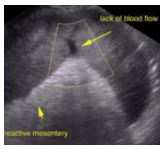
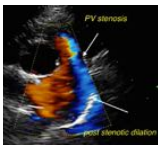
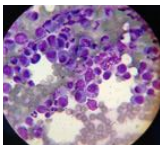
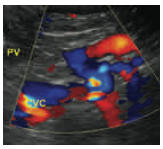
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™






SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Julie Micheal Tracy

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

6.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez , CVT

**HOSPITAL NAME**

Westwood Regional VH

**REFERRING VET**

Dr. Goldman

**INVOICE**

30199

**DATE**

5/9/22

## PRESENTING CLINICAL SIGNS

History: Patient presents for intermittent vomiting; was ok on I/D food canned and dry but stopped. Recent animal rescue.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem/UA: all pending.

## 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 right kidney measured 3.08 cm. The left kidney measured 3.42 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. The right adrenal gland measured 0.41 cm.

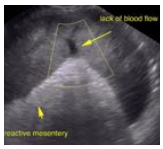
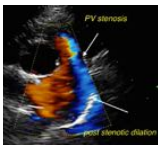
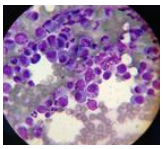
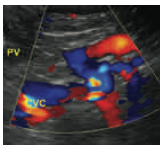
### *Spleen*

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. The spleen measured 0.54 cm.

### *Liver*

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Julie Micheal Tracy

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

6.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez , CVT

**HOSPITAL NAME**

Westwood Regional VH

**REFERRING VET**

Dr. Goldman

**INVOICE**

30199

**DATE**

5/9/22

### *Gastrointestinal*

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Ingesta appears present and moving throughout the GI tract without issues. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes are reactive and measured up to 1.09 x 0.57 cm.

### *Pancreas*

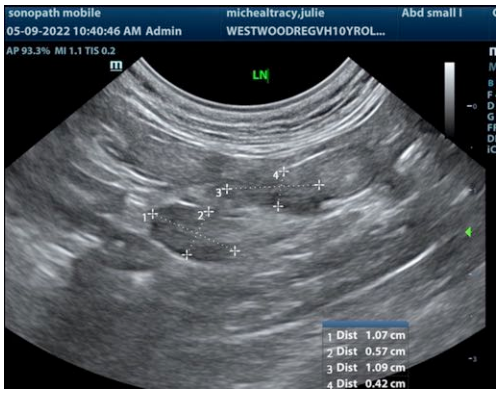
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

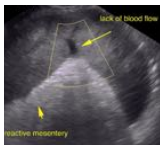
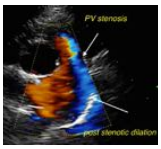
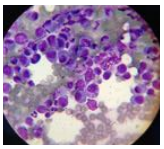
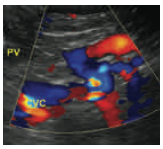
Minor mesenteric lymphadenopathy, structurally unremarkable abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lymph nodes are likely reactive. There is no evidence of significant visceral disease. Other causes of anorexia such as orthopedic pain, CNS or thoracic disease should be considered. Otherwise, supportive care for GI upset could be considered, yet structurally the GI tract is unremarkable. Underlying dietary intolerance, occult parasitism and structurally insignificant inflammatory bowel are all technically possible given the vomiting history.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Julie Micheal Tracy

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

6.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez , CVT

**HOSPITAL NAME**

Westwood Regional VH

**REFERRING VET**

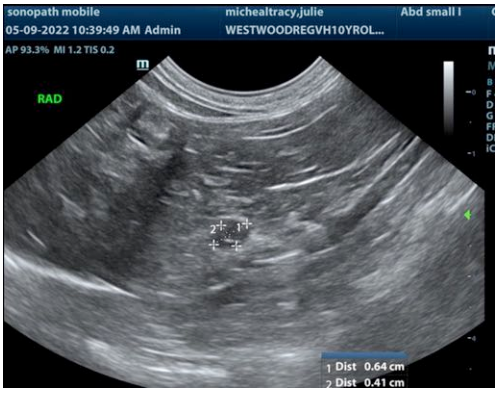
Dr. Goldman

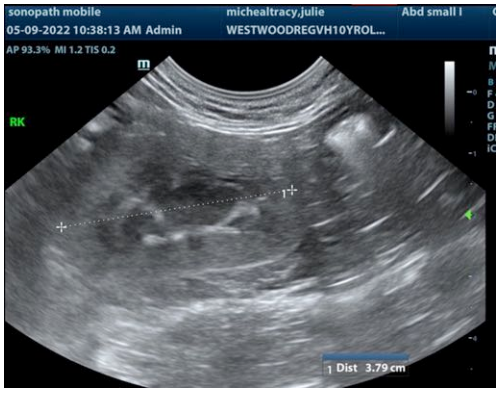
**INVOICE**

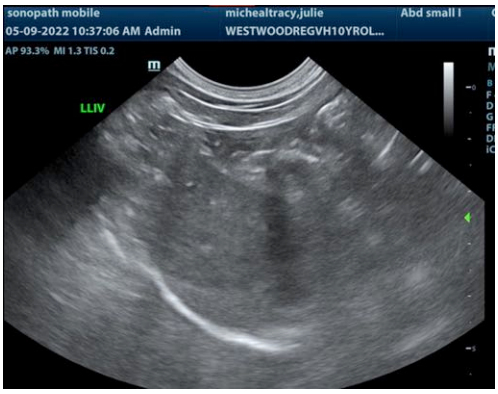
30199

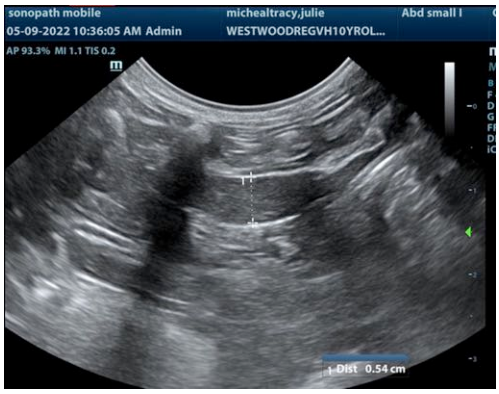
**DATE**

5/9/22






**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