



PATIENT

Tucker Sequin

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

7 years

WEIGHT

6.87 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Gardner

INVOICE

30119

DATE

5/4/22

PRESENTING CLINICAL SIGNS

Tucker his being hospitalized for suspected pancreatitis, hx of vomiting, anorexia and decreased bowl movements. Adopted in feb, unknown medical hx. Started vomiting friday which continued till last night. Anorexia since 5/2AM.

Abnormal PE/Chem/CBC/UA Results: fpli: Abnormal CBC: WBC 20.7, Neut 16.17 HCT 47.3 plts 366 Chem: gluc 227 BUN 12 Phos 1.7 Ca 7.7 glob 5.2 GGT 9 Lipase 5853 T4: 1.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. 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 left **kidney** revealed irregular contour with isoechoic nodular changes with enhanced surrounding mesentery/bright fat and regional free fluid. The left kidney measured 3.0 cm. The right kidney revealed similar changes compared to the left; however, the changes were less dramatic. The right kidney measured 3.5 cm. Hyperechoic, surrounding mesentery was noted.

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** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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. There is no evidence of passive 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. Slight areas of free fluid was noted between the liver lobes.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor, variable small intestinal thickening was noted without loss of detail.



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Pancreas

The **pancreas** was enlarged, irregular, hypoechoic and nodular with a dilated duct and enhanced surrounding mesentery. The pancreatic pathology was extensive.

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Free Abdomen

Much of the cranial abdomen was obscured owing to bright mesentery and steatitis.

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ULTRASONOGRAPHIC FINDINGS

Extensive pancreatitis and nephritis pattern with nodular changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a potential for underlying emerging neoplasia. Coagulation panel, 25-gauge FNA of the pancreas and left kidney is recommended. Guarded prognosis. Toxoplasmosis, Bartonella and other infectious agents should be considered given the extent of the inflammatory event.

