



PATIENT

Baby Ralstin

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

3.71 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brittany Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Brittany Gardner

INVOICE

37381

DATE

5/5/22

PRESENTING CLINICAL SIGNS

Day before yesterday small amount of blood, this morning a large pool of almost black blood. patient would not eat last night. Normal BM, normal UR, no coughing or sneezing. Patient had full work up last year for chronic vomiting, everything WNL per owner and PT diagnosed with sensitive stomach. Abnormal PE/Chem/CBC/UA Results: Calcium, ionized 1.16 L Potassium 2.9 L Creat 0.7 L Glu 299 H EOS 0.11 L Monos 0.74 WBC 33.27

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.

A cortical infarct was noted at the caudal pole of the **left kidney**, stable. Cortical collapse noted at the level of the infarct. Blood flow appeared to be adequate on color assessment, except for the infarcted region of the cortex. The left kidney measured 2.9 cm.

The **right kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 2.9 cm.

Adrenal Glands

The **right adrenal gland** was 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. The right adrenal gland measured 0.50 cm. The area of the **left adrenal gland** was unremarkable.

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.



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Gastrointestinal

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A luminal mass was noted in the **gastric** fundus, measuring 2.6 cm. The mass appears to impinge upon the gastroesophageal inlet. The pylorus appeared free of evidence pathology. The small intestine and colon were unremarkable, no evidence of obstruction.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Gastric fundic mass in the cardia and gastroesophageal inlet region
- Left renal cortical infarct and collapse

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

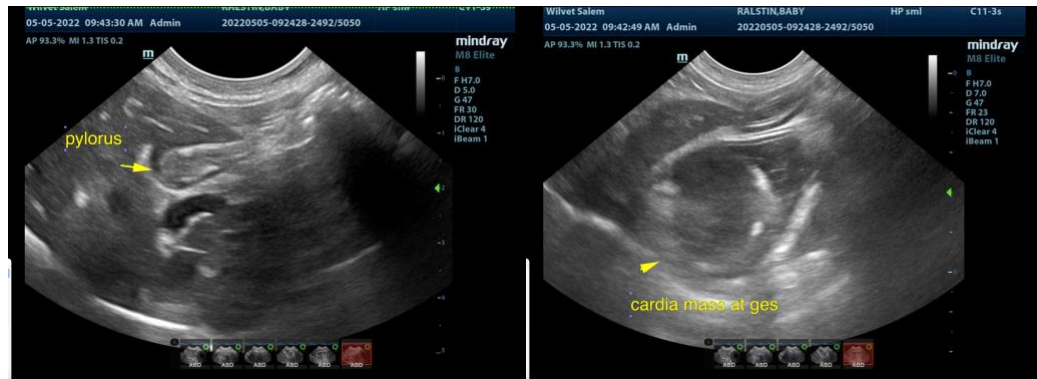
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This is a difficult position for resection. Endoscopy could be considered for further definition, or ultrasound guided FNA if the sonographer is comfortable with sampling in this region. Epithelial based tumor/carcinoma suspected.

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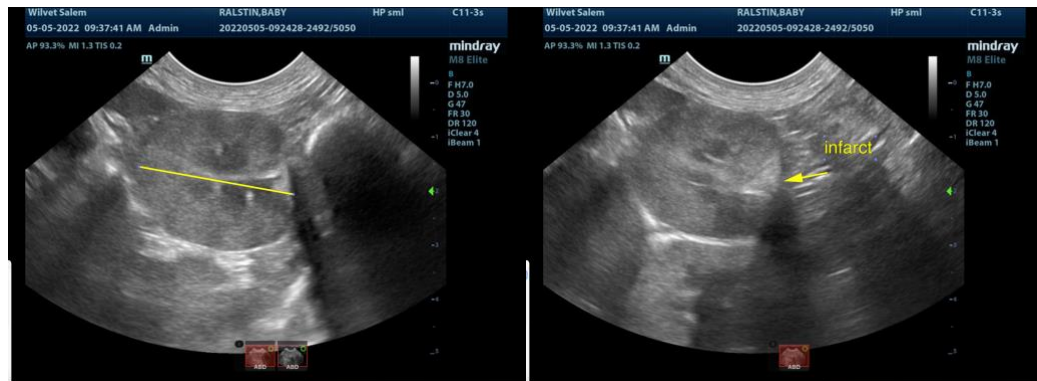
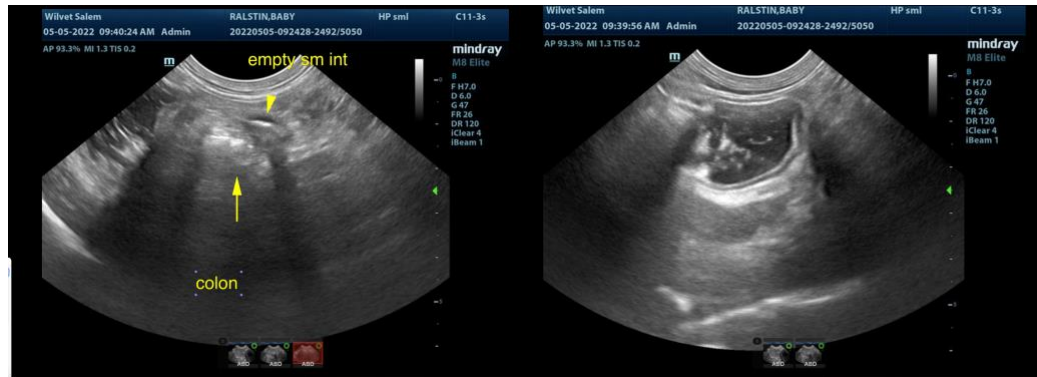
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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