DATE

05/16/26

PATIENT

Nakota Frommey

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

05/15/13

WEIGHT

11.4 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Reynolds

INVOICE

16293

PRESENTING CLINICAL SIGNS

Patient History: Presents for worsening pancreatitis symptoms despite ongoing treatment. Diagnosed with pancreatitis Monday at primary vet (Homeward Bound) after acute onset vomiting - Monday: Fine in morning, found two hairballs (unusual), hiding under blanket, vomited two additional times - Blood work Monday showed elevated pancreatitis values "off the chart" - Tuesday: Hospitalized 10am-9pm on IV fluids, responded well initially - Wednesday: Symptoms returned as treatments wore off - Thursday: Returned to primary vet for subcutaneous fluids and two antiemetics - Received Zoburin (buprenorphine sustained release) Tuesday, effective for 72 hours - Currently on Buprenex for pain management - Last ate this morning at 4am, refused dinner - Urinated on sofa today (highly unusual behavior)

Current Medications: Proviable, Alfaxalone, Maropitant Citrate, Ondansetron, Gabapentin, Butorphanol, Dexmedetomidine.
Labwork Results: Submitted and attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested.
Imaging Performed by: Andi Parkinson, BS, RDMS.

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. Slight left kidney pyelectasia was noted measuring up to 0.4 cm. The left kidney measured 3.9 cm in length. The right kidney measured 4.12 cm in length.

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 0.33 cm width. The right adrenal gland measured 0.33 cm width.

Spleen

The **spleen** was minor enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 0.94 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

Minor amount of cecal stasis also noted. Cannot rule out mesentery around the **GI tract**. However, other than the minor cecal stasis, no evidence of significant GI disease is present.

Pancreas

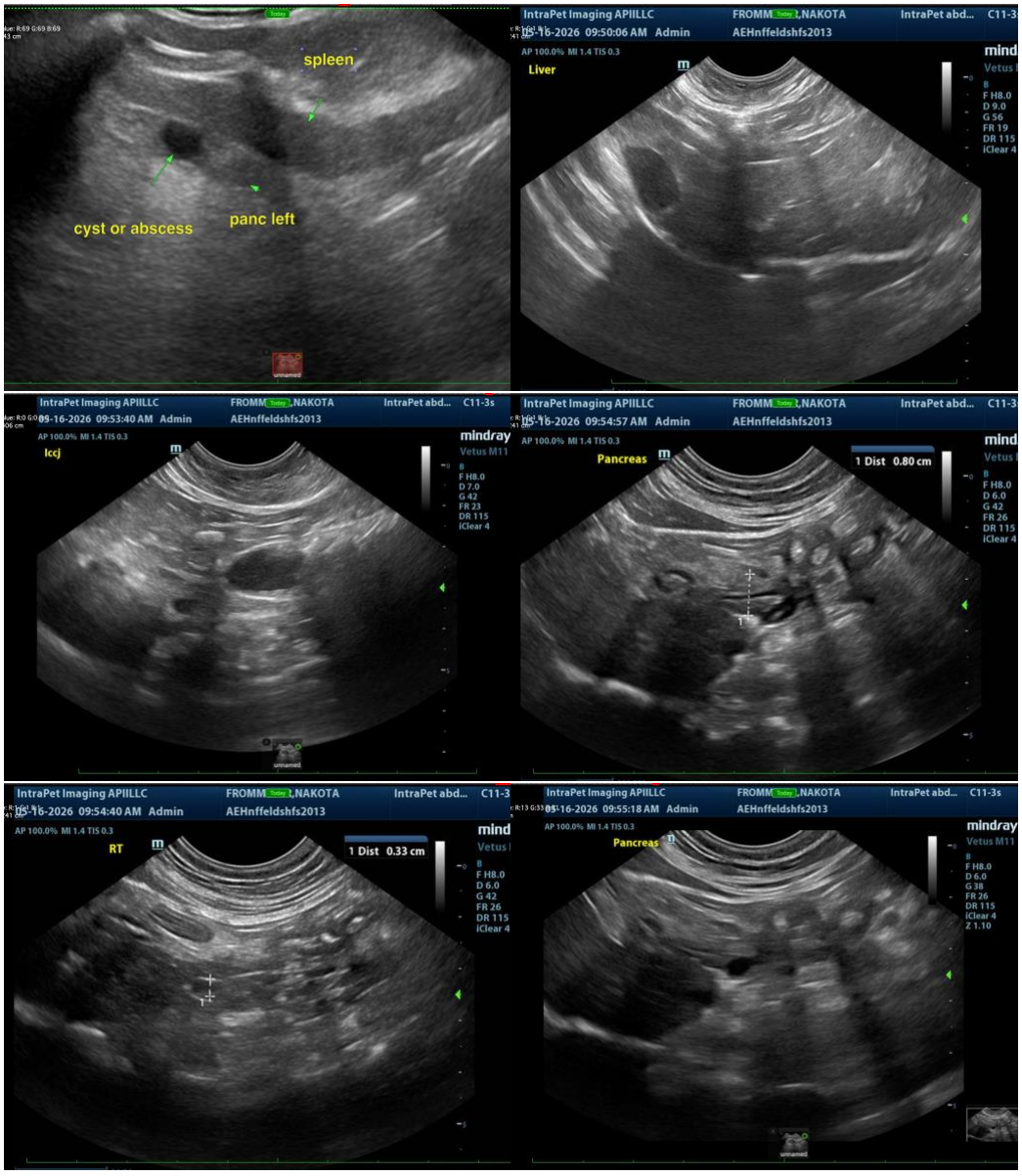
The **pancreas** presented edematous and mildly swollen measuring up to 0.8 cm with a dilated pancreatic duct. The left limb of the pancreas was prominent and irregular measuring up to 0.6 cm with mild enhanced mesentery. The left pancreatic limb also presented with a cyst/abscess medial to the spleen.