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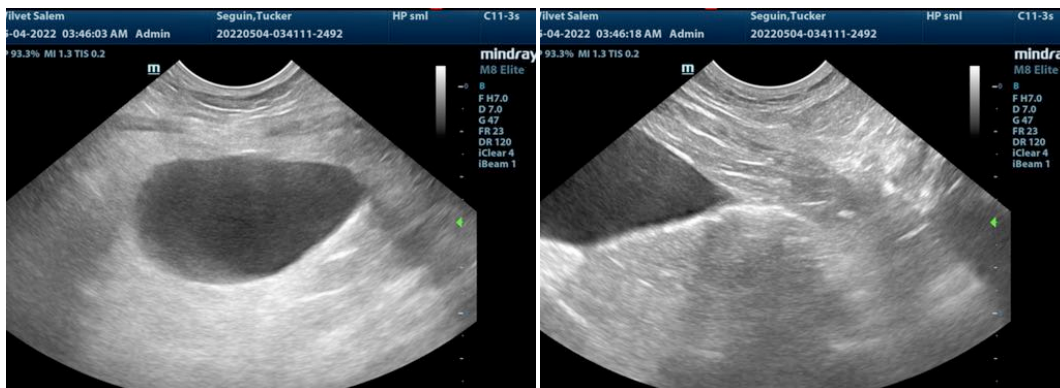
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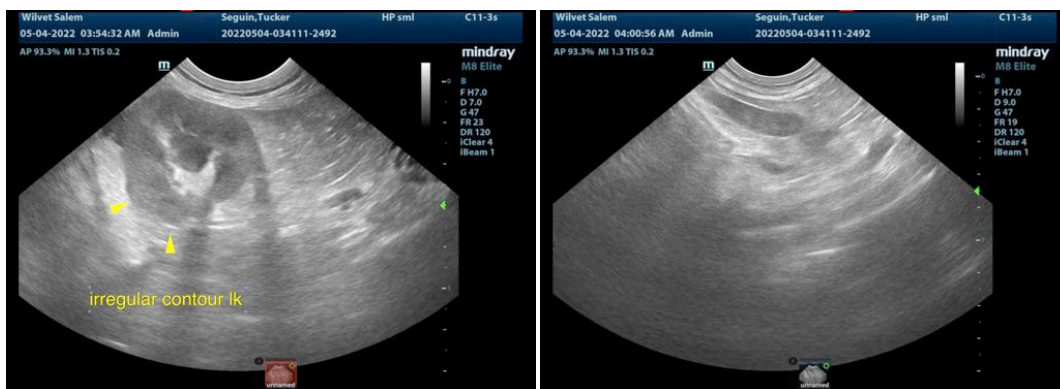
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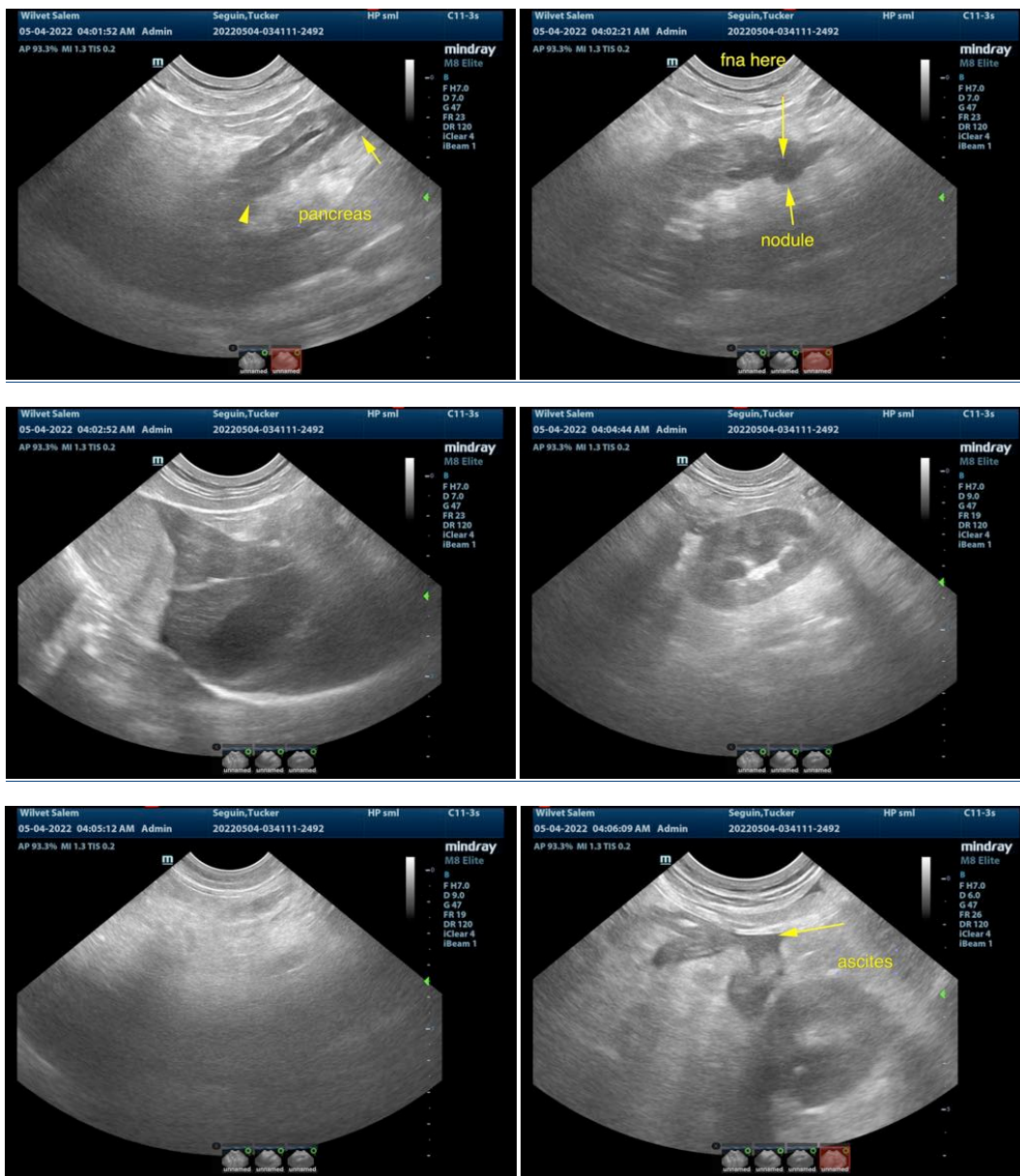
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if it can be of any further assistance please contact me.

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