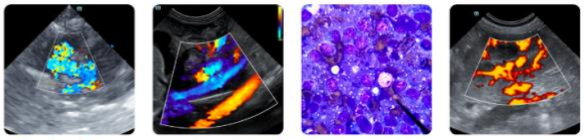

PATIENT

Jessy Yang

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

9.5

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Shen Li

HOSPITAL NAME

Dr. Shen Li Veterinary Service

REFERRING VET

Dr. Shen Li

INVOICE

15690

DATE

05/01/26

PRESENTING CLINICAL SIGNS

US due to elevated fPL 46.5; crea 2.7, dilute urine. A few months of PUPD and intermittent vomiting has been on selected protein. Weight loss from 12-9.5 in 2 years.

Abnormal PE/Chem/CBC/UA Results: Yesterday BW crea 3.0 sdma 19 bun 43 normal t4 usg1.015 upc 0.1 normalBP . GI panel pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 3.59 cm in length. The right kidney measured 3.4 cm in length. Calculi in the right kidney measured up to 0.70 cm. An idiopathic hyperechoic medullary rim sign was noted. Slight pyelectasia was noted in the left kidney.

Adrenal Glands

Both **adrenal glands** were unremarkable.

Spleen

The **spleen** presented slightly irregular and mildly heterogenous measuring 0.90 cm. The splenic lymph node was slightly enlarged, measuring 0.76 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.

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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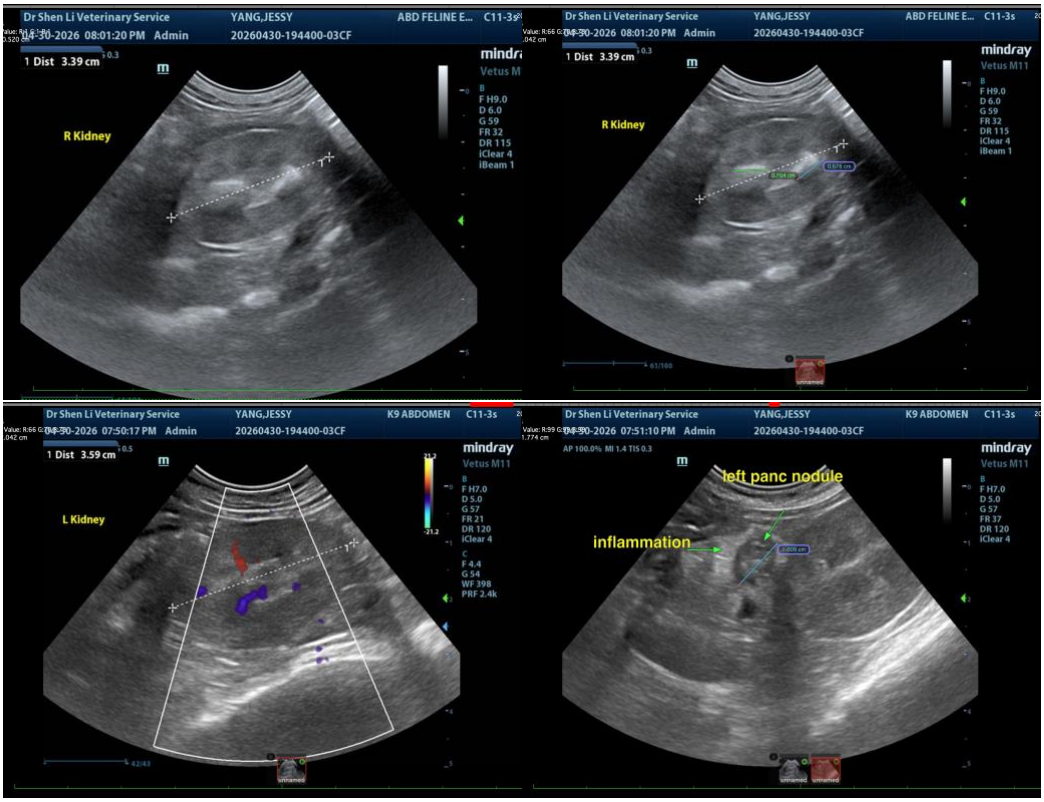
The left **pancreatic** limb revealed hypoechoic irregular mineralized nodule with pericapsular inflammatory pattern, suggestive of pancreatitis. The nodule measured 1.0 cm at the mid left pancreatic lobe. Other heterogenous changes were noted in the pancreas. A separate mineralized area in the region of the right pancreatic limb measured 1.3 cm, cannot differentiate the exact origin, this is likely pancreatic.

ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis presentation with focal nodule- potential for emerging carcinoma, should be monitored.
- Irregular spleen- likely reactive however, round cell neoplasia is possible.
- Age-related renal changes with medullary rim, pyelectasia, mineralizations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the various hypoechoic areas of the pancreas and spleen would be appropriate in this patient. IV fluid support is indicated to correct the azotemia. 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.



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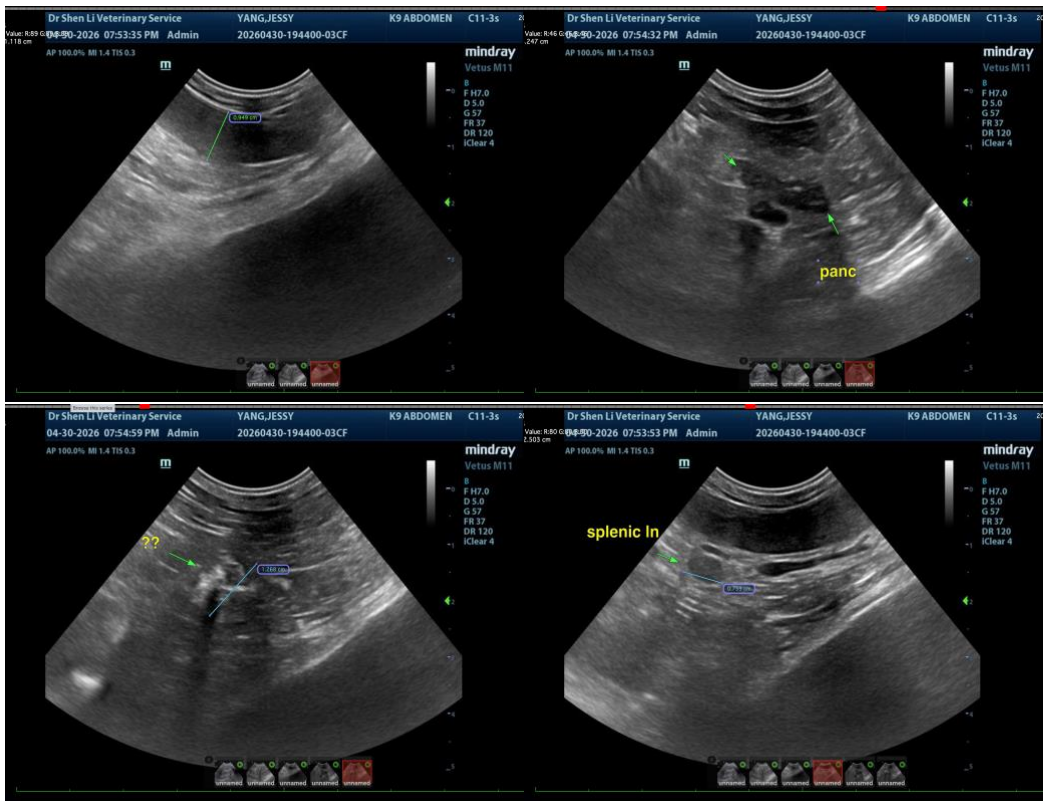

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com