



**PATIENT**

Hannah Jones

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

2.3 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Miller

**INVOICE**

15210

**DATE**

5/16/22

**PRESENTING CLINICAL SIGNS**

History: at our hospital 5/8/22 for P went under bed and started hiding, O went into bedroom and noticed a horrid smell, P had vomited, has bowel movements and urinated under bed and was laying in it, very lethargic, hasn't come out in at least 2-3 days, P just laid there while O gave her a bath, wobbly back legs, 1 week ago noticed a wheezing for about 30-60 seconds then would stop. Rechecked 5/15/22 at our hospital for diarrhea, incontinence. Leaking urine. Previous Health Concerns: hyperthyroid, muscle atrophy, heart murmur, pancreatitis; concern for ibs or neoplasia Current Medications: methimazole transdermal, Mirataz transdermal, fortiflora

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: 3/6 murmur Abdominal: very thickened gassy bowel 5/8/22: Cbc: stress leukogram; Chem: bun 46 ca 8.5 amylase 1652; Epoc na 134 K+ 3.3; Rads: dorsal elevation of trachea proximal to the heart: large amount of gas in colon; very thickened bowel

**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 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. Mineralization was present in the kidneys. Dystrophic mineralization associated with the renal pelvis and corticomedullary junction noted. The left kidney measured 3.83 cm. The right kidney measured 3.74 cm. A cortical infarct was noted in the left kidney, stable.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or



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past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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### **Gastrointestinal**

The **gastrointestinal tract** revealed minor chyme accumulation in the stomach. The pylorus was patent. Soft stool was noted in the colon. Mild age-related changes were present.

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### **Pancreas**

The **pancreatic** duct was severely dilated in this patient, measuring up to 2.0 cm in diameter with echogenic debris. Coarse architecture was noted throughout the remainder of the pancreas with hypoechoic parenchyma.

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## ULTRASONOGRAPHIC FINDINGS

## AGE

13 Years

- Pancreatic duct ectasia, possible suppurative, may be causing low-grade clinical signs
- Age-related hepatic changes
- Mild age-related GI changes with minor chyme accumulation in the GI tract
- Age-related renal changes with dystrophic mineralization associated with the renal pelvis and corticomedullary junction

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreatic duct was followed to the union with the common bile duct, no overt obstruction. Underlying stricture inflammatory lesion is likely. Ultrasound guided drainage could be considered for further definition or surgical intervention with drainage of the duct as well as possible cannulation of the duodenal papilla. The correction would be a judgement call at the time of the surgery. The pancreatic duct may have some level of abscessation given the echogenic debris within the duct lumen.

