



PATIENT

Susan B Anthony
Wright

SPECIES

Feline

BREED

Dsh

SEX

FS

AGE

9 yr

WEIGHT

8.37 lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Pleasant Hill Animal
Hospital

REFERRING VET

Dr. Supan

INVOICE

10643ag

DATE

05/20/2022

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: QAR. Tolerant of exam. MM-pink/moist. Prolonged skin tent-dehydrated. Soft, non-painful abdomen. Small symmetrical lymph nodes. Circular scab on the base of the right ear where owner pulled a thorn out. May have minimal cellulitis at this location. No murmur or arrhythmia. Clear lung sounds.

Abnormal PE/Chem/CBC/UA Results: Laboratory Findings: Biochemistry- elevated ALP (131), elevated ALT (108), elevated amylase (1952), elevated total bilirubin (3.6) CBC- leukopenia (4.36), lymphopenia (0.43), thrombocytopenia (161, slide review minimal platelet clumps found, true thrombocytopenia). Current Medications Current Medications: Amoxicillin 50 mg/ml 30 ml- 1.7 ml PO BID for 7 days.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 2 cm. 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 left kidney exhibited a cortical infarct at the cranial pole. The right kidney exhibited slight pinpoint mineralization and an early infarct at the dorsal cranial cortex.

The left kidney measured 3.85 cm in length. The right kidney measured 4.01 cm in length.

Adrenal Glands

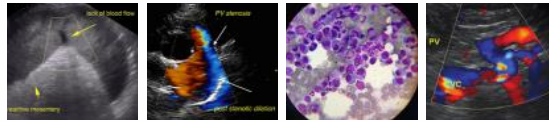
Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.22 cm. The right adrenal gland measured 0.33 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 were noted.

Liver

The liver images submitted revealed mildly swollen liver size with normal contour and structure. Slight nonspecific coarse architecture with minor increased portal markings were present. 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.



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Gastrointestinal

Examination of the gastrointestinal tract revealed variable intestinal thickening with reactive surrounding mesentery. No overt loss of mural detail was noted.

Pancreas

The base and limbs of the pancreas were observed to have minor heterogenous parenchymal changes. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

Slight mesenteric lymphadenopathy noted measuring 4mm.

Other

A rapid view assessment of the heart revealed no overt pathology.

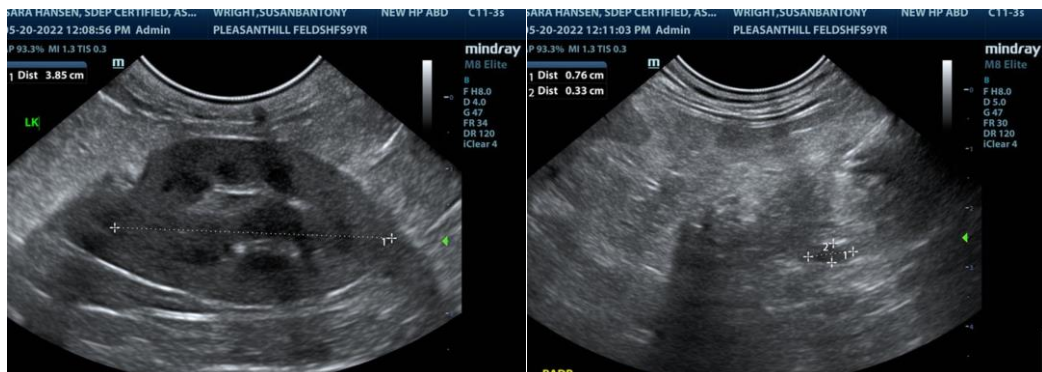
ULTRASONOGRAPHIC FINDINGS

- Enteritis pattern with reactive mesentery
- Mildly swollen hypoechoic liver with minor remodeling
- Age related renal changes with bilateral slight renal infarcts and right kidney mineralization
- Minor splenic parenchymal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bilirubin values should be reassessed to ensure they are not artifactual.

Concern for a gastrointestinal insult such as enterotoxin or infectious agent is possible. An FNA of the liver is warranted assuming normal clotting status, particularly if the bilirubin value is not artifactual to rule out minor potential for underlying neoplasia such as mast cell disease. IVF support, broad spectrum antibiotics and GI protectants are all indicated. Further definition is based on FNA results, however, sonographically the primary issue appears to be intestinal and pancreatic - enteritis/pancreatitis presentation. Recheck sonogram in 3-5 days is suggested.





