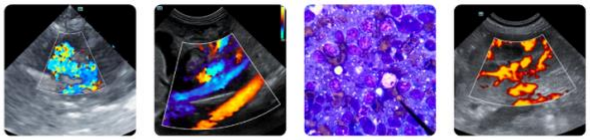


PATIENT

Sophie Painter

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

3.64

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Natalie Jackson

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Natalie Jackson

INVOICE

36228

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- History: This morning P started to get leth, not E/D O says P has not been purring O says P tends to purr all the time. O says P V+ twice this morning both were yellow stomach bile
- Duration (Date & Time): E went down over the last couple of days but everything else started this morning
- Abnormal PE/Chem/CBC/UA Results: PE: Hydration: Moderate dehydration Nasal Cavity: Abnormal: dried nasal discharge. Upper airway sounds appreciated from the nares Abdomen: Very tense on palpation and crouching/flinching with some palpation, no vocalizations of pain, no palpable masses or organomegaly appreciate, no distention appreciated CBC: Hct 36%, WBC 22%, Neut 10.9(H), Lymph 9.9(H), Mono 0.80(H), Plt 252k Chem: Glu 222(H), Creatine 0.8(wnl), TP 10.1(H), Glob7.0(H), Albumin:Glob ratio 0.4*, ALT 874, Bilirubin 1.2 EPOC: pH 7.27, Ca++ 1.90(H), Glu 221(H), Hct 33%

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 mild 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 3.6 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

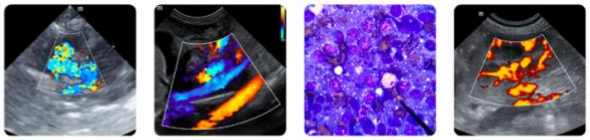
The **spleen** was mildly enlarged (up to 1.0 cm in width) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal 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. This is a mild change.

Liver

The **liver** revealed coarse hepatic architecture with increased portal markings. The gallbladder was mildly overdistended. The common bile duct was dilated, up to 0.45 cm, but tapering and followed to the union with the pancreatic duct and duodenal papilla without overt obstruction.

Gastrointestinal

A minor amount of anechoic **gastric** fluid was noted without loss of mural detail. The small intestine and colon were unremarkable.



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Pancreas

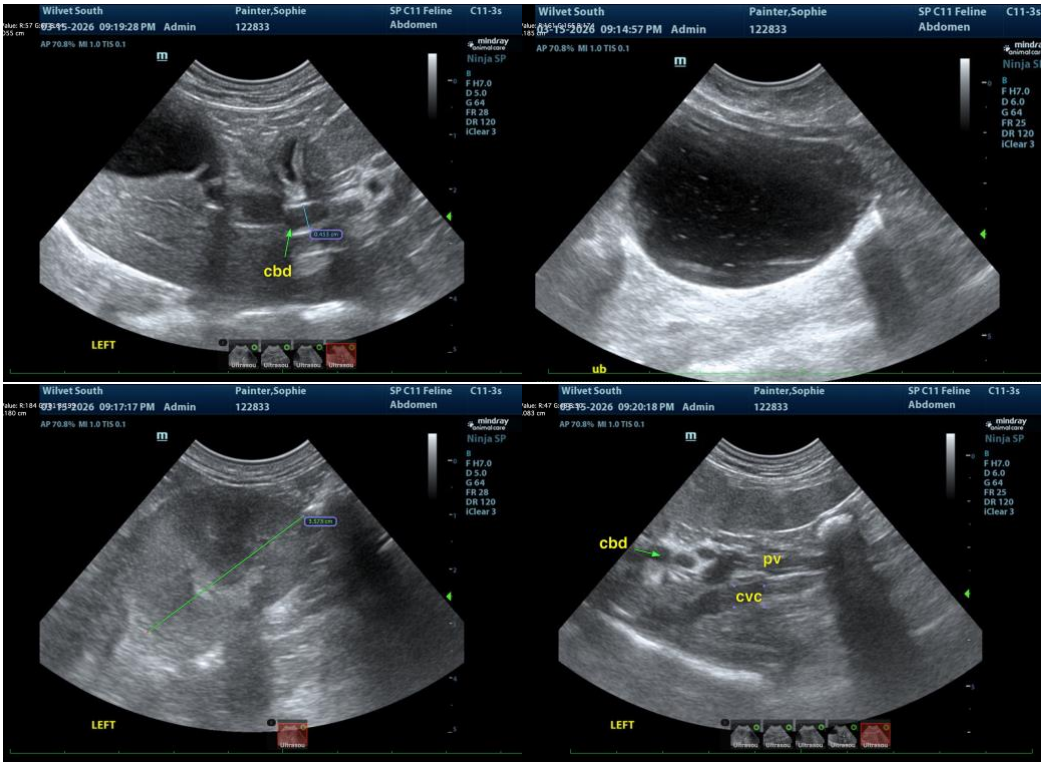
The **pancreas** was hypoechoic and irregular in contour, consistent with low grade chronic active pancreatitis.