ULTRASONOGRAPHIC FINDINGS

- Low-grade pancreatitis.
- Minor renal pyelectasia.
- Age-related abdominal changes otherwise.
- Minor cecal stasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management for pancreatitis is warranted with recheck sonogram in three to five days. Ultrasound guided drainage of the pancreatic cyst/abscess may be necessary. IV fluid support, pain management, broad-spectrum antibiotics are all warranted. Infectious agents should also be investigated, especially if the patient is outdoor.


spleen
cyst or abscess
panc left
IntraPet Imaging APIILLC
FROMM, NAKOTA
IntraPet abd... C11-3
05-16-2026 09:50:06 AM Admin
AEHnffeldshfs2013
AP 100.0% MI 1.4 TIS 0.3
Liver
mindray
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B
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D 9.0
G 56
FR 19
DR 115
iClear 4
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G 42
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Pancreas
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D 6.0
G 42
FR 26
DR 115
iClear 4
IntraPet Imaging APIILLC
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AP 100.0% MI 1.4 TIS 0.3
RT
1 Dist 0.33 cm
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F H8.0
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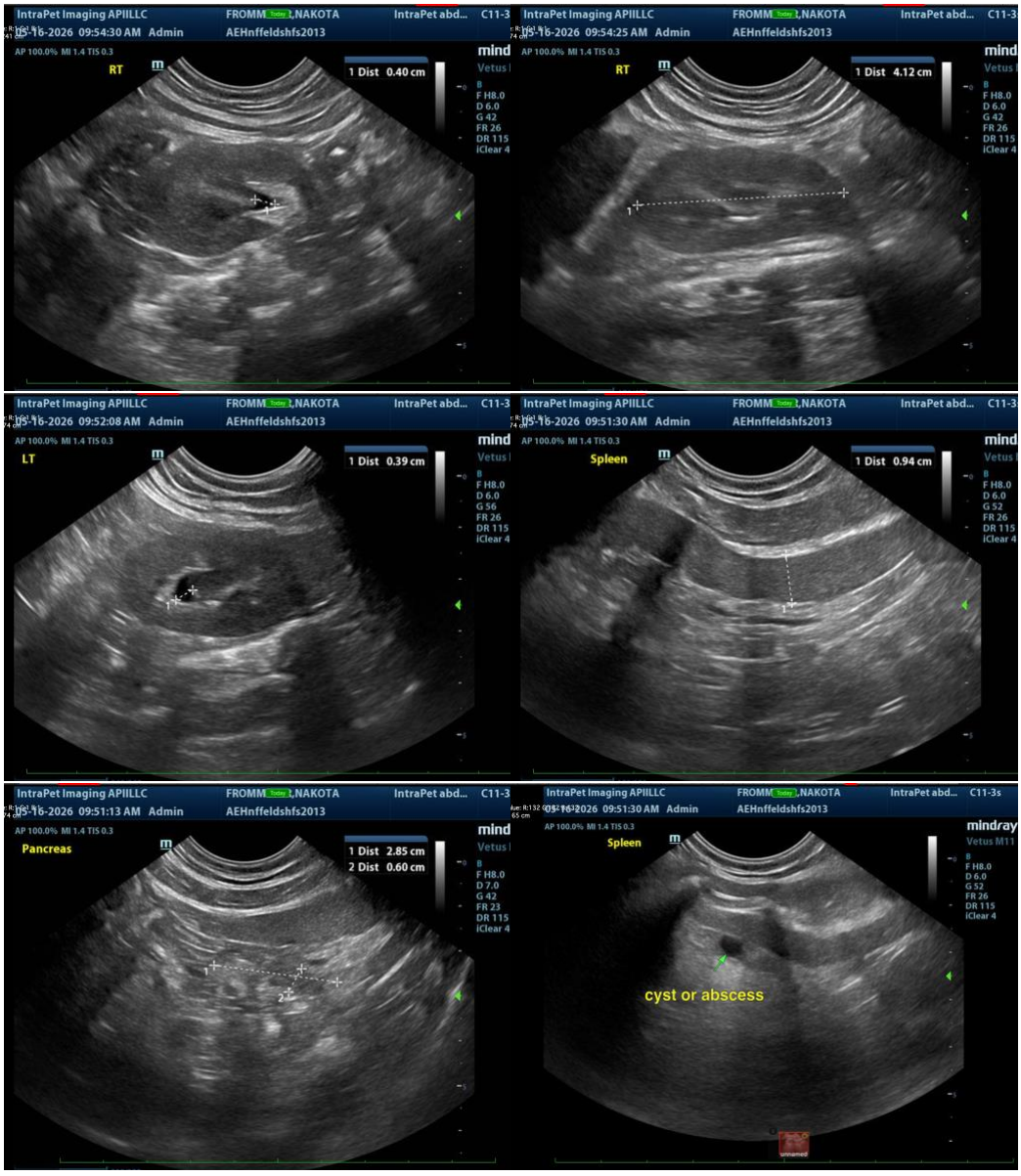

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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