



PATIENT

Willow Ramsey

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

16 Years

WEIGHT

7.81 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Aaron Deml

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Cameron Johnson

INVOICE

46172

DATE

3/24/23

PRESENTING CLINICAL SIGNS

P is a 16yr 6mo old FS DLH presenting for vomiting on and off for the past month or so per O. P was recently diagnosed with pancreatitis by the rDVM last week and P has historically been CKD (Stage2-3 per O), hyperthyroid with concurrent hypertension. Last night, P was exhibiting hiding behavior and vomited a couple times per O. P is historically a caution, so this hiding behavior is very abnormal per O. O woke up this morning and P was still hiding and not eating so O brought P on an emergency basis. P still drinking water. No coughing, sneezing, or diarrhea noted by owner. No known allergies to vaccines/ medication. P has no recent travel history.

Abnormal PE/Chem/CBC/UA Results: PE: P - 270bpm- gallop rhythm auscultated MM - pink, slightly tacky, CRT <2 sec, ~5% dehydrated ABD - Tense, minorly painful, no palpable masses or organomegaly CBC, Chem: BUN-55mg/dL (10-30mg/dL) Creat- 2.4mg/dL (0.3-2.1mg/dL) Other values WNL

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 **left kidney** presented significant dystrophic changes and was subnormal in size at 2.0 cm. Multifocal infarcts, pyelectasia, and corticomedullary calculi noted. The left kidney measured 2.1 cm. The **right kidney** presented similar changes at 2.84 cm. Blood flow to the kidneys appeared to be subnormal on color flow assessment.

Adrenal Glands

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

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** presented lobar biliary calculi and increased portal markings. Moderate amount of hepatic remodeling noted. Gallbladder calculi noted, non-obstructive at the time of the sonogram.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine 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

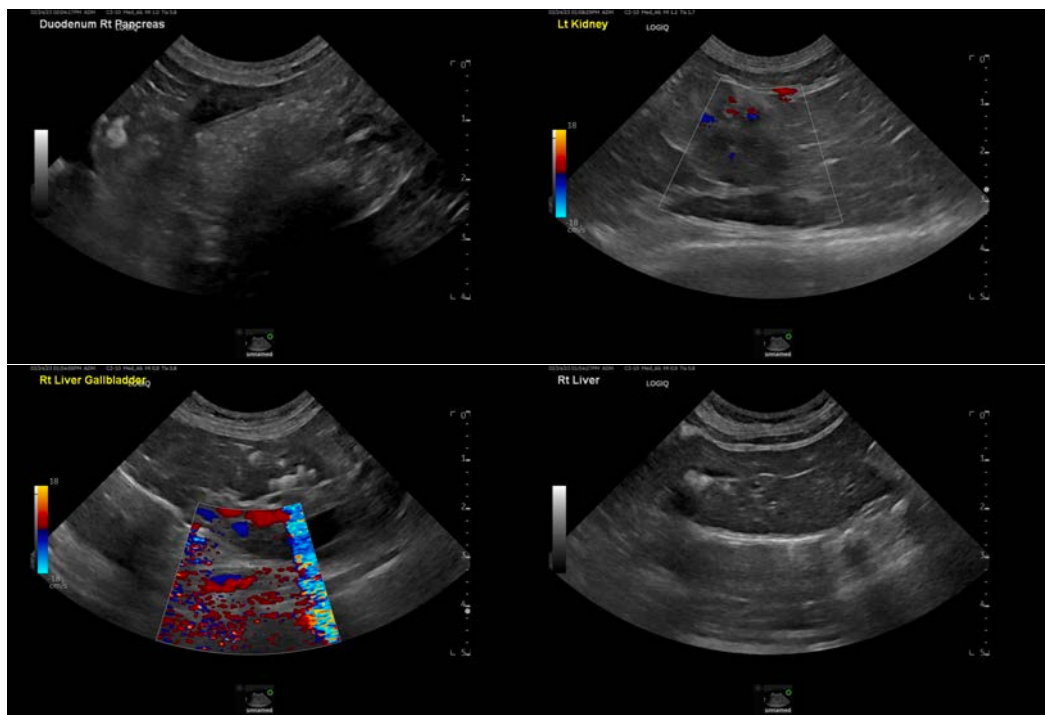
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

ULTRASONOGRAPHIC FINDINGS

- Chronic cholangitis liver pattern with biliary calculi
- Subjectively near end stage degenerative renal change with infarcts and mineralization and subnormal size

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV supportive fluid protocol warranted to correct the azotemia. Full urinary workup indicated with blood pressure measurements. Prognosis is guarded. Ursodiol therapy could be considered regarding the biliary presentation. However, dissolution of calculi is highly variable patient to patient regarding effectiveness with Ursodiol.





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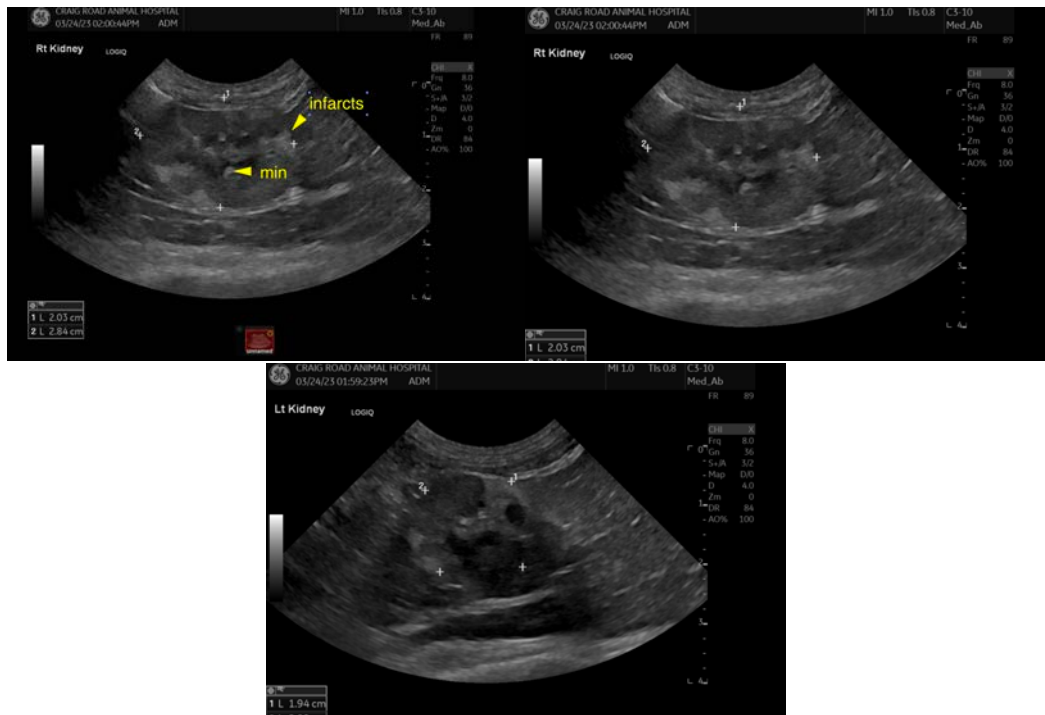
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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