



PATIENT

Camila Burke

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

5.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Porter

INVOICE

23389

DATE

7/14/23

PRESENTING CLINICAL SIGNS

Presented 7-10: pooped today, o went on a trip for 5 days and when she came home wednesday p had made a huge mess and o noticed there was a poop stuck and o pulled it out and thinks she may have injured her, was bleeding a little and had some d+ after the incident, o states bm looks dark, Wt loss; We haven't seen Camila since 2018; but based on that; lost 40% of body wt.

Abnormal PE/Chem/CBC/UA Results: Calcium 10.9 SDMA 17 remainder within normal limits

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 were 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 moderate 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 3.2 cm. The left kidney measured 3.4 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** revealed increased portal markings and coarse architecture. The gallbladder and common bile duct were unremarkable. A history of cholangitis is likely.

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. 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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen



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A hypoechoic 1.0 cm rounded **lymph node** was noted in the cranial abdomen, Other smaller lymph nodes were noted.

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- Geriatric abdomen
- Moderate degenerative renal changes
- Age-related pancreatic changes
- Volume contracted spleen
- Lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Potential for underlying lymphoma. IV fluid support, FNA of the lymph node and supportive care for chronic inflammatory bowel is recommended. Further treatment should be based on cytology results.

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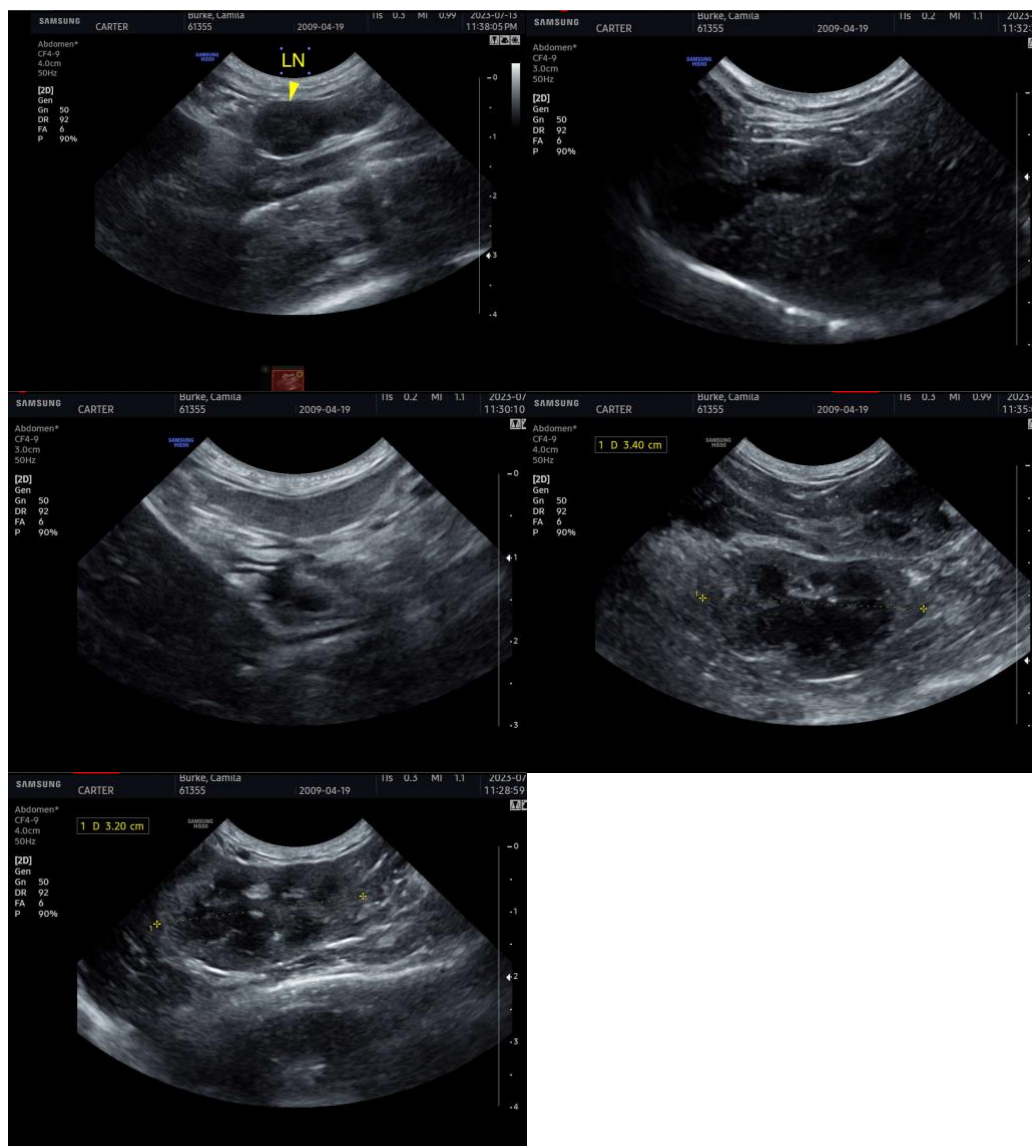
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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