



PATIENT

Nala Andresini

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

11 years

WEIGHT

10.69 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Halloran

INVOICE

98008

DATE

4/4/22

PRESENTING CLINICAL SIGNS

History: Inappetence - the patient ate chicken bones last week, and has become progressively inappetent despite a number of outpatient visits. No vomiting, but she has developed diarrhea. Current treatments: IVFs, Cerenia, pantoprazole, Vit B12, metronidazole, zofran, mirtazapine.

Abnormal PE/Chem/CBC/UA Results: CBC unremarkable, HCT 45%, chem: WNL. FIV/FIV: neg.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Stable cortical infarct was noted at the cranial pole of the left kidney. The right kidney measured 3.73 cm. The left kidney measured 3.26 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. The left adrenal gland measured 0.22 cm.

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. The spleen measured 1.04 cm.

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.



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Gastrointestinal

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A minor amount of chyme was noted in the **stomach**. The pylorus revealed an isoechoic 1.0 cm structure. The pyloric outflow has a tissue density; however, this appears to be luminal. Foreign matter is a potential. This is not overtly obstructive at this time. This may be coalesced chyme, soft foreign matter or dissolving chicken bones. The gastrointestinal wall thickness was normal. The small intestine revealed hyperperistalsis pattern. The colon and cecum was fluid filled.

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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

AGE

Geriatric abdomen.

11 years

Left renal infarcts, stable.

Isoechoic structure in the pylorus, potential for a foreign matter.

WEIGHT

10.69 lbs

Hyperperistalsis noted in small intestine. Low-grade gastroenteritis pattern.

Fluid filled colon.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

There is no evidence of neoplasia. I recommend medical management for gastrointestinal upset/enterotoxin. If clinical signs persist over the next 48-72 hours, a recheck sonogram is recommended.

