



PATIENT

Miss Honey Ramsey

SPECIES

Feline

BREED

Calico

SEX

Spayed female

AGE

5 ½ years

WEIGHT

8.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Beachy

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Beachy

INVOICE

31691

DATE

7/14/22

PRESENTING CLINICAL SIGNS

History: >Hx of splenic nodule, fluid in abd (2017) FNA came back as reactive lymphoid Hyperplasia 2017. Now, pt is anemic, nonregenerative.

Abnormal PE/Chem/CBC/UA Results: Alb 4.2 Glob 2.2 as of 6/30/22. CBC being rechecked as well.

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. Both kidneys 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.

Spleen

The **spleen** was slightly heterogenous and mildly enlarged measuring up to 1.1 cm. Subtle micronodular changes were noted in the spleen without an overt nodular mass.

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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Progressively shadowing material was noted in the stomach. This is likely hairball accumulation if the patient was n.p.o. at the time of the sonogram. Small and large intestine demonstrated normal luminal chyme and stool consistency



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respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES *Pancreas*

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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.

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ULTRASONOGRAPHIC FINDINGS

SEX

Hairball density.

Spayed female

Minor, non-specific splenic enlargement.

AGE

5 ½ years

Age related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

8.1 lbs

The cause of anemia is unclear in this patient. No fluid was noted at the time of the sonogram. CBC path review +/- bone marrow aspirate would be indicated depending upon CBC review.

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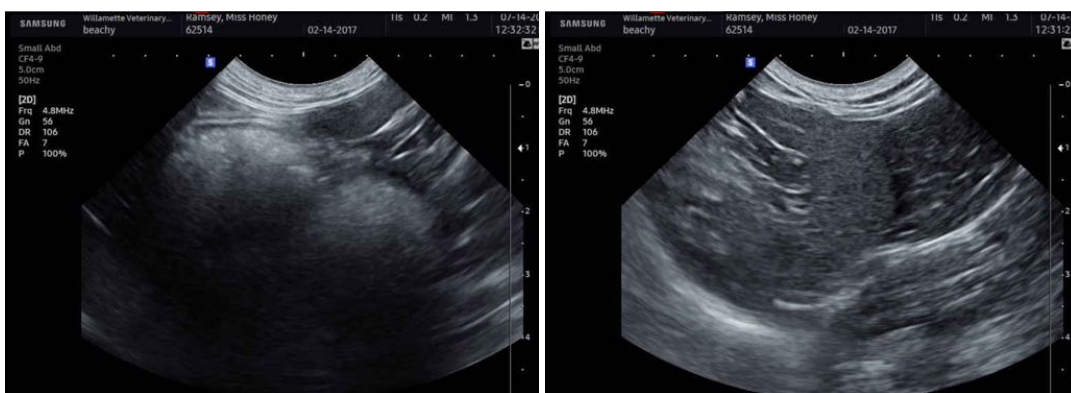
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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