



**PATIENT**

Maple Morgan

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

16.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Budden

**HOSPITAL NAME**

Frontier VH

**REFERRING VET**

Dr. Budden

**INVOICE**

30781

**DATE**

5/29/22

**PRESENTING CLINICAL SIGNS**

**History:** Patient recently had x-rays performed due to an orthopedic injury. The Report mentioned a pancreatic nodule in the left lobe of the pancreas. Ultrasound performed to further assess pancreatic nodule. Patient has a history of DM and is now in remission. History of recurrent vomiting. Has not had an episode in awhile per owner.

**Abnormal PE/Chem/CBC/UA Results:** CBC/Chem/UA/T4/Fructosamine pending from today  
Abdominal ultrasound performed in November 2020 for recurrent episodes of vomiting, report mentions suspicion for mildly hyperechoic pancreas, no other signs of GI disease at that time.

**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 was 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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.07 cm. The right kidney measured 4.62 cm.

**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.

**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 was 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.



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**Gastrointestinal**

Maple Morgan

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. Intestinal wall thickness measured up to 0.26 cm. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**Pancreas**

Domestic Shorthair

The **pancreas** was uniform and measured up to 0.8 cm in width. The curvilinear patterns were maintained. There is no evidence of nodules noted. There is no evidence of pathology.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Essentially normal abdomen.

**AGE**

10 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

16.5 lbs

There is no evidence of pathology.

**INTERPRETED BY**

Eric Lindquist, DMV  
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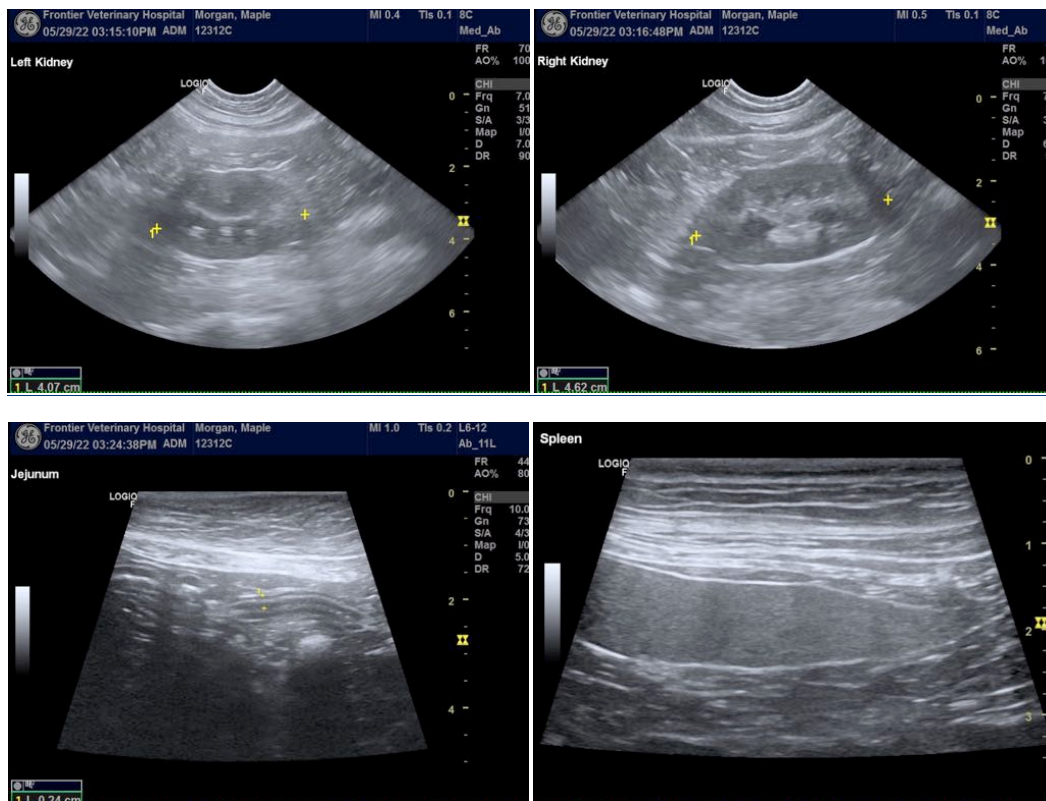
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**PATIENT**

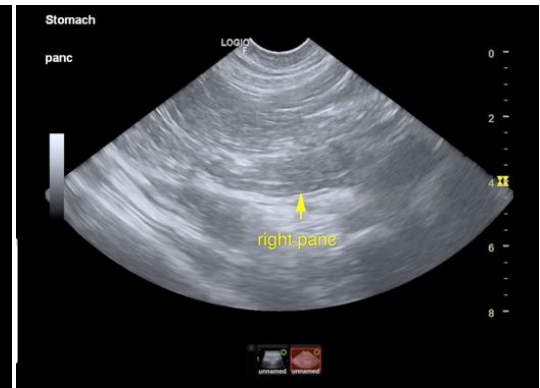
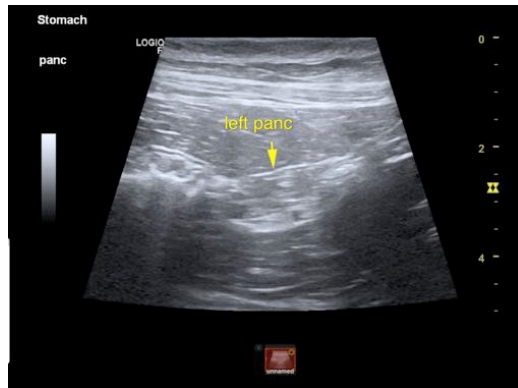
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**SEX**

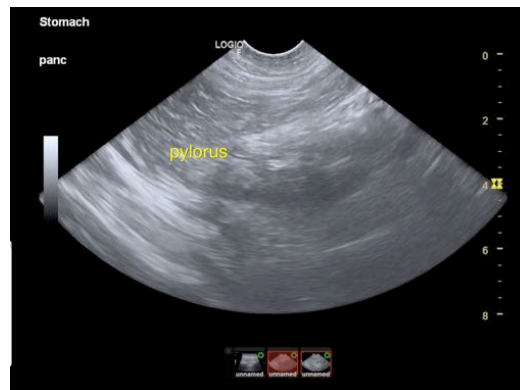
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**IMAGING PERFORMED BY**

Dr. Budden

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.

**HOSPITAL NAME**

Frontier VH

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

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