



PATIENT PRESENTING CLINICAL SIGNS

Penny Flavin vomiting, distended abdomen, uncontrolled thyroid disease
Abnormal PE/Chem/CBC/UA Results: elevated T4

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

DSH

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.

SEX

Intact Female

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 his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 3.18 cm. The right kidney measured 4.77 cm with pyelectasia noted. Cortical infarcts noted in both kidneys.

AGE

15 Years

Adrenal Glands

WEIGHT

10 Pounds

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

Spleen

INTERPRETED BY

Eric Lindquist, DMV

The **spleen** was mildly enlarged (0.91 cm) 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.

DABVP, Cert. IVUSS

Liver

IMAGING PERFORMED BY

Diane McFadden

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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 past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

HOSPITAL NAME

Rockaway AH

Gastrointestinal

REFERRING VET

Dr. Maniar

The **stomach** itself was unremarkable. Some spastic bowel was noted in the small intestine.

Pancreas

INVOICE

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

DATE

5/27/22



PATIENT

Other

Penny Flavin

No reproductive organs evident in this patient.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen with irregular pancreatic and renal contour - nephritis/pancreatitis suspected. Mild potential for emerging renal lymphoma.
- Reactive spleen

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

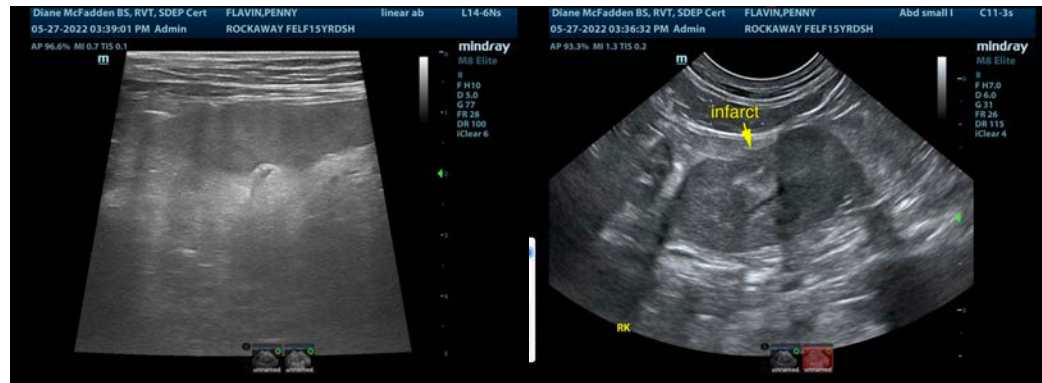
SEX

Intact Female

IV fluid support, full urinalysis workup, culture and sensitivity indicated. FNA of the spleen would be ideal to ensure reactive spleen or splenitis as opposed to emerging round cell neoplasia. Broad-spectrum antibiotics, GI protectants and pain management recommended. No overt evidence of neoplasia. However, emerging round cell neoplasia cannot be completely ruled out. If the patient is not responding to therapy, recheck sonogram recommended in 5-7 days.

AGE

15 Years



WEIGHT

10 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

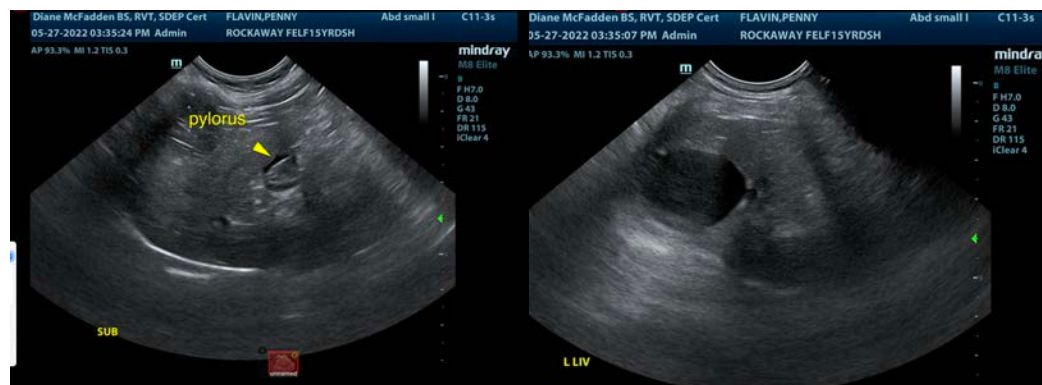
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PATIENT

Penny Flavin

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Intact Female

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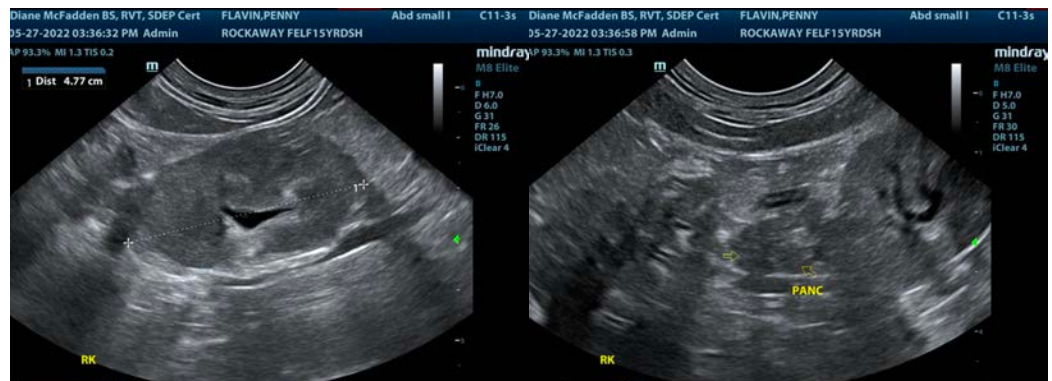
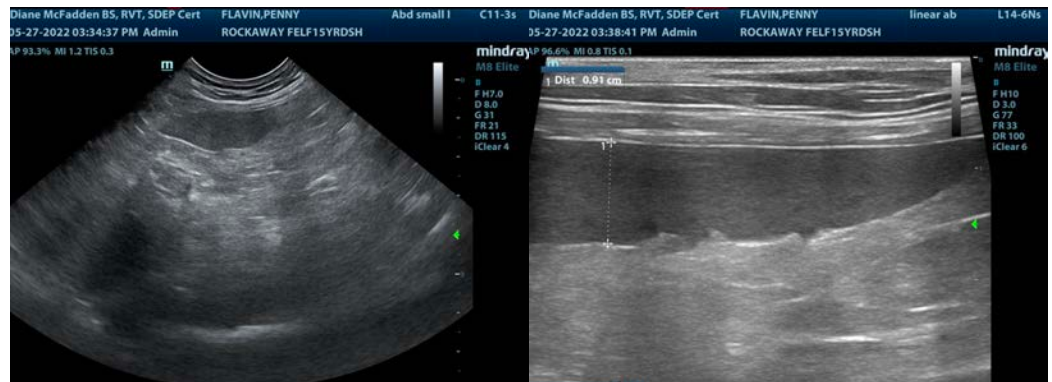
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com