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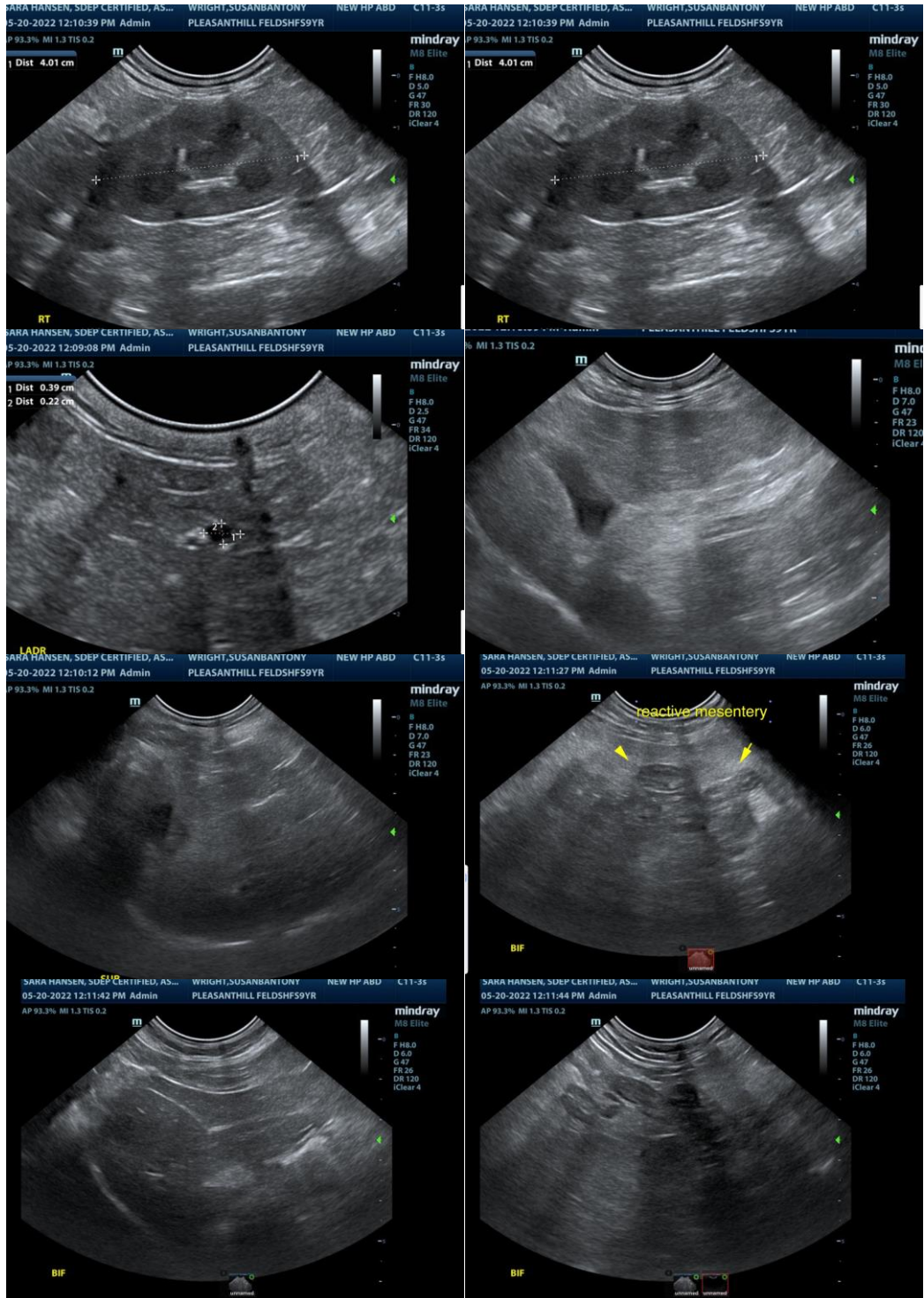
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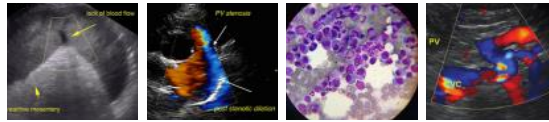
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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@SonoPath.com

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