



**PATIENT**

Fitty Rumpf

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

10 years

**WEIGHT**

10.3 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gallick

**HOSPITAL NAME**

Magnolia Springs VC

**REFERRING VET**

Dr. Gallick

**INVOICE**

76106

**DATE**

7/12/23

**PRESENTING CLINICAL SIGNS**

History: Chronic history of vomiting and diarrhea, bloodwork normal, has been on depo and when depo wears off vomiting starts and this time stools became soft as well and stopped eating. Currently eating after being on depo for 24 hours

**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 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 3.7 cm. The left kidney measured 3.8 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 0.4 cm and the left adrenal gland measured 0.4 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.

**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**

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. The mesenteric lymph nodes were reactive.

**Pancreas**

The **pancreas** was hypoechoic and mildly irregular with enhanced, surrounding fat. This is suggestive for inflammation. The left pancreatic limb measured 0.7 cm.

**ULTRASONOGRAPHIC FINDINGS**

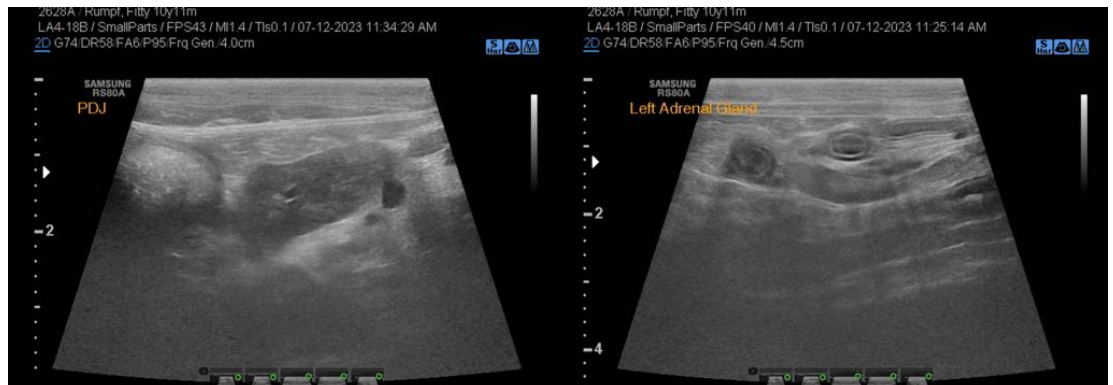
Prominent, irregular pancreas, suspect pancreatitis.

Reactive mesenteric lymph nodes.

Hairball in the stomach.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hairball therapy and subxiphoid palpation is recommended to assess for pain in the region of pancreas. Given the cortisone treatment I cannot rule out suppressed lymphoproliferative disease, yet currently no organs appear to have any infiltrative pattern. However, underlying lymphoma is a potential.





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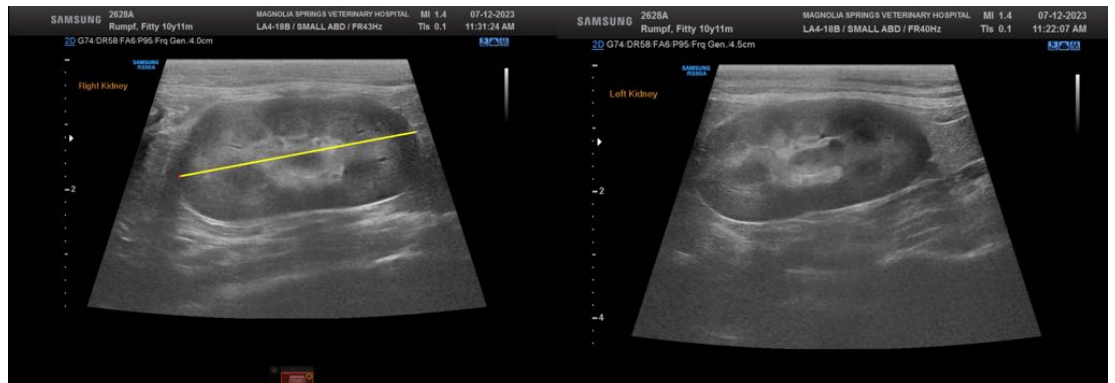
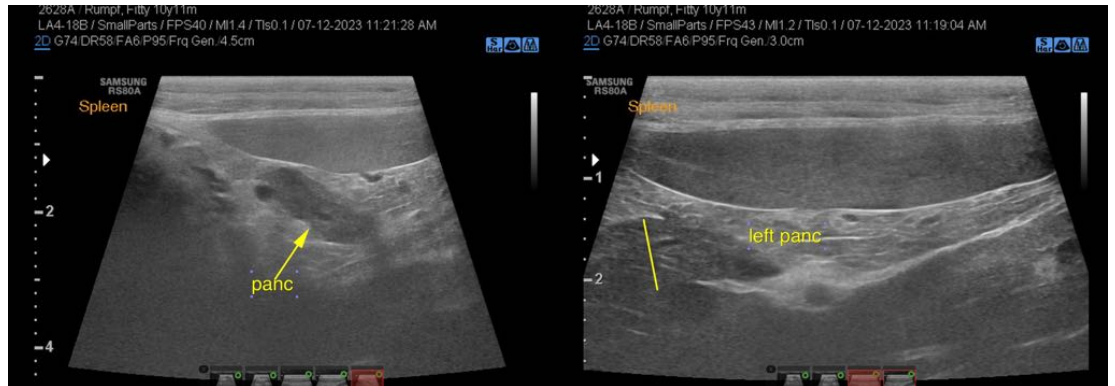
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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