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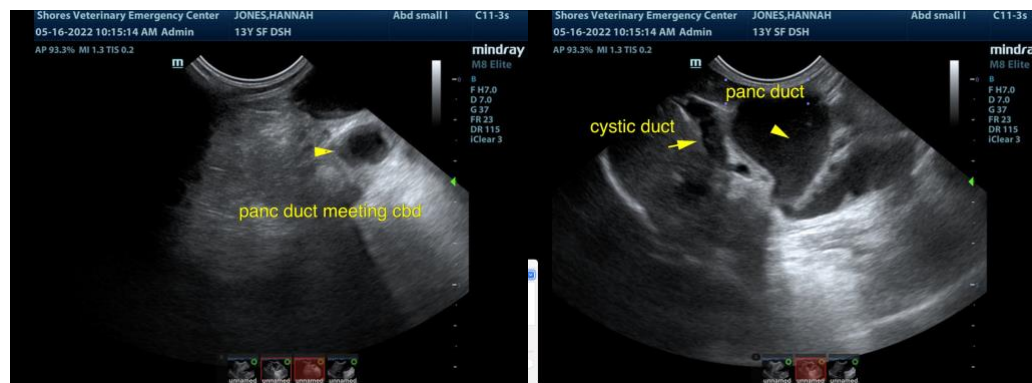
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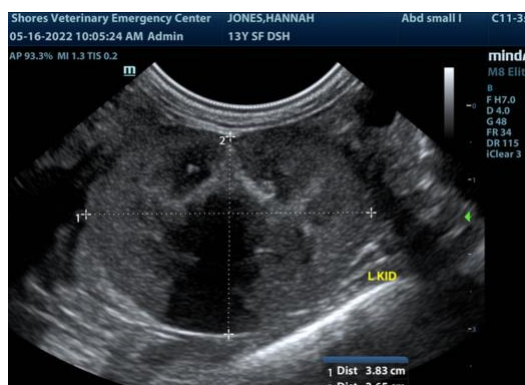
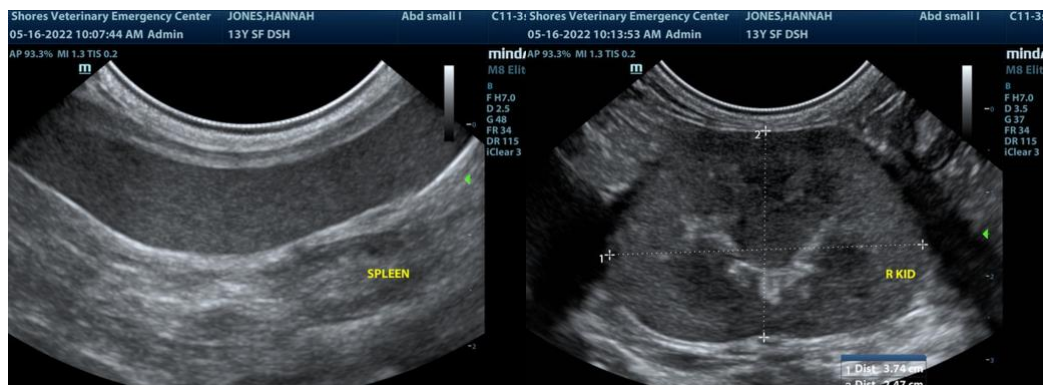
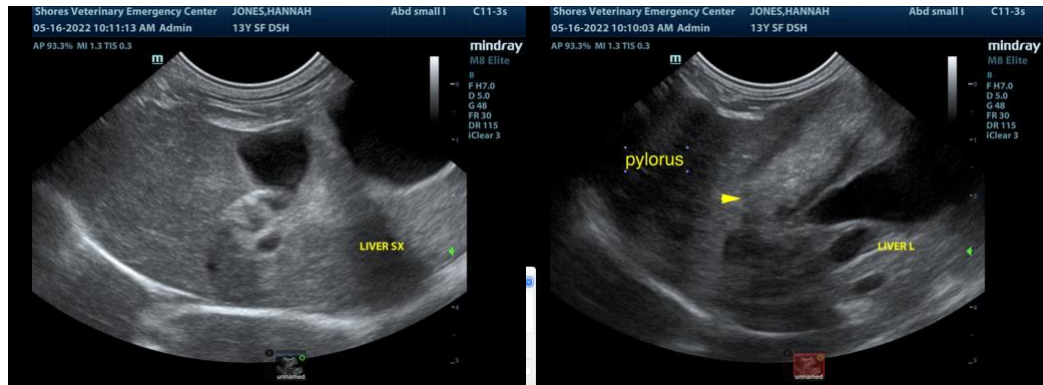
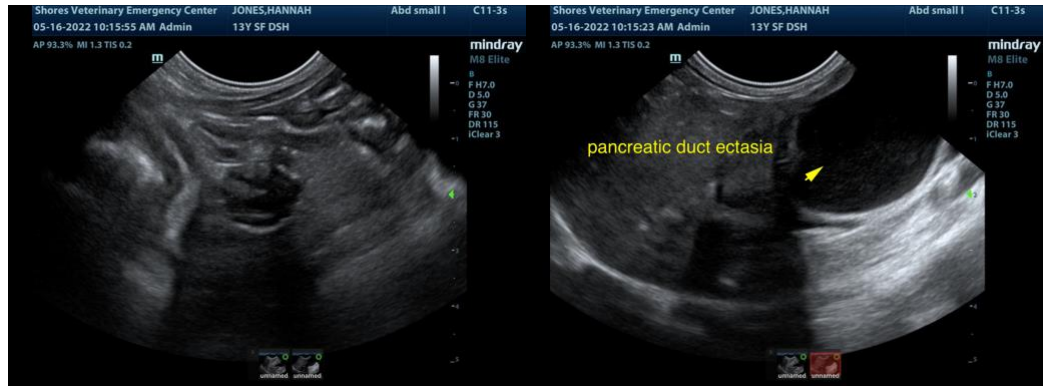
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

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