



PATIENT PRESENTING CLINICAL SIGNS

Cameo Anderson

History: Intermittent vomiting and about 0.5 lb weight loss over the past few months, partially responsive to Cerenia and Royal Canin GI diet. Had one episode of vomiting last year, at which time patient weighed about 1 lb more than she does now. Has always had a "sensitive stomach" per owners. Will usually vomit up canned food (OTC, brand unknown). Began vomiting again yesterday, has vomited several times, no interest in food, normal stool.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem/UA Feb 2023 - normal fPL Feb 2023 - 3.7

SPECIES

Feline

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed female

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.

AGE

10 years

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.35 cm. The right kidney measured 3.77 cm.

WEIGHT

8.38 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. DeNuzio

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 was noted.

HOSPITAL NAME

Kings VH

REFERRING VET

Dr. DeNuzio

Liver

The **liver** revealed mildly increased portal markings. The hepatic structure and vascularity was otherwise, unremarkable. The gallbladder wall was mildly thickened.

INVOICE

44059

DATE

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Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

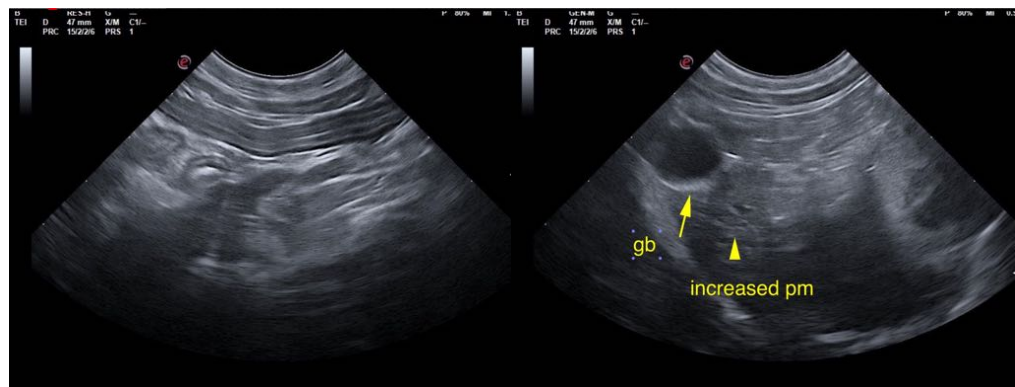
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Minor cholangitis liver pattern with minor gastrointestinal thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient likely has a history of cholangitis in this patient. There was no neoplastic criteria or foreign matter. Underlying inflammatory bowel and history of cholangitis and cholangiohepatitis is likely. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism.





PATIENT

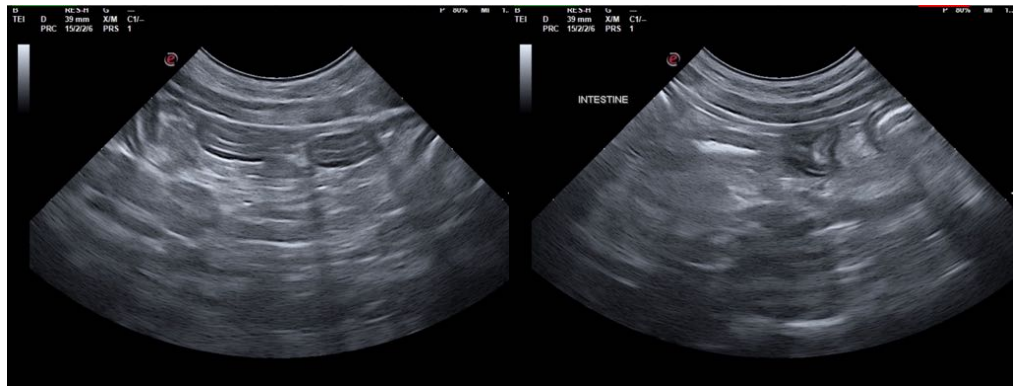
Cameo Anderson

SPECIES

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SEX

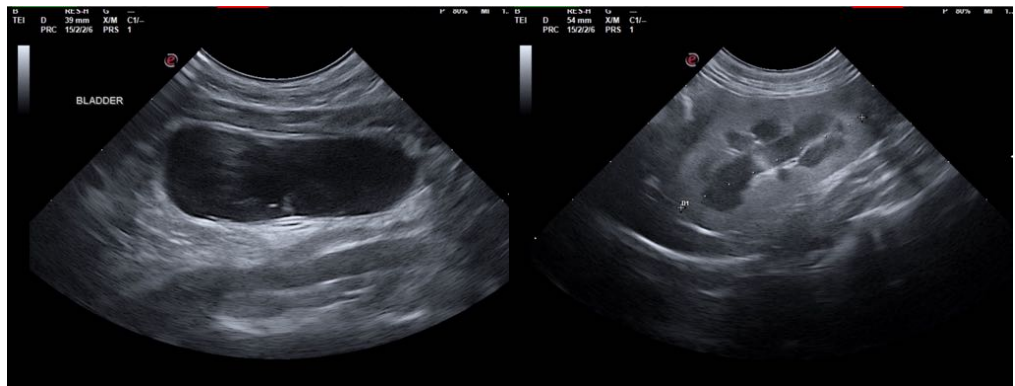
Spayed female

AGE

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WEIGHT

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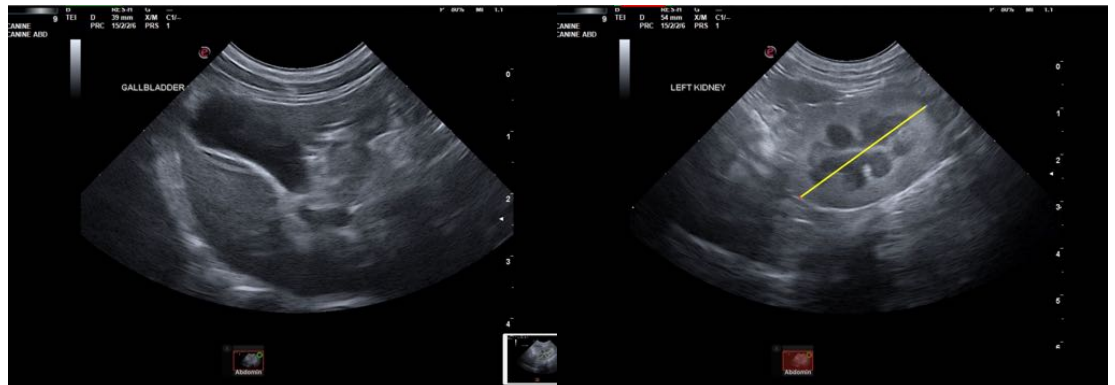
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

Domestic Shorthair

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

SEX

Spayed female

AGE

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WEIGHT

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