



**PATIENT**

Bronte Peterson

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

14.84 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Cassidy Braverman,  
CVT

**HOSPITAL NAME**

Bush Animal Hospital

**REFERRING VET**

Dr. Beyerinck

**INVOICE**

36561

**DATE**

3/29/22

**PRESENTING CLINICAL SIGNS**

Presumptive IBD - intermittent GI episodes (vomiting/diarrhea) which respond to supportive care. Recent exacerbation and steroid trial, normal CBC/Chem. Responded well to 2.5 mg pred BID but acute onset of vomiting, diarrhea, lethargy and inappetence after decreasing dose to once daily. Mild improvement with fluids, cerenia.  
Abnormal PE/Chem/CBC/UA Results: None

**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 slight irregular contour at the cranial cortex with hyperechoic surrounding fat. Trace pyelectasia noted. The left kidney measured 3.7 cm.

The **right kidney** presented normal size and contour with minor age related changes, measuring 3.5 cm.

**Adrenal Glands**

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

**Spleen**

The **spleen** appeared to be enveloped by the hyperechoic surrounding fat with undulating contour.

**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.

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

**Pancreas**

Remodeled mesentery noted in the left cranial abdomen, enveloping the left **pancreatic limb**. Slight areas of free fluid noted.

**ULTRASONOGRAPHIC FINDINGS**

- Irregular pancreas and spleen with reactive mesentery associated with both organs
- Minor nephritis pattern left kidney
- Age related abdominal changes otherwise



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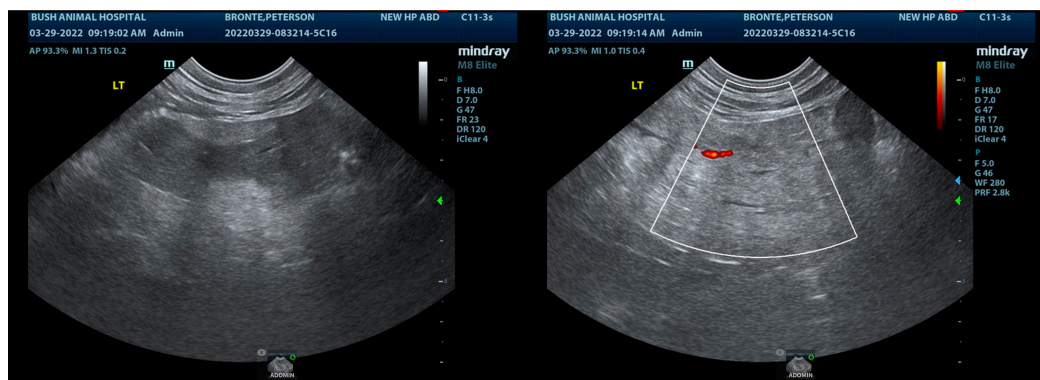
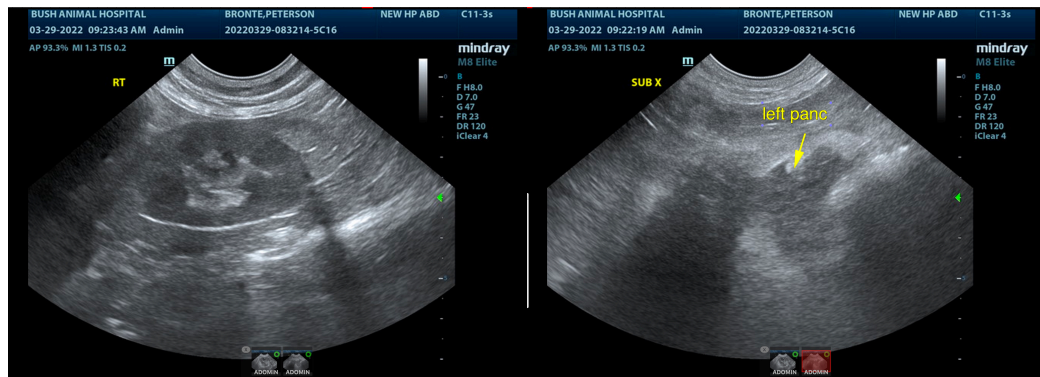
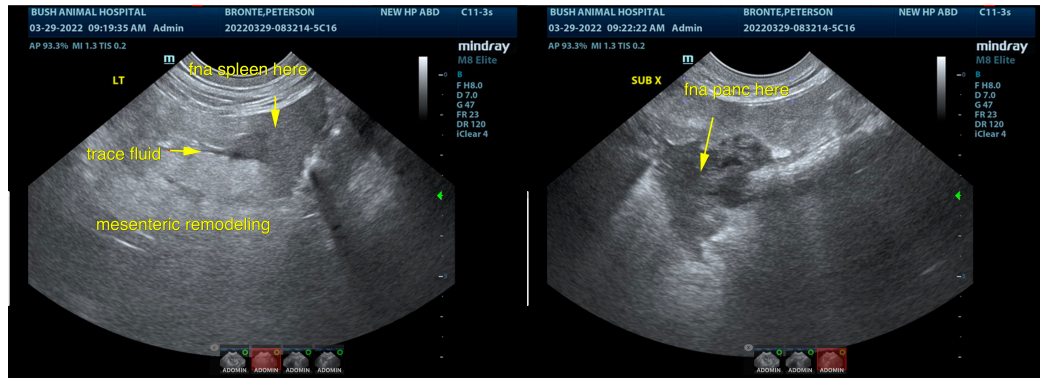
Bush Animal Hospital

**REFERRING VET**

Dr. Beyerinck

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided 25-gauge FNA of the spleen and pancreas recommended in this patient, as underlying neoplasia is a strong potential. Guarded prognosis. Extensive acute on chronic pancreatitis versus pancreatic carcinoma with reactive spleen enveloped by the regional mesenteric inflammation and adhesions versus underlying round cell neoplasia or splenitis. Prognosis is guarded. FNAs are strongly recommended. Treatment for pancreatitis and nephritis warranted in the meantime. The Prednisolone may be suppressing a more significant presentation.



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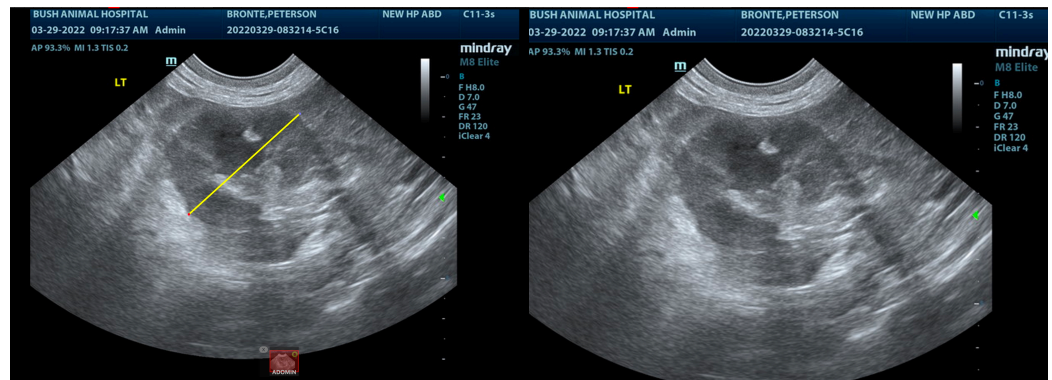
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)