



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Spooky Hurst
PRESENTING CLINICAL SIGNS Anorexia that began 4 days ago. Usually indoor only. She got outside for a day when clinical signs began. Owner said she was chewing on a weed (not a lilly, but doesn't know what type. No known history of rodenticide.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Depressed Pale MM HCT 9.8% (PCV 8%) Inflammatory leukogram Platelets - 88K Retic % - 1.8 BUN - 90 Creatinine - wnl (bcs 3/9) SDMA - 41 PHOS - 10 GLOB - 6.3

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female

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.

AGE

3

The **kidneys** 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 left kidney measured 3.26 cm. The right kidney measured 3.47 cm.

WEIGHT

9

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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 0.51 cm. The right adrenal gland measured 0.42 cm.

IMAGING PERFORMED BY

Dr. Adrienne Waffle

Spleen

The **spleen** presented mild enlargement at 1.5 cm and scalloping contour. Concern for infiltrative disease/mast cell, round cell neoplasia, or similar versus reactive spleen.

HOSPITAL NAME

Torch Lake VC

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.

REFERRING VET

Dr. Adrienne Waffle

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Gastrointestinal

DATE

6/29/23

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



PATIENT *Pancreas*

Spooky Hurst

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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

- Mild splenic enlargement with scalloping contour, unremarkable abdomen otherwise

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Blood transfusion, coagulation panel, and 25-gauge FNA of the spleen indicated +/- bone marrow aspirate and CBC path review. No evidence of hemorrhage.

Spayed Female

AGE

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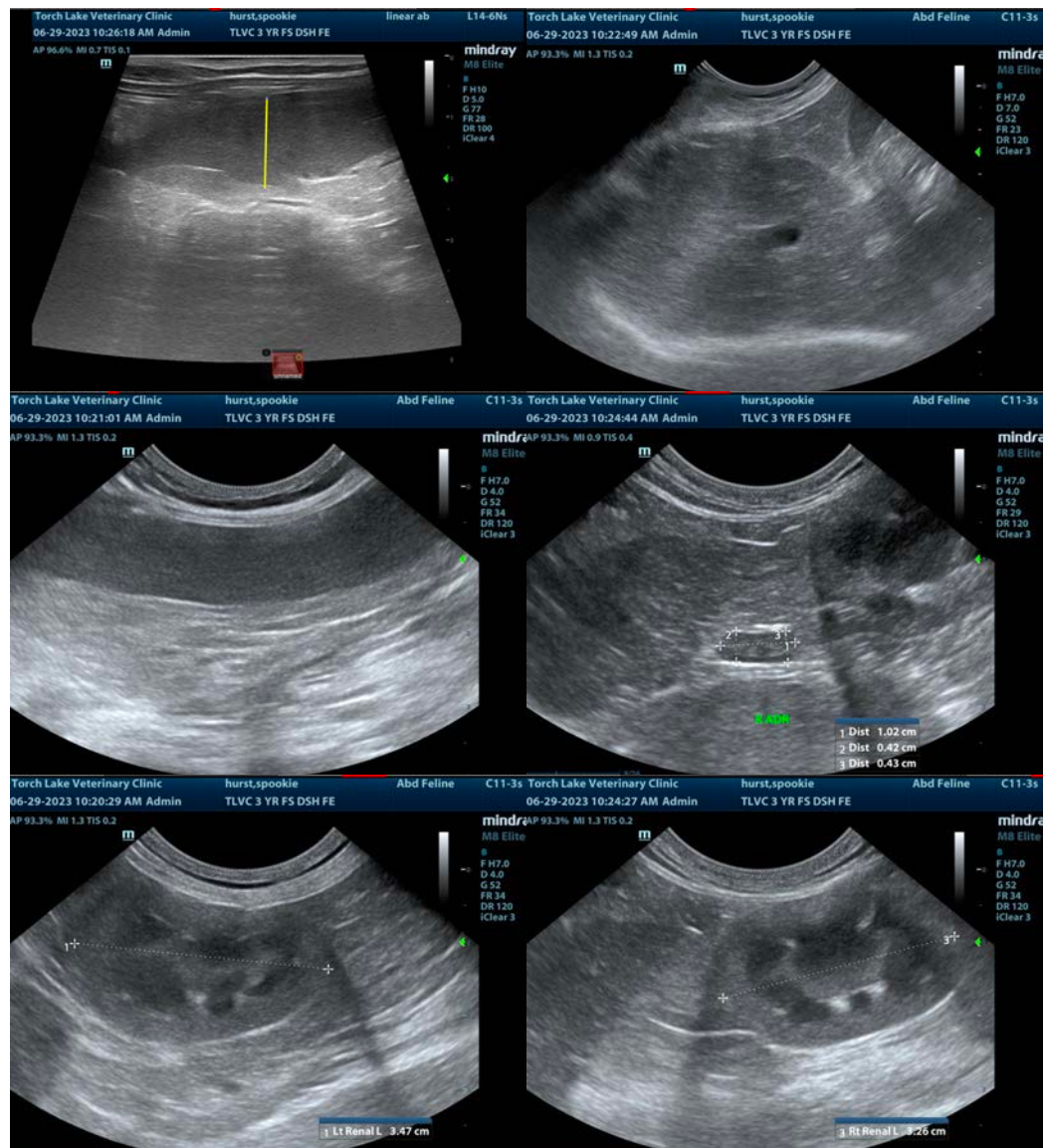
Dr. Adrienne Waffle

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PATIENT

Spooky Hurst

SPECIES

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SEX

Spayed Female

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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.

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