

**PATIENT**

Beanie Fuls

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

9.5 Years

**WEIGHT**

3.61 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Gardner

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Gardner

**INVOICE**

14351

**DATE**

3/19/22

**PRESENTING CLINICAL SIGNS**

History: Presented 3/12 to Banfield Salem for vomiting 5 times in 24 hours. Normal appetite the night before. Xrays performed and showed no obvious obstruction. Fpli abnormal. Given SQF and cerenia, gabapentin and Hills I/d. She ate a small amount on Saturday but no interest in food Sunday. Represented on the 14th (Monday) for no improvement. BW performed FeLV/FIV negative, fecal negative, T4 (3.7), CBC plts 153, Chem ALT 558. Was hosp on IVF, cerenia and buprenorphine, entyce on 3/14, 3/15 and 3/16. P did eat some food while being hosp, would eat at night but then not in the morning. On the 3/16, recheck ALT did decrease to 433 but elevated temperature was noted. T 103.2 during the day. Received Convenia 3/17, represented and T 103.9, received SQF with Vit B complex. Represented 3/18 for recheck, T 104.4 and referral to hosp was recommended. Intermittent hives noted on top of head today. O reports that still has not been eating well at home and seemed lethargic.

Abnormal PE/Chem/CBC/UA Results: pDVM lab work: 3/14: FeLV/FIV: negative Total T4 3.7 Lytes: wnl Chem: ALT 558 tbili 0.3 CBC: WBC: 7.61 Plts 153 Fecal: Negative 3/16: ALT 443 Tbili 0.7 3/18/22 EPOC: Na 142 iCa 1.71 Lact 4.37, Gluc 160 ALT216 PCV: 28% TS 7.0

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was largely unremarkable with minor micropolypoid changes and a slight amount of debris, consistent with chronic cystitis. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Both kidneys measured 3.3 cm.

**Adrenal Glands**

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

**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** was diffusely hyperechoic to falciform fat. The liver revealed minor uniform swelling. The gallbladder and common bile duct were unremarkable. No evidence of posthepatic obstruction.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**Pancreas**

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Prominent pancreas, possible low-grade inflammation.
- Nonspecific hyperechoic liver. No evidence of post hepatic obstruction. Inflammatory hepatopathy + lipidosis suspected. Minor potential for emerging hepatic lymphoma.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

9.5 Years

FNA of the liver warranted after coagulation panel. No evidence of obstructive disease.

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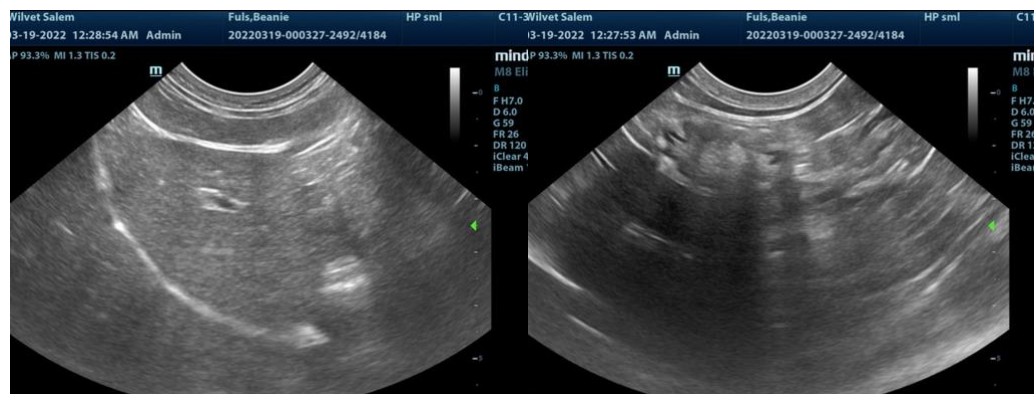


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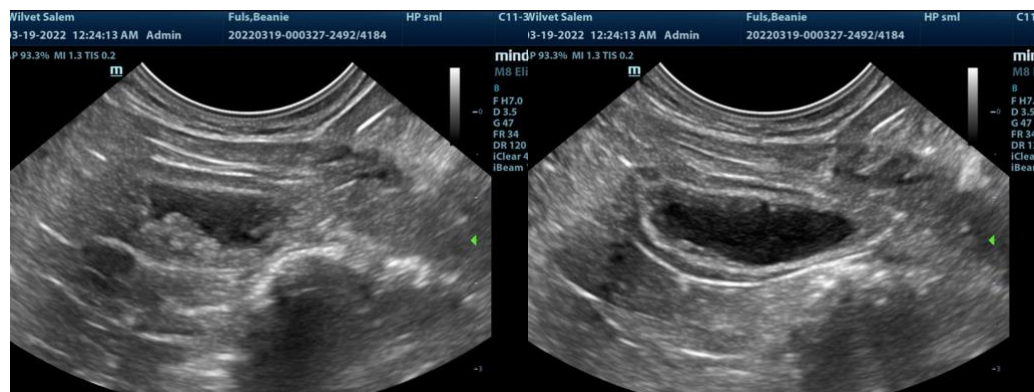
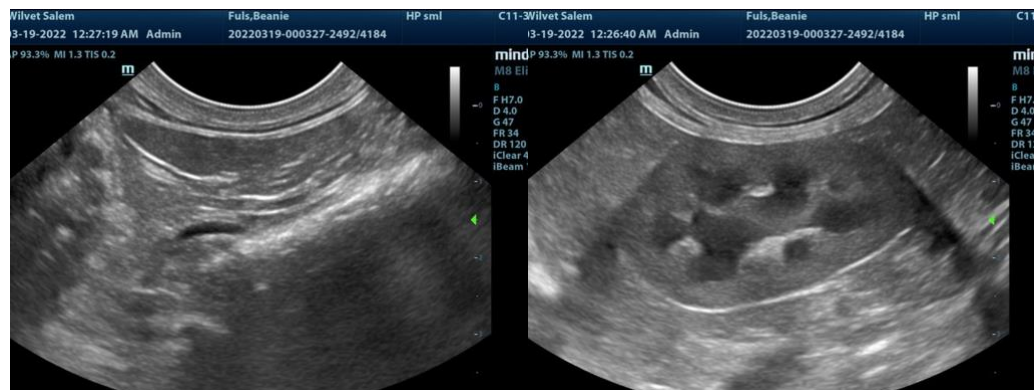
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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