**PATIENT**

Angel Cleven 5525F

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Spayed Female

**AGE**

17 years

**WEIGHT**

2.43 kg

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Madison Veterinary  
Specialists**INVOICE****DATE**

7/11/22

**PRESENTING CLINICAL SIGNS**

Angel has been hyporexic since Friday 7/8. Owner says Angel has been finicky in the past, and will at times go a day or two without eating. When this happens owner is able to get her to eat by offering a variety of different foods. Owner has tried offering various foods but has had no success getting her to eat. Angel will approach the food so owner thinks she is still hungry, but she will take 1 or 2 nibbles at most and will otherwise just walk away without eating at all. Owner said she opens her mouth after nibbling the food and thought her hyporexia could be due to a dental issue. He also expressed concern about dehydration as he thinks Angel's water consumption has been less since Friday, though she is still drinking. She is urinating well but has not had a BM since Friday, last stools were normal. Angel has a hx of hyperthyroidism, but is otherwise healthy.

Abnormal PE/Chem/CBC/UA Results: PCV - 30% (35-55) WBC - 29.14 (2.87-17.02) NEU- 2.22 (2.30-10.29) LYM - 24.43 (0.92-6.88) Mono- 2.01 (0.05-0.67) On manual differential appears to be a neutrophilia with left shift. BUN- 37 (16-36) GLOB- 5.2 (2.8-5.1) Na- 170 (150-165) K- 3.4 (3.5-5.8) Prior history of ALP elevation at pDVM. Normal liver values today.

**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.

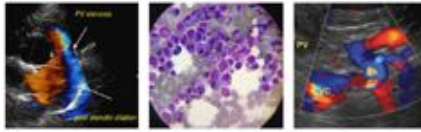
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.78 cm. The left kidney measured 3.43 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 0.58 cm. The left adrenal gland measured 0.47 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.

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**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.

**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal wall thickness measured up to 0.3 cm. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. The mesenteric lymph nodes were enlarged and measured 1.15 x 0.5 cm.

**Pancreas**

The **pancreas** was enlarged and irregular with a dilated duct measuring 0.84 cm at the right base and 0.43 cm at the left base. An anechoic cyst and nodular changes were noted in the pancreas. Regional inflammatory pattern was noted around the pancreas.

**ULTRASONOGRAPHIC FINDINGS**

Minor intestinal thickening.

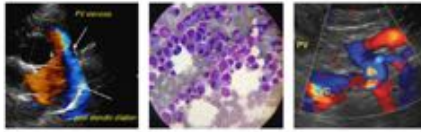
Prominent, irregular pancreas.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chronic active pancreatitis is likely the underlying primary issue in this patient. There was no overt evidence of neoplasia. Subxiphoid palpation is recommended to assess for pain that may be associated with pancreatitis. The cause of anemia is unclear. CBC path review is warranted. The minor azotemia is likely prerenal. IV fluid support, GI protectants and broad spectrum antibiotics are warranted as well as pain management and reassessment of the clinical status.

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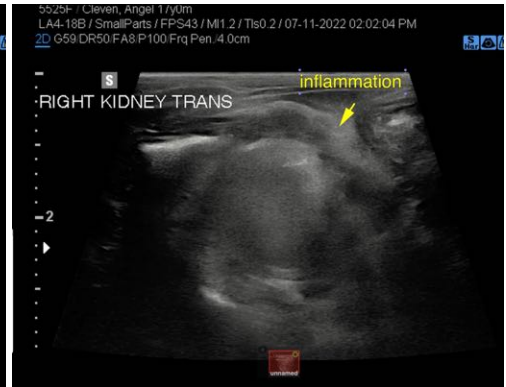
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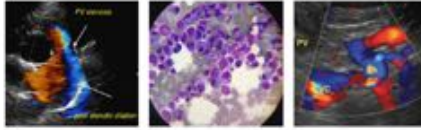
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

**IMAGING PERFORMED BY**

Tom McNeill

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

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