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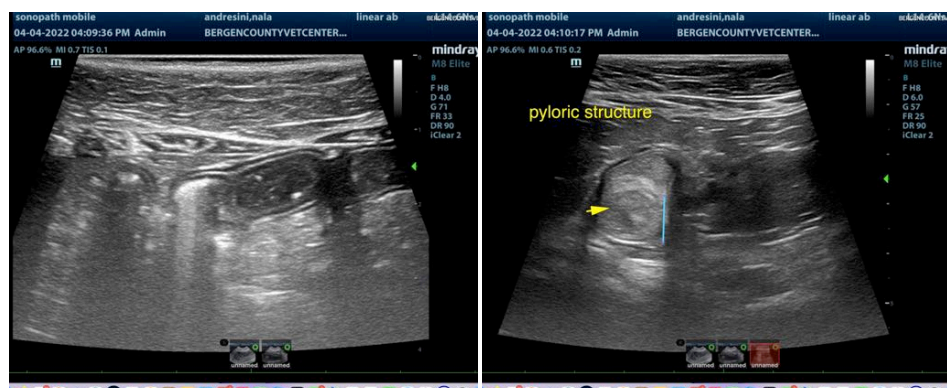
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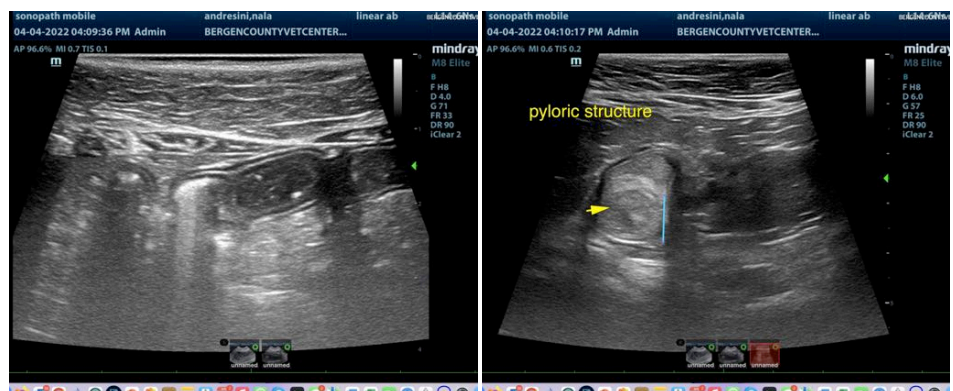
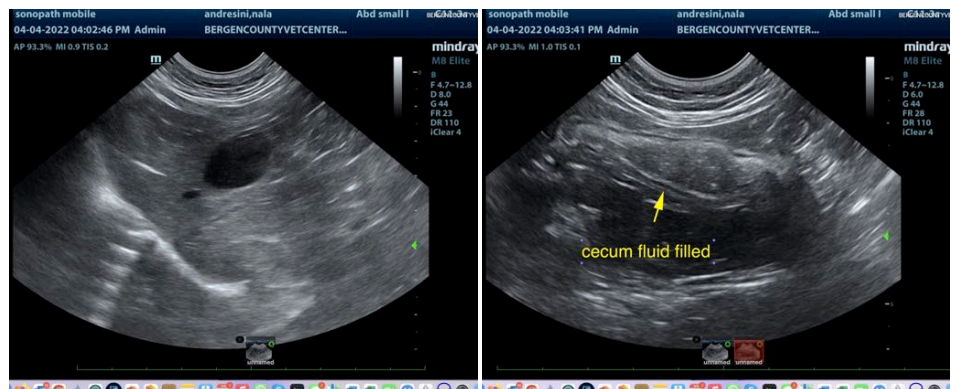
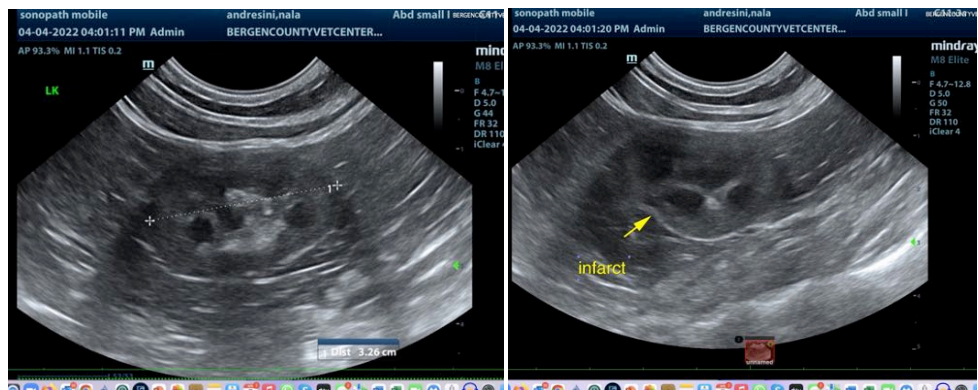
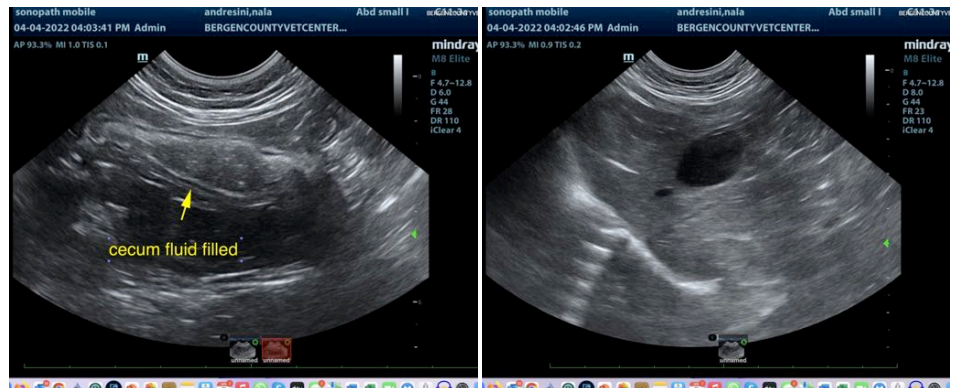
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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