ULTRASONOGRAPHIC FINDINGS

- Cholangioheaptitis
- Low grade pancreatitis pattern
- Minor amount of gastric fluid
- Enlarged spleen
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver are indicated with cytology and culture ideal, to rule out occult neoplasia, such as mast cell disease or round cell neoplasia that can present in this fashion, especially with the splenic presentation. Infectious disease testing, such as toxoplasmosis and bartonella should be ruled out as underlying players in this case. Enrofloxacin/clindamycin combination is recommended as empirical measures, as well as pain management, fluid support and GI protectants. Recheck sonogram in 48-72 hours to ensure adequate resolution.



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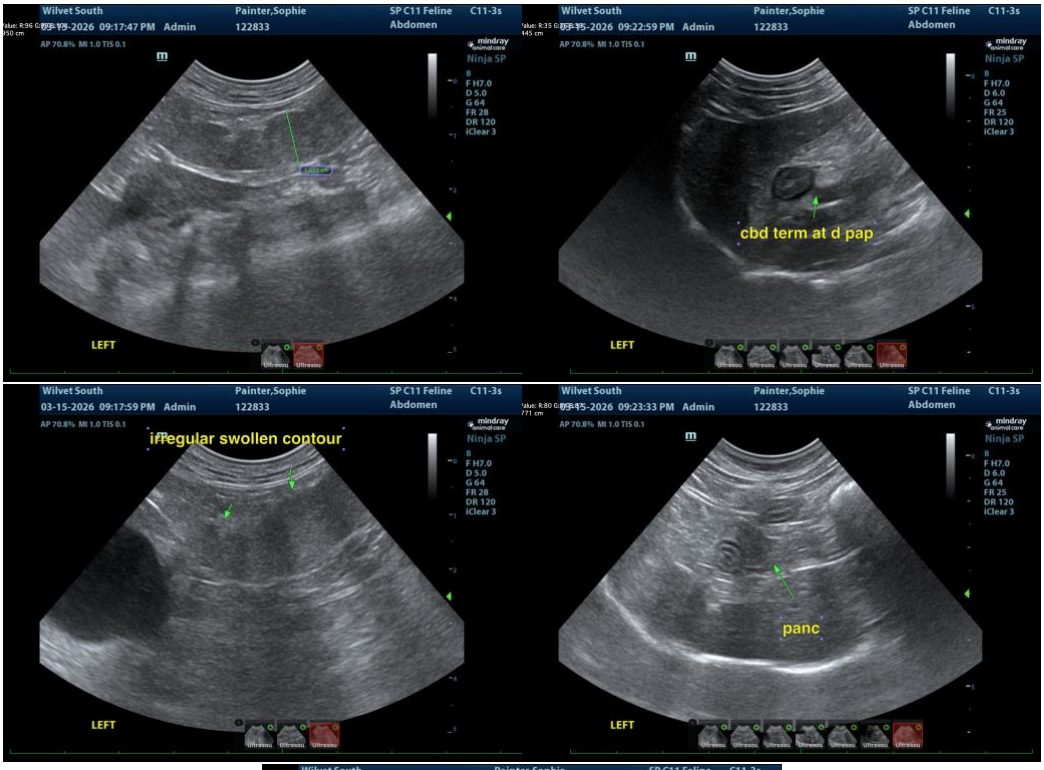

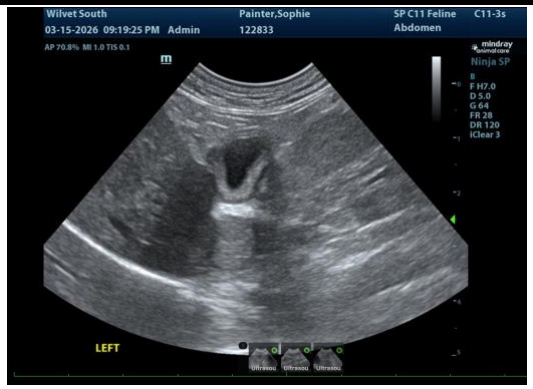

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com