



PATIENT

Peppy Wilson

SPECIES

Feline

BREED

DSH

SEX

MC

AGE

13 years

WEIGHT

6.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. De Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. De Cordon

INVOICE

10522ag

DATE

05/04/2022

PRESENTING CLINICAL SIGNS

History: was seen here recently for pancreatitis. Was fine until night before last...got out...out for about 3 hours, found him around midnight. Seemed fine. Yesterday am he would not eat. Wouldn't take meds with food like usual. Lethargic yesterday. between 12 noon and 3 pm he vomited about 5 times - a lot of grass, then bile Owner feels things changed when starting the Pred from rDVM

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 and no evidence of pelvic dilation was present.

The left kidney measured 3.93 cm in length. The right kidney measured 4.05 cm in length.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands

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 gastric stasis. Variable intestinal thickening was present with areas of early loss of mural detail.

Pancreas

The base and limbs of the pancreas were observed to be hypoechoic and irregular with a disorganized ill-defined hypoechoic parenchyma. Regional hyperechoic surrounding fat and inflammation was observed.



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Free Abdomen

A small amount of free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

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- Extensive pancreatic pathology and regional adhesions/inflammation-
- Variable intestinal thickening
- Gastric stasis/ileus-adhesions around the duodenum may be causing delayed outflow
- Abdominal free fluid

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MC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An ultrasound guided FNA of the pancreas is strongly encouraged for this patient to assess for carcinoma. The prognosis is guarded depending on cytology results.

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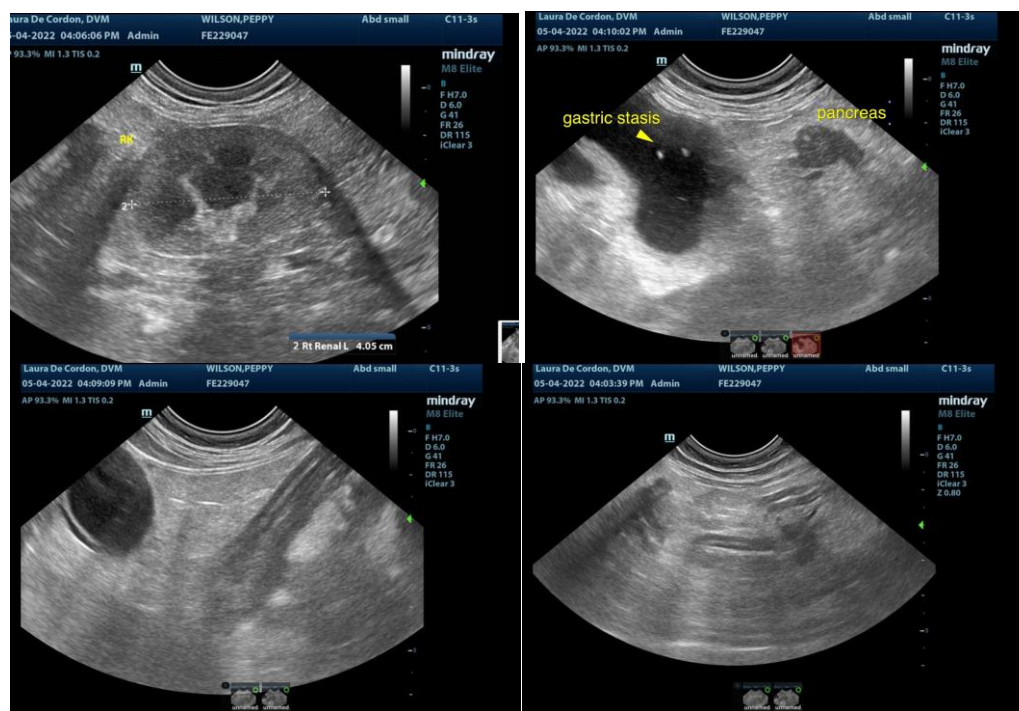
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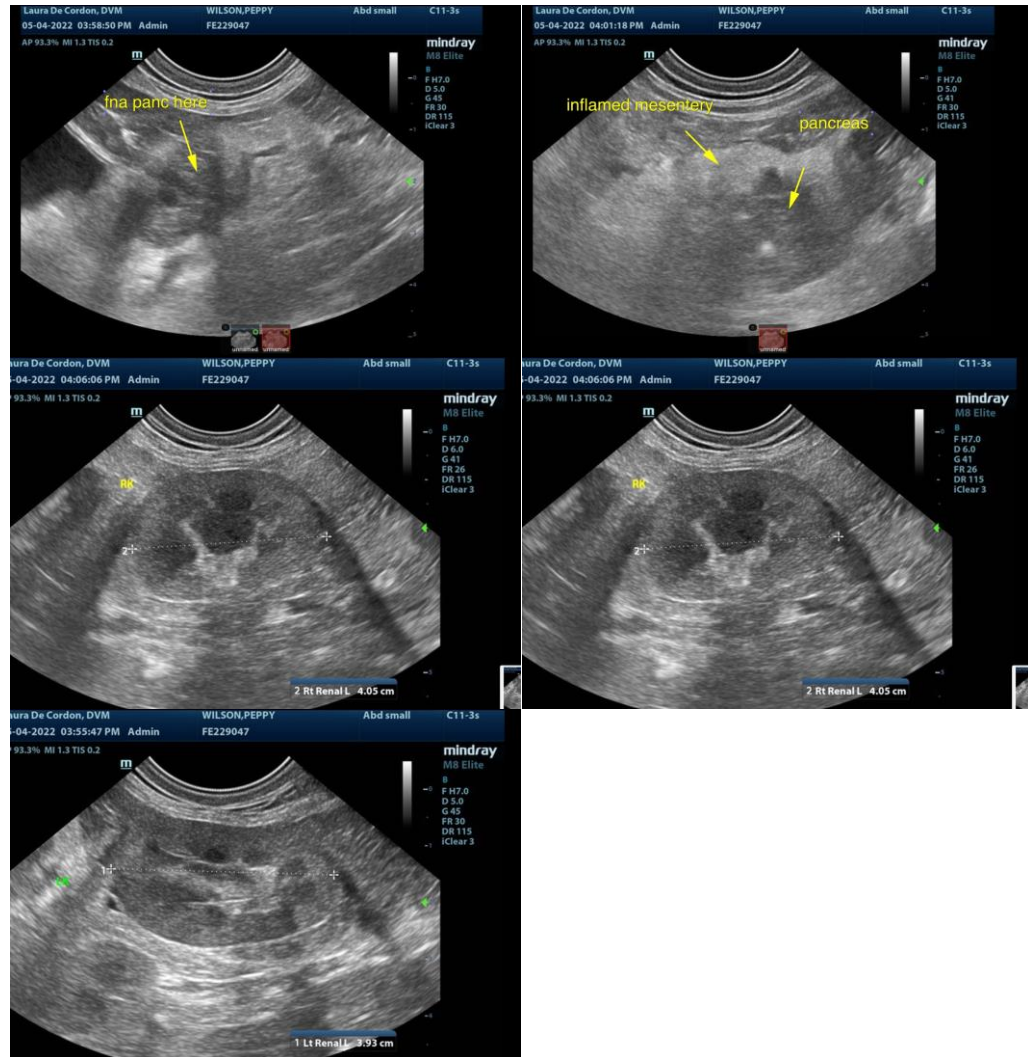
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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