



PATIENT

Nora Chojnowski

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

13 years

WEIGHT

9.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Harasimowicz

INVOICE

31229

DATE

6/24/22

PRESENTING CLINICAL SIGNS

History: 2 month history of waxing and waning pancreatitis with symptoms of vomiting, inappetence and lethargy. Elevated fPLs have been noted to correlate with episodes of these clinical signs. P is currently vomiting approximately once weekly. 2 years ago, p was noted to have multiple cutaneous MCTs. These were not biopsied and were not removed, but not visible today for exam. P has history or intermittent Grade 2/6 left systolic heart murmur. P sedated with torb/low-dose domitor for this US as she has done well with this protocol in the past.

Abnormal PE/Chem/CBC/UA Results: Today p is BAR with mild abdominal pain. Grade 2/6 systolic murmur. Temp WNL. Exam otherwise WNL. Most recent lab work was 5/27/22. CBC was unremarkable. Chem had SDMA of 15, but BUN/CREA WNL. fPL was elevated at 8.1.

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 3.0 cm. The right kidney measured 3.0 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 left adrenal gland measured 0.4 cm.

Spleen

The **spleen** is enlarged with scalloping contour. The spleen measured up to 1.3 cm. Given the patient's history there is a strong concern for round cell neoplasia.

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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The **stomach** in this patient revealed a focal mass that measured 1.8 cm. Minor intestinal thickening was noted. The colon was unremarkable.

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Pancreas

Heterogenous **pancreatic** changes were noted with enhanced surrounding mesentery. This is likely low-grade inflammation.

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ULTRASONOGRAPHIC FINDINGS

SEX

Splenomegaly.

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Heterogenous pancreas.

AGE

Focal gastric mass.

13 years

Minor intestinal thickening.

Otherwise, geriatric abdomen.

WEIGHT

9.6 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of both lesions are strongly recommended. Round cell neoplasia is suspected secondary or concurrent comorbidities of pancreatitis and age related renal changes. Guarded prognosis depending upon cytology results. Coagulation panel and Benadryl injection is warranted prior sampling.

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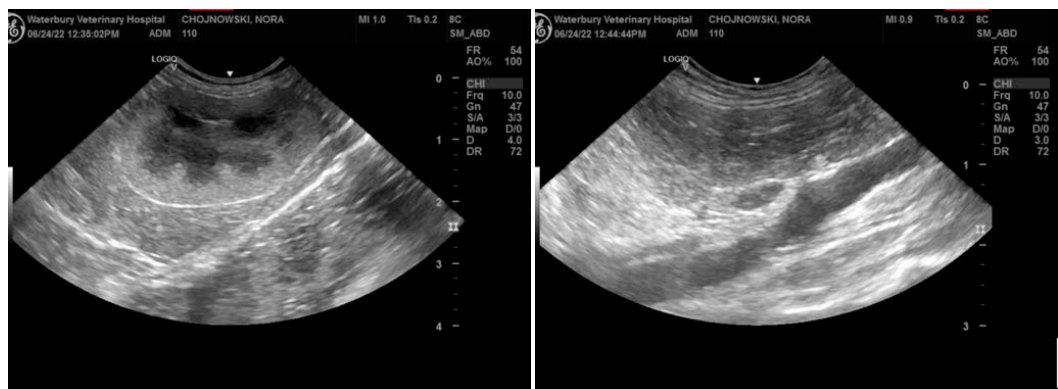
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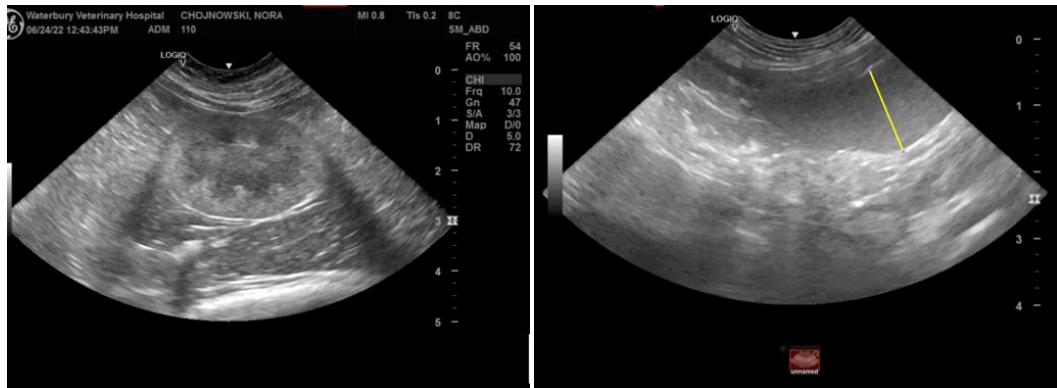
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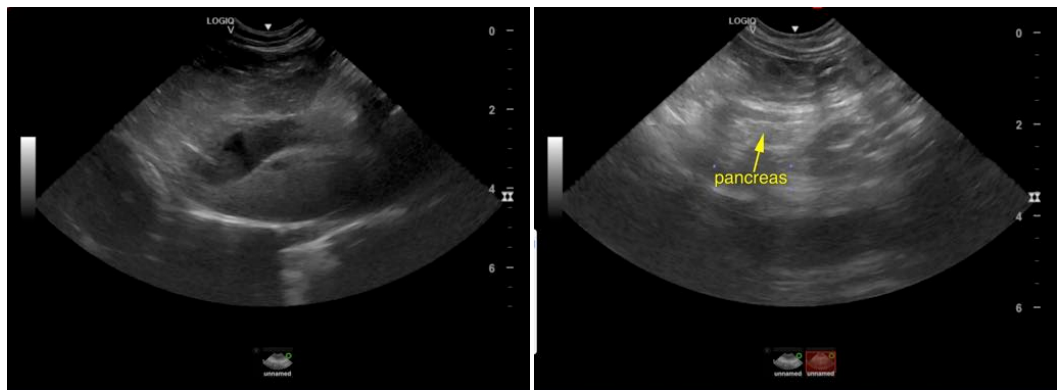
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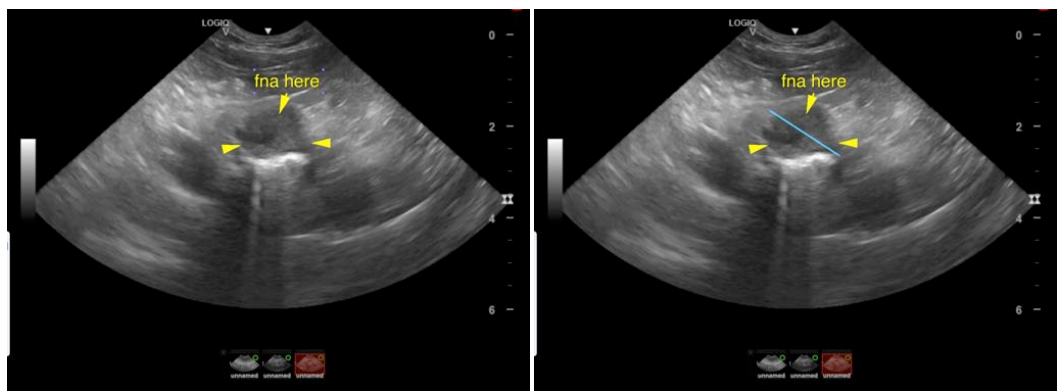
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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