



PATIENT

Emily Beasley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

11 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Dr. Sharon Stone

INVOICE

36116

DATE

3/11/22

PRESENTING CLINICAL SIGNS

Chronic vomiting with weight loss, started in December. Vomiting is projectile. Previous diagnosis of pancreatitis and renal insufficiency. Cat has arthritis. Takes Onsior daily.

Abnormal PE/Chem/CBC/UA Results: CBC = normal. Chemistry = BUN 33, Creat 2. T4 2.6. UA = dilute urine.

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 3.2 cm. The right kidney measured 3.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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 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.

Transdiaphragmatic view revealed comet tail lung pattern. Assessment for thoracic disease recommended.

Gastrointestinal

The **stomach** was filled with ingesta. The small intestine and colon were unremarkable. Slight mesenteric lymph node enlargement noted, reactive, measuring 1.0 cm x 0.4 cm.

Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

- Minor degenerative renal changes



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- Shadowing material in the stomach - suggestive of hairball accumulation.
- Comet tail lung pattern - suspicious for alveolar disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Chest radiographs warranted. IV fluid support to treat for prerenal disease indicated. Full urinary workup warranted if not already performed. Complicating factors such as prerenal insult, toxin exposure, infectious agents all possible causes of the azotemia.

BREED

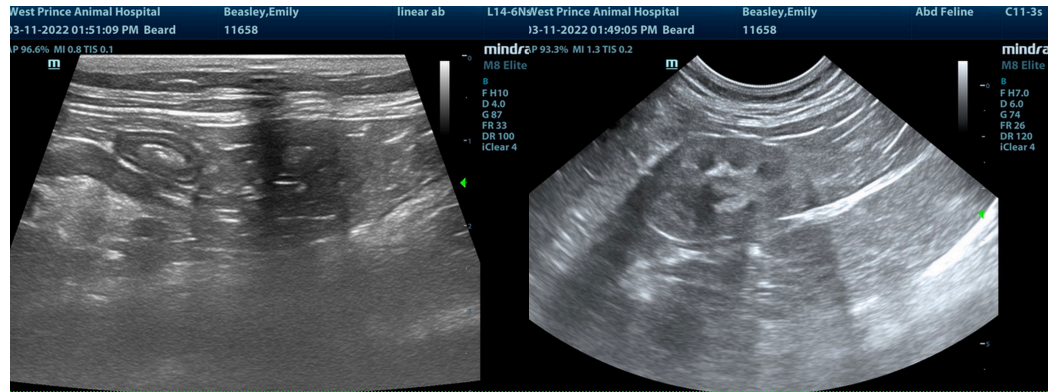
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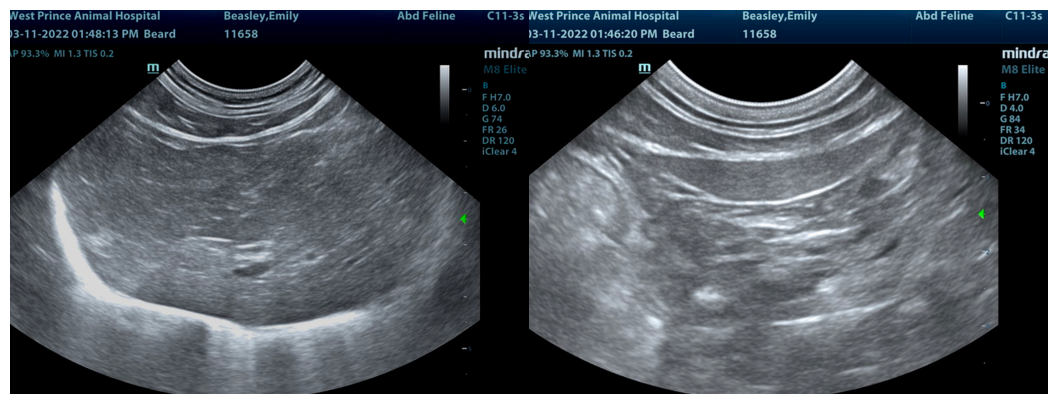
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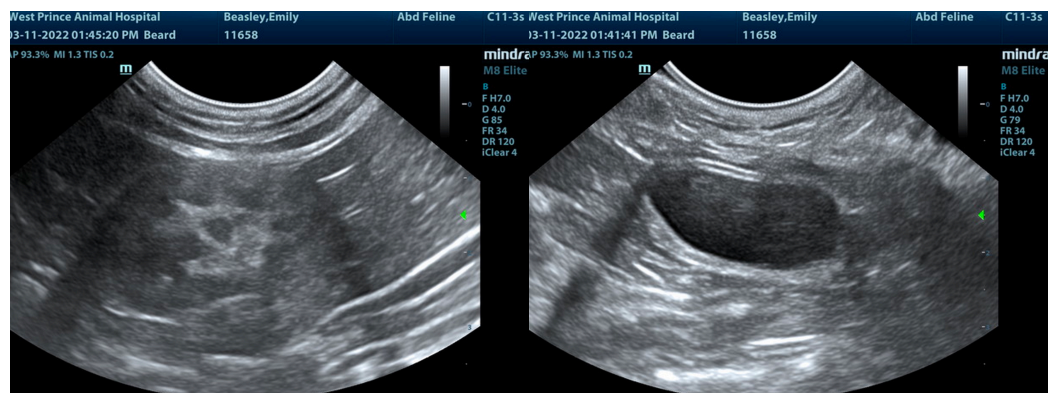
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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