



PATIENT

Marley Quarnberg

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9

WEIGHT

11.5lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heidi Schultz

HOSPITAL NAME

Marina Village
Veterinary &
Integrative Care

REFERRING VET

Heidi Schultz

INVOICE

13651ag

DATE

04/28/2023

PRESENTING CLINICAL SIGNS

Marley, a 9yo FS DSH, initially presented Wednesday (4/26) because P had not been eating and had been urinating around the house in small amounts and is having foul smelling urine after doing a long drive. Currently eats Hills urinary wet food only (vomits with dry food).

Abnormal PE/Chem/CBC/UA Results: Possibly thickened intestines Mild monocytosis (960) Moderate thrombocytopenia (75k) Hyperglobulinemic (7.6) Azotemia (BUN 69, Cr 2.3) Mild hyperbilirubinemia (1.3) Low normal TT4 (0.8)

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 kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented a 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 left kidney measured 3.58 cm in length. The right kidney measured 3.96 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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 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 appeared mildly congested. 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



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Left limb pancreatitis was present. Hypoechoic parenchyma measuring ~ 3.0 cm x 1.5 cm was present with hyperechoic surrounding fat. The pancreatic pathology occupied the majority of the left limb. Significant mesenteric inflammation associated with the pancreas was present.

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Free Abdomen

Focal areas of free fluid were present.

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ULTRASONOGRAPHIC FINDINGS

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- Left limb pancreatitis.
- Steatitis pattern.
- Moderate degenerative renal changes.
- Focal free fluid.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A FNA of the left pancreatic limb and peritoneal fluid analysis cytology +/- C/S are recommended. Mild potential for underlying neoplasia/carcinoma. Aggressive treatment for pancreatitis is warranted.

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The azotemia is likely more pre-renal than renal in this patient. Underlying infectious agent such as toxoplasmosis or bartonella should be considered. The cause of the elevated bilirubin is unclear as there is no overt evidence of post hepatic obstruction noted and the liver structurally appears unremarkable.

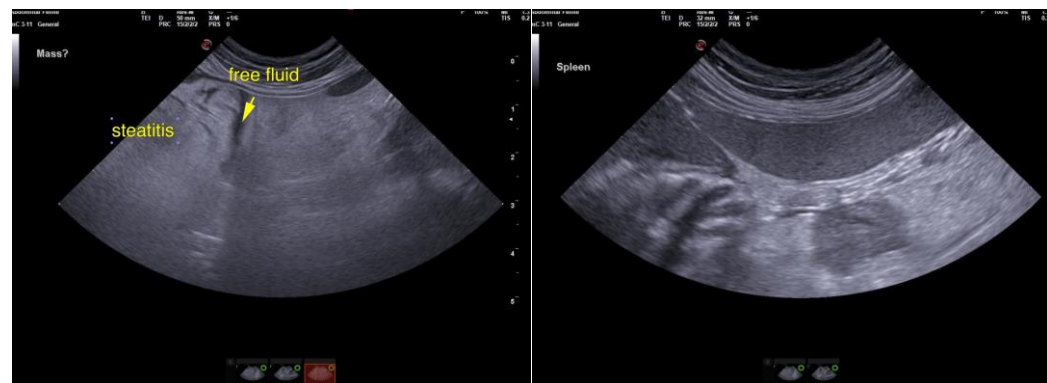
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A guarded prognosis is indicated.

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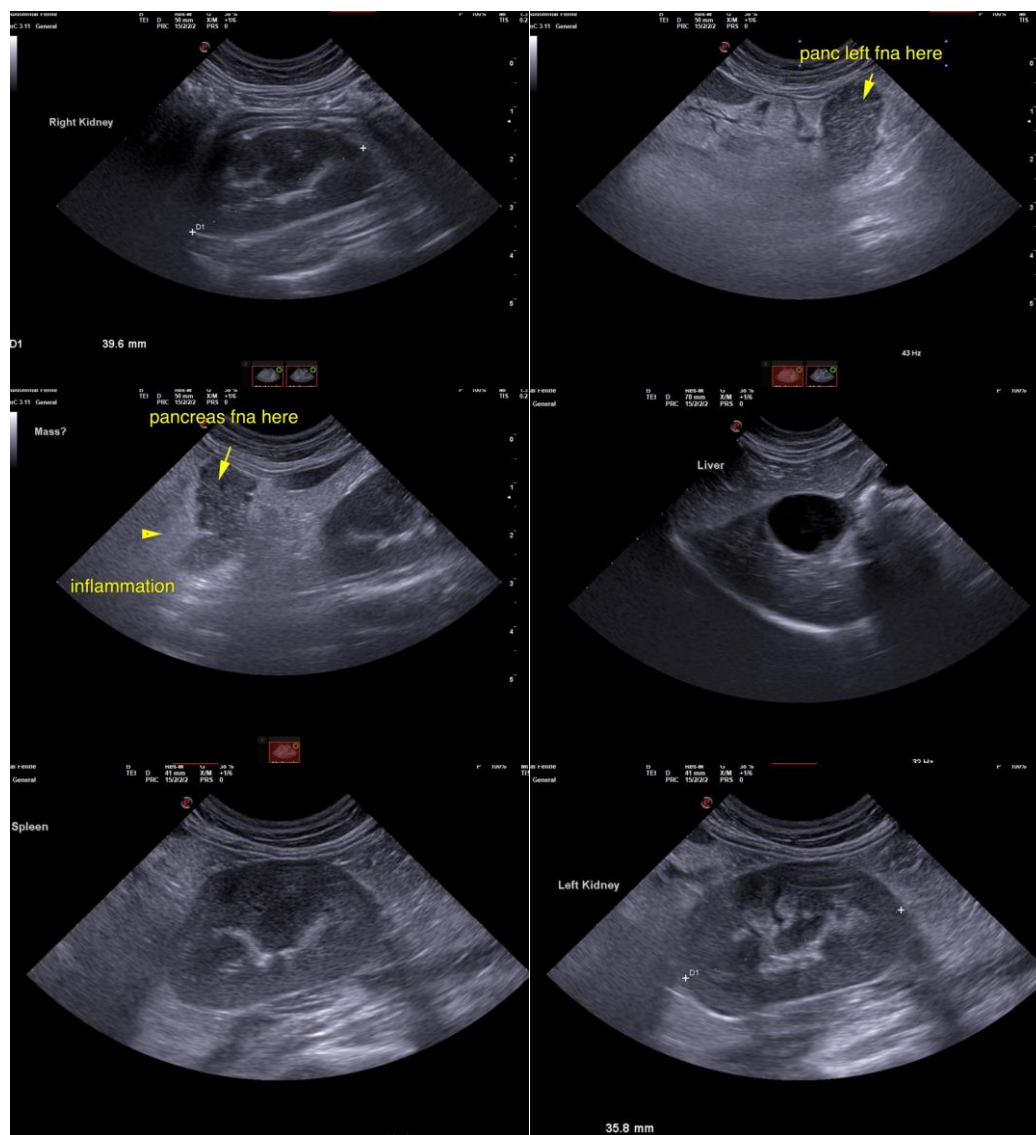
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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