



PATIENT

Scout Day

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12

WEIGHT

6.65

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Charlie Rodriguez

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Kierra Hanrahan

INVOICE

22229

DATE

4/29/23

PRESENTING CLINICAL SIGNS

History: Vomiting for about 2 months with ~3 lb of weight loss,. vomiting responsive to cerenia. BW in March was relatively normal. Has not defecated in 3 -4 days. Enema performed prior to ultrasound. Not much constipation but some. great appetite. normal energy. mildly more affectionate in last few months per o.

Abnormal PE/Chem/CBC/UA Results: BW from 4/29- HCT 26.2%, RBC 6.85, HGB 8.8, Lymphocytes 0.63, BUN 12, Total Protein 5.8, Albumin 2.4, Potassium 3.6

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 mild 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 3.4 cm. The left kidney measured 3.4 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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 **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

The **stomach** presented concentric wall thickening with loss of mural detail, measuring up to 0.63 cm with regional inflammation. The small intestine and colon were unremarkable. Curvilinear patterns were maintained.

Pancreas



PATIENT

Scout Day

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12

WEIGHT

6.65

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Charlie Rodriguez

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Kierra Hanrahan

INVOICE

22229

DATE

4/29/23

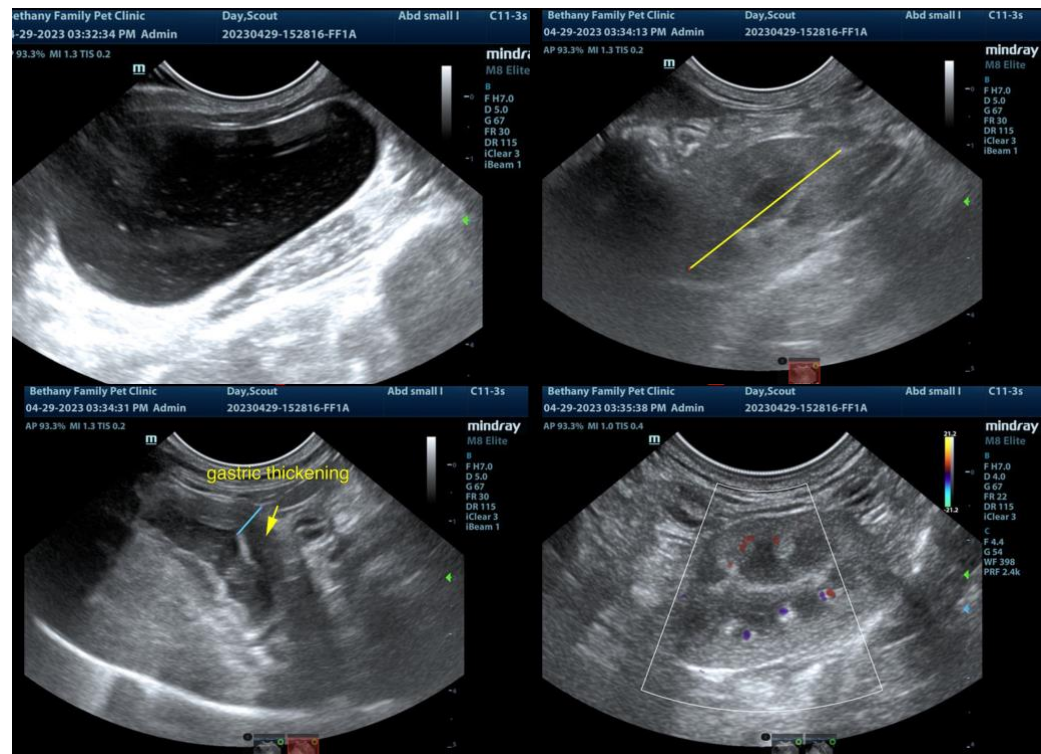
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Gastritis pattern with potential for underlying round cell neoplasia
- Age-related renal and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I strongly encourage full thickness gastric biopsies in this patient. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. If sampling does not occur, recheck sonogram is recommended in 7-10 days to assess for any progression or response to therapy. GI protectant protocol, coverage for infectious agents with Zithromax/metronidazole or similar, and bland diet could all be considered. Maldigestion panel is indicated. However, there is a strong concern for emerging round cell neoplasia/lymphoma of the stomach.





PATIENT

Scout Day

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12

WEIGHT

6.65

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Charlie Rodriguez

HOSPITAL NAME

Bethany Family PC

REFERRING VET

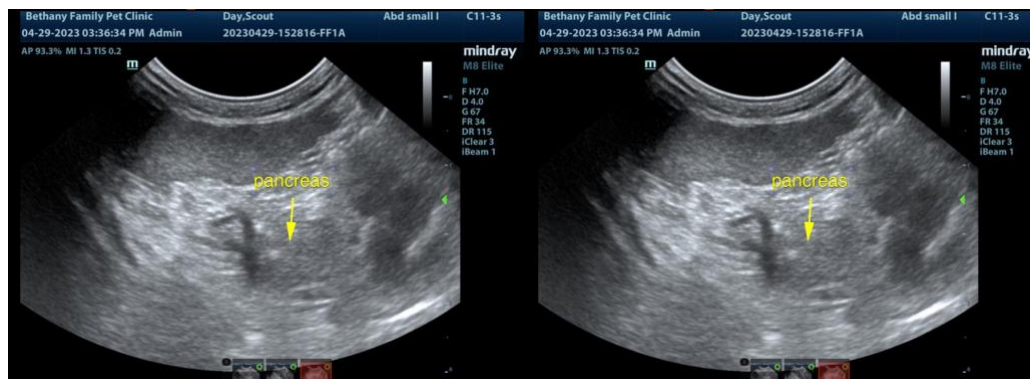
Dr. Kierra Hanrahan

INVOICE

22229

DATE

4/29/23



The information and recommendations provided are based on the images presented by the referring veterinarian. 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