



PATIENT

Bella Monti

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

6.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
AH

REFERRING VET

Dr. Laura de Cordon

INVOICE

43635

DATE

3/31/23

PRESENTING CLINICAL SIGNS

History: Bella was seen initially at our facility for a two week history of poor appetite and diarrhea. On exam, she was dehydrated and had mild belly discomfort. We discussed the possible cause of an infectious agent since you have recently been taking care of some feral kittens in your home. 3/29 MDAEH Chemistry - mild hypokalemia PCV/TS - 40%/7.2 fPLI - normal FeLV/FIV/HW - neg x 3 3/30 MDAEH 1. Fecal - NOS 2. Total T4 - 3.5 ug/dL 3. Electrolytes - WNL RADIOGRAPHS (MDAEH 3/29) Stomach - no overt FB, mild gas in stomach Intestines - one population of bowel, one focal area of gas Liver - normal shape and size Spleen - normal shape and size Bladder - normal shape Kidneys - normal shape and size (left caudal pole, small infarct)

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 was 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 right kidney measured 4.4 cm. The left kidney measured 4.3 cm.

Adrenal Glands

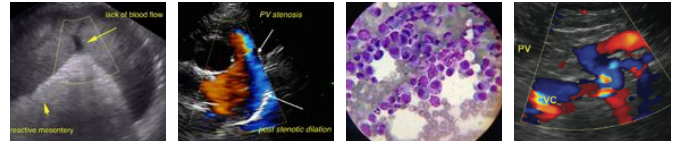
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

The **spleen** was mildly enlarged 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.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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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. A 1.5 cm grouping of reactive colic lymph nodes was present, largest of which was 0.8 x 0.4 cm. FNA can be attempted but may not exfoliate readily, culture ideal. Likely reactive owing to the longer than wide form.

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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. 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.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

Reactive colic lymph nodes.

6.3 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

FNA or monitoring after antibiotic trial (enrofloxacin/clindamycin or similar) with recheck sonogram in 7-10 days post treatment is recommended. The cause of poor appetite is unclear. Enterotoxins and dietary intolerance are all potentials, yet there is no evidence of significant disease.

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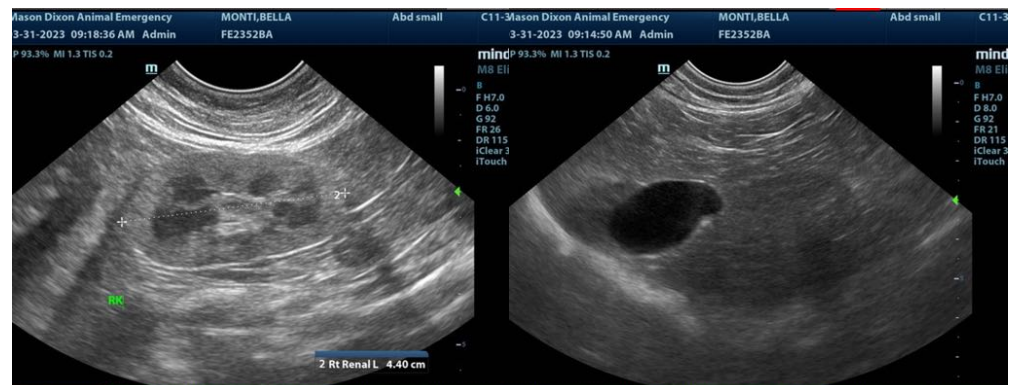
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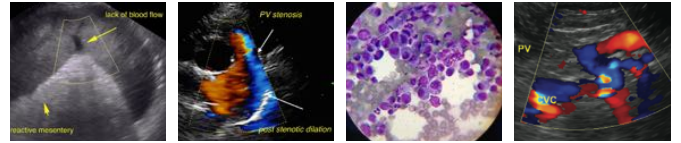


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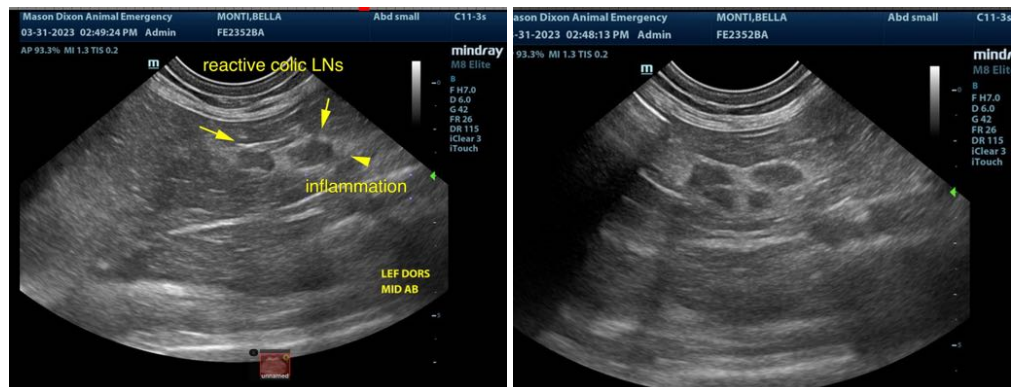
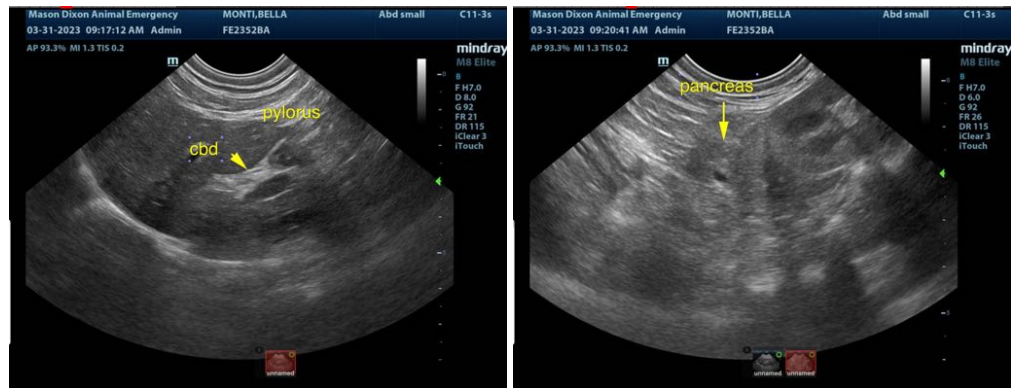
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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