



PATIENT PRESENTING CLINICAL SIGNS

Bella Duran 4/11: vomiting daily for several months, weight loss, sometimes vomit is "sheet of hair" with food bloodwork done Vomit continues now also inappetent, black solid BM in litterbox, Abnormal PE/Chem/CBC/UA Results: tachycardia w/ bounding pulses, grade 3/6 murmur Chem: BUN 39 (Crea 2.2) CBC: eosinophilia 1846 T4 3.1 (grey zone elevation)

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Domestic Shorthair

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.

SEX

Spayed Female

AGE

16 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mild mineralization was noted in the kidneys. The right kidney measured 3.32 cm. The left kidney measured 3.62 cm.

WEIGHT

11 lbs

Adrenal Glands

INTERPRETED BY

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.

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IMAGING PERFORMED BY

Dr. Casita

Spleen

HOSPITAL NAME

Companion AH

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 was noted.

REFERRING VET

Dr. Casita

Liver

The visible **liver** was unremarkable.

INVOICE

99512

Gastrointestinal

DATE

4/25/22

The **stomach** was empty. The small intestine was thickened in the midabdomen. The mass measured approximately 2.0 cm. The portion of the gastrointestinal tract affected appeared to be small intestine impinging upon the stomach. However, it was undifferentiated. Gastric involvement cannot be completely ruled out. Minor epigastric lymph node enlargement was noted at 0.5 cm.



PATIENT

Bella Duran

Pancreas

SPECIES

Feline

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

Upper GI mass, strongly consistent with neoplasia.

Age related renal changes with mineralization.

AGE

16 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The near field was very dark and minimally diagnostic in this patient. FNA of the mass is indicated. Further imaging is necessary to assess if resectable.

WEIGHT

11 lbs

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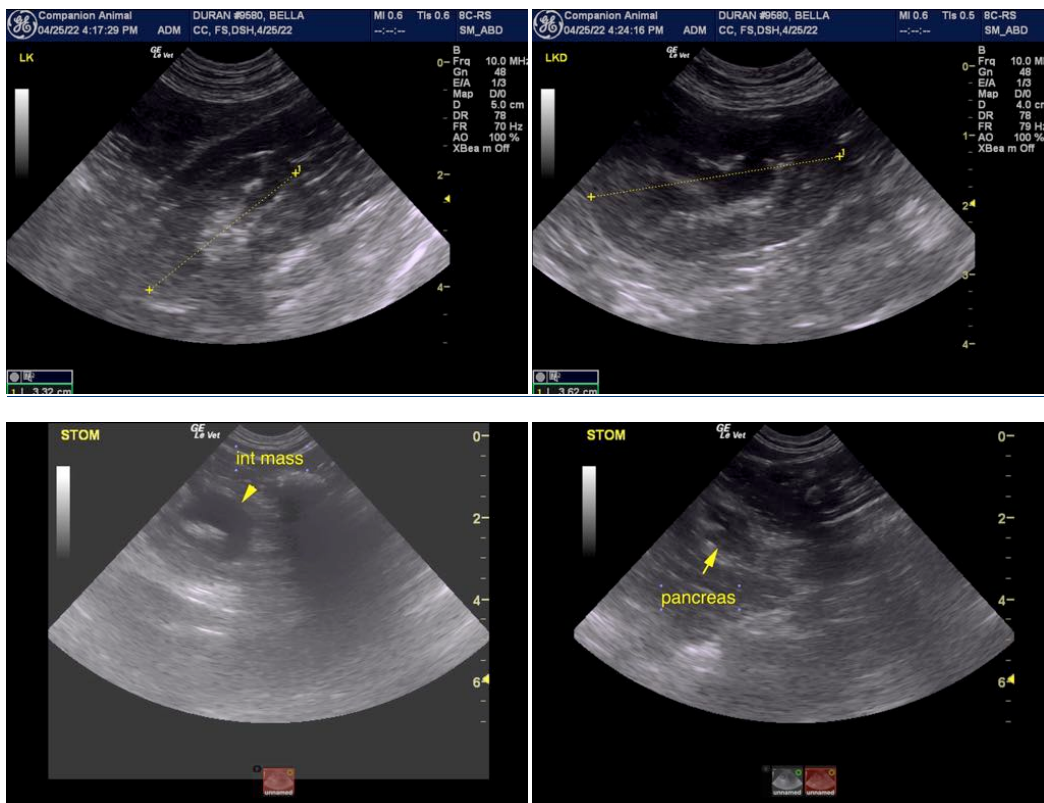
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PATIENT

Bella Duran

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

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WEIGHT

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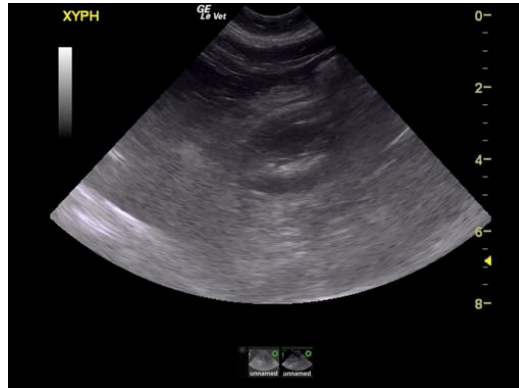
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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