



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Princess Lowrey
SPECIES Feline
SEX Spayed Female
AGE 17 years
WEIGHT 4.56 lbs

"Princess" Howard Lowrey 17 years old Female, spayed, domestic longhair 4.56kgs Recent elevation in ALT, 4-8-22 normal values(81). 5-5-22 values above normal (1,752 after dilution) ALKP, GGt, TBIL all slightly above normal. fPL is elevated to 34.3+ Monocytes slightly elevated (697) SDMA elevated to 23 Cat completely anorexic past 5+ days. Owner has been advised to give NutriCal po as directed. Currently on 0.2mg prednisolone for emesis. Biomox 50mg/ml 1.5cc po bid Denamarin 1 tab sid Orbax 30mg/ml 1.2cc sid

BREED

Domestic Longhair

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. The left kidney measured 3.34 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.

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 0.7 cm in width.

Liver

The **liver** revealed increased portal markings and coarse architecture. The gallbladder was mildly congested, yet otherwise, unremarkable.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Roundhill AH

REFERRING VET

Dr. Kelly

INVOICE

30312

DATE

5/12/22



PATIENT *Gastrointestinal*

Princess Lowrey

The upper **gastrointestinal tract** revealed a moderately complex cystic structure involving the pancreas with heterogenous parenchymal changes with ill-defined contour and infrastructure. Regional inflammation was significant. The 3.0 cm coalescing cystic structure appeared to be deriving from either the pancreas and/or the upper gastrointestinal tract. Regional peritonitis was present without free fluid. The distal small intestine was unremarkable. Other portions of the pancreas appeared to have microcystic and irregular tissue changes.

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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.

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ULTRASONOGRAPHIC FINDINGS

Pancreatic/upper duodenal mass/abscess.

WEIGHT

4.56 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abscessing carcinoma or mural intestinal and/or pancreatic abscess with granulomatous disease is all possible. I recommend exploratory surgery in this patient with potential debridement and abscess drainage and tissue biopsies. Ultrasound-guided drainage of the cystic portions of the mass as well as FNA of the parenchymal portions can be considered from a non-invasive standpoint. The pathology does not appear completely resectable, yet debulking may prove fruitful if not overtly neoplastic. Guarded prognosis.

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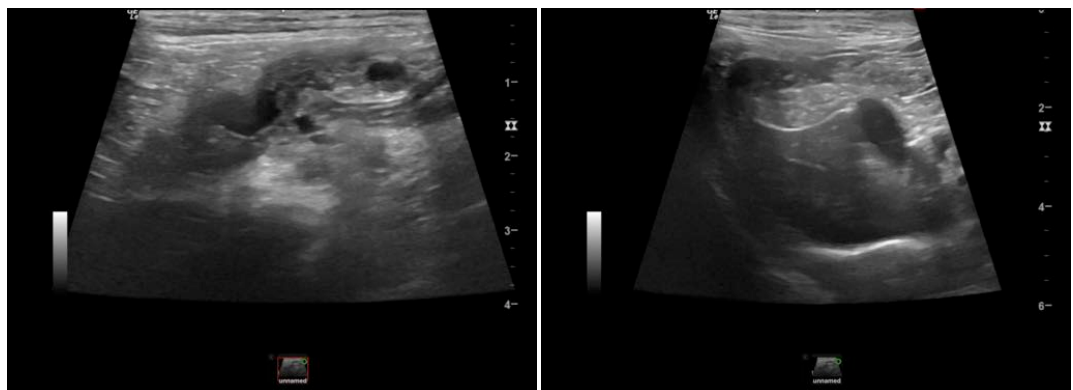
Dr. Kelly

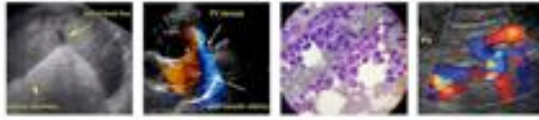
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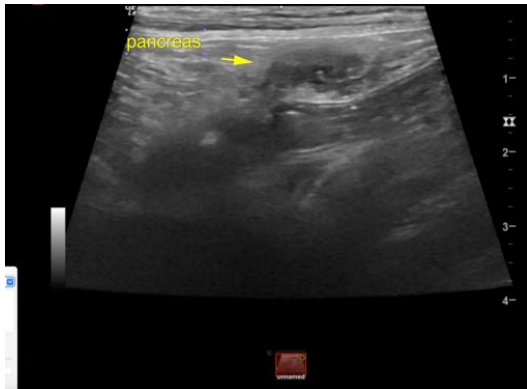
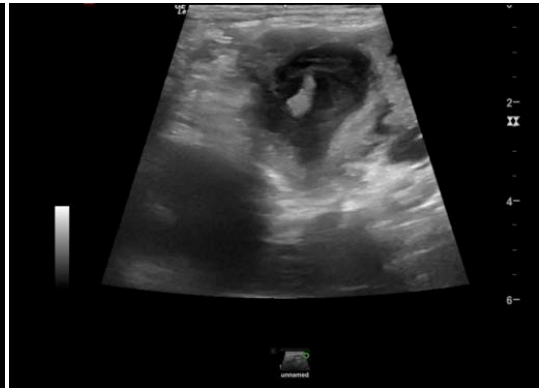
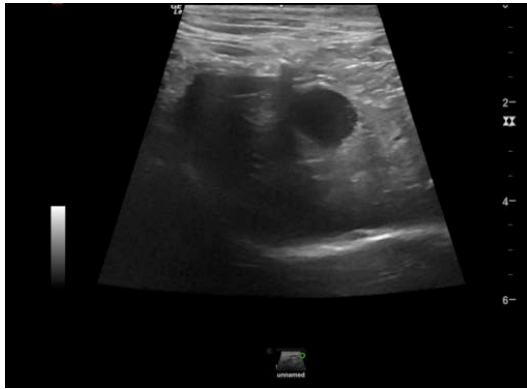
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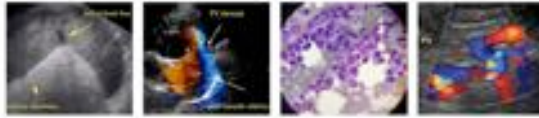
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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