

PATIENT

Frances Parks

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16 yr

WEIGHT

16.3 lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Welch

HOSPITAL NAME

Long Vallet Animal
Hospital

REFERRING VET

Dr. Earl

INVOICE

10654ag

DATE

05/23/2022

PRESENTING CLINICAL SIGNS

History: Diabetic, obese. History of HCM. Just recently diagnosed with suspected pancreatitis based on bloodwork. Recent Neutrophilia/leukocytosis. Just switched to R/D diet ---O reports pet is eating it well.

Abnormal PE/Chem/CBC/UA Results: Abnormal fPL on 5/16/22 HCT : 26.9 MCV : 37.9 Retics : 152.1 WBC : 26.58 Neuts : 23.6 Eosin : 0.97 Baso: 0.17 Gluc : 316 Globulin : 5.2 Lipase : 1,794 Amylase - would not read in-house (usually means elevated) Fructosamine : 257

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 irregular contour with enhanced pericapsular fat and regional infarcts. Nephritis or emerging neoplastic infiltration possible.

The left kidney measured 3.8 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The bilateral adrenal glands presented swollen and hypoechoic - likely stress related. Both adrenal glands measured 5 mm in width.

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 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.



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Pancreas

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The pancreas appears slightly heterogeneous yet with only minor changes. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

BREED

- Suspect nephritis and active renal infarcts
- Slightly heterogeneous pancreas

DSH

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FS

A full UA is warranted if not already performed. A renal FNA could be considered for further definition. Minor heterogeneous pancreatic changes were present, more concerning is the renal presentation. Supportive care with assessment of UA +/- renal FNA would be appropriate.

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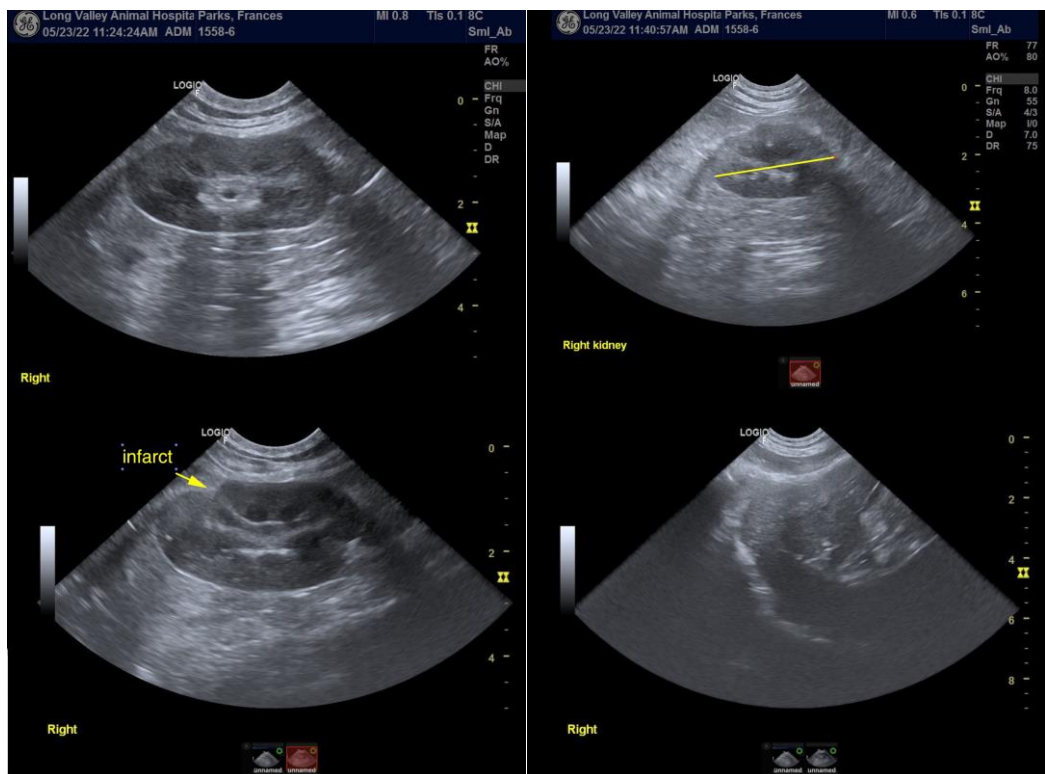
Dr. Earl

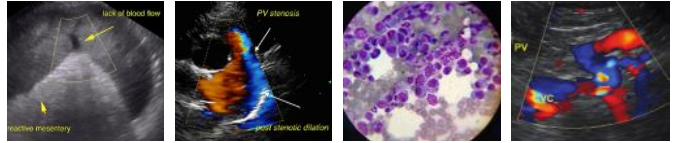
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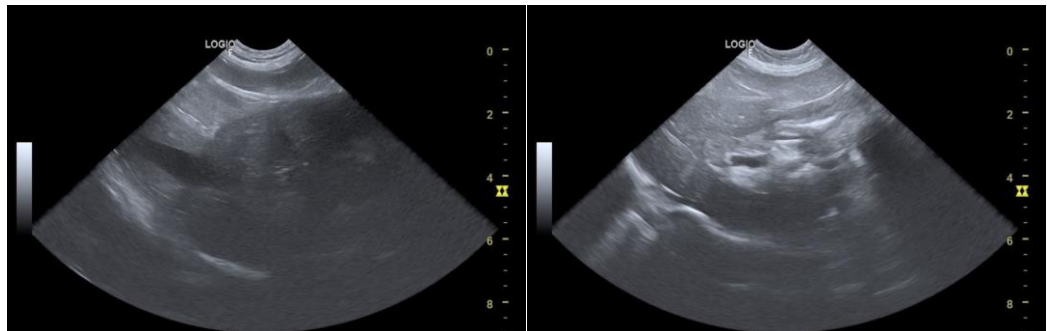
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com