



**PATIENT PRESENTING CLINICAL SIGNS**

Xena Collins

Stopped eating dry food about 2 weeks ago, owner was making chicken that she would eat small amounts of, has also been feeding wet food, 3 days no app -has not seen her drink past couple days - urinating but has not had a bowel movement in a couple days-has not seen blood in the litterbox -hiding from owner-lethargic -no vomiting -no changes to her environment recently

**SPECIES**

Feline

**BREED**

DSH

Abnormal PE/Chem/CBC/UA Results: ALT 259 H (12-130) ALKP 243 H (14-111) RBC 5.33 L (6.54-12.20) HCT 21.8 L (30.3-52.3) HGB 7.7 L (9.8 -16.2)

**SEX**

Spayed Female

**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.

**AGE**

12

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 left kidney measured 4.05 cm. The right kidney measured 3.9 cm.

**WEIGHT**

3.74 kg

**INTERPRETED BY**

Eric Lindquist, DMV

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Laura de Cordon

**Spleen**

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

**HOSPITAL NAME**

Mason Dixon Animal Emergency Hospital

**Liver**

The **liver** was diffusely hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable.

**REFERRING VET**

Dr. Lauren Kiebler

**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

**INVOICE**

43864

**Pancreas**

**DATE**

7/14/23

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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.



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Emergency Hospital

**REFERRING VET**

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**DATE**

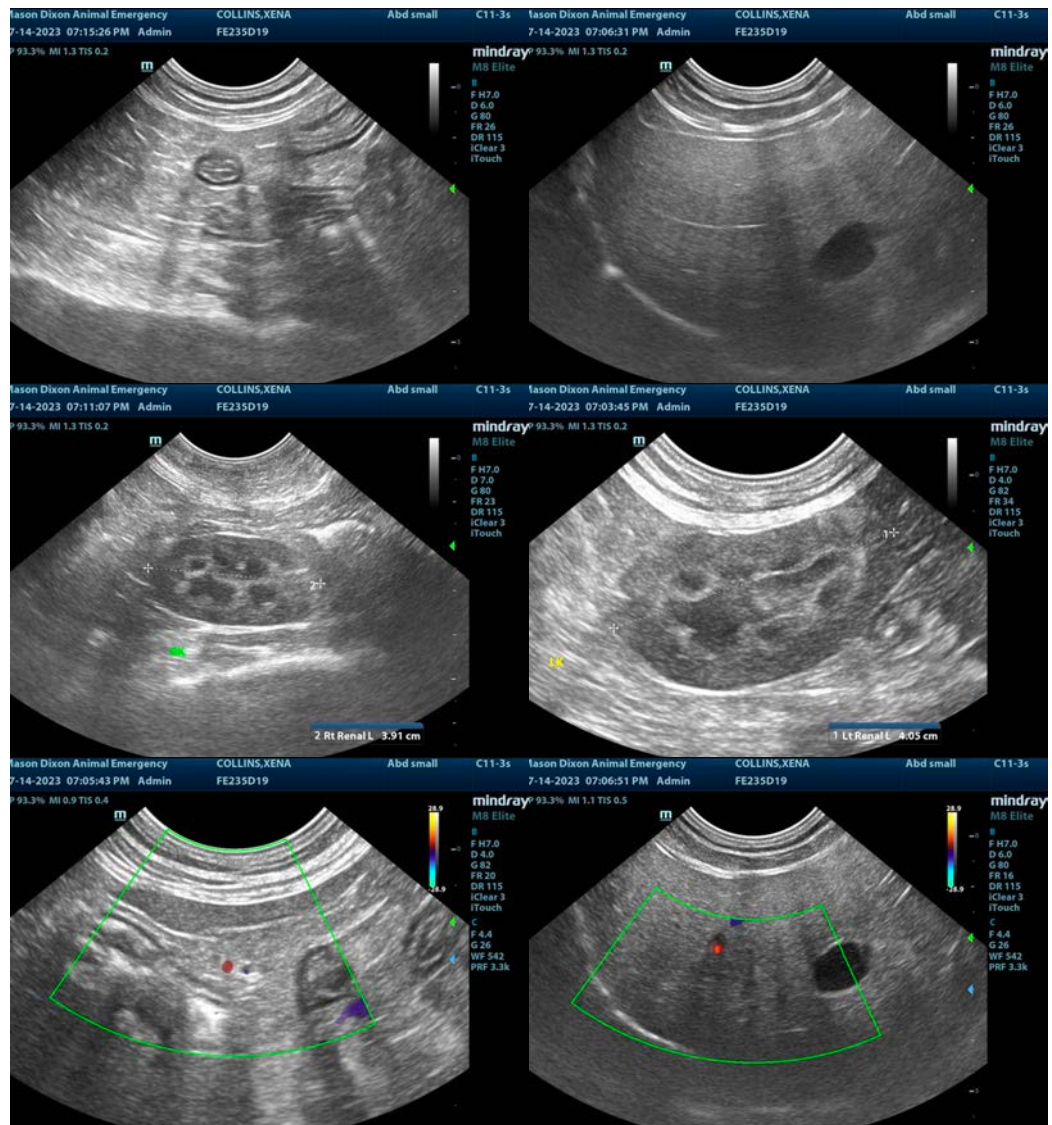
7/14/23

**ULTRASONOGRAPHIC FINDINGS**

- Non-specific diffusely enlarged, attenuating liver – lipidosis versus lymphoma.
- Age related renal and pancreatic changes
- Volume contracted spleen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Coagulation panel and 25-gauge FNA of the liver indicated. Lipidosis type management warranted until cytology can be obtained. Prognosis is guarded.





**PATIENT**

Xena Collins

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.

**SPECIES**

Feline

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

**BREED**

DSH

[info@SonoPath.com](mailto:info@SonoPath.com)

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