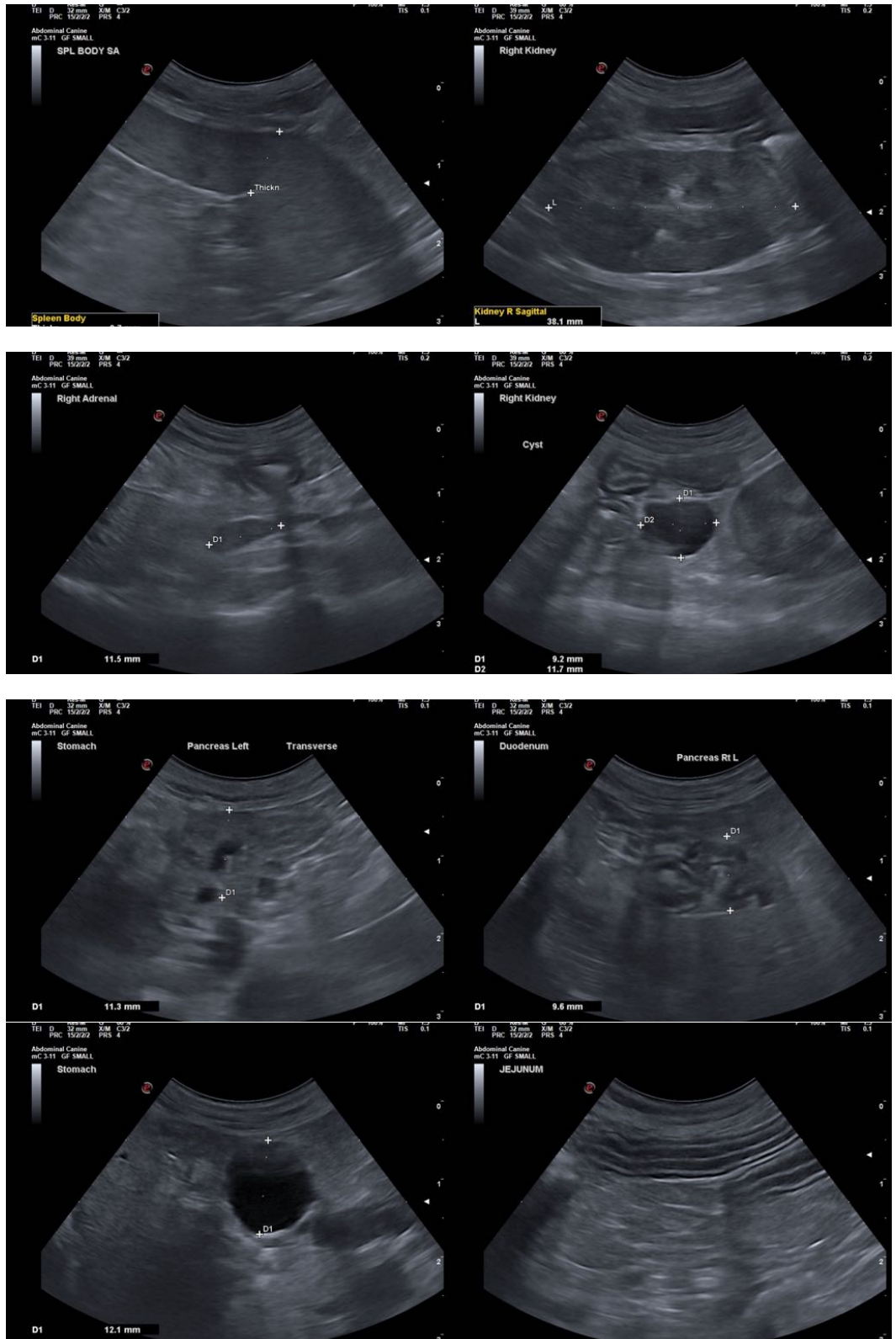
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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