



PATIENT

Princess Raimondo

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

13 Years 3 Months

WEIGHT

12.37 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Taylor McConnell

INVOICE

16677

DATE

7/18/22

PRESENTING CLINICAL SIGNS

History: R/O recurrent lymphoma vs. parvoviral enteritis (feline); chronic irritation vs. other. Had 2 surgical procedures for R + A to remove obstructive tissue. 1st histopath - lymphoma, 2nd histopath - feline parvoviral enteritis. Current meds: Provable and Imuquin.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: NSF.

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 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 3.55 cm. The left kidney measured 3.18 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 0.28 cm. The left adrenal gland measured 0.27 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 were 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.

Gastrointestinal

The **gastrointestinal tract** in this patient presented variable areas of distal small intestinal hypertrophy without loss of mural detail. Some regions of stasis were present with soft shadowing material in the distal small intestine, consistent with hair or similar material.

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

- Minor stasis and distal small intestinal regional thickening

BREED

DLH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Inflammatory bowel is likely. Regional intestinal dysfunction is likely. Gastroenteritis pattern is noted otherwise. IV fluid support and treatment for gastroenteritis is warranted. Recheck sonogram in 48 hours to assess if the static pattern is persistent or temporary, until rehydration has occurred. No neoplastic criteria present.

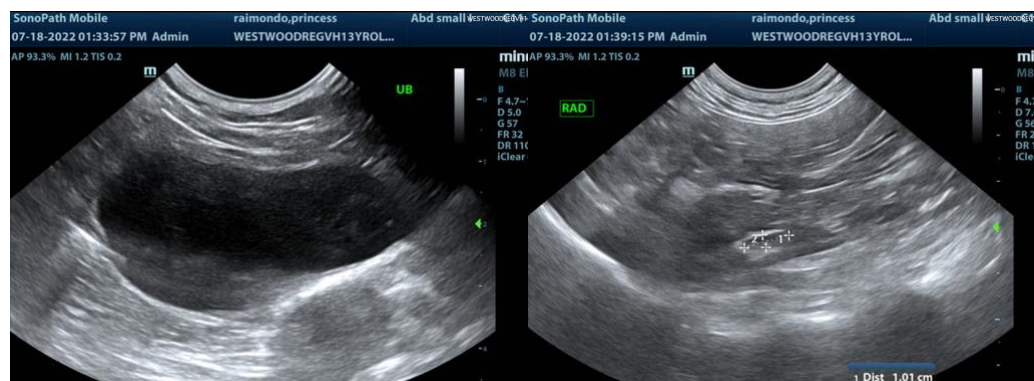
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Note: the stasis pattern may be secondary to the history of RNA. A portion of intestine had the resection anastomosis, yet the gastrointestinal tract did not meet neoplastic criteria at this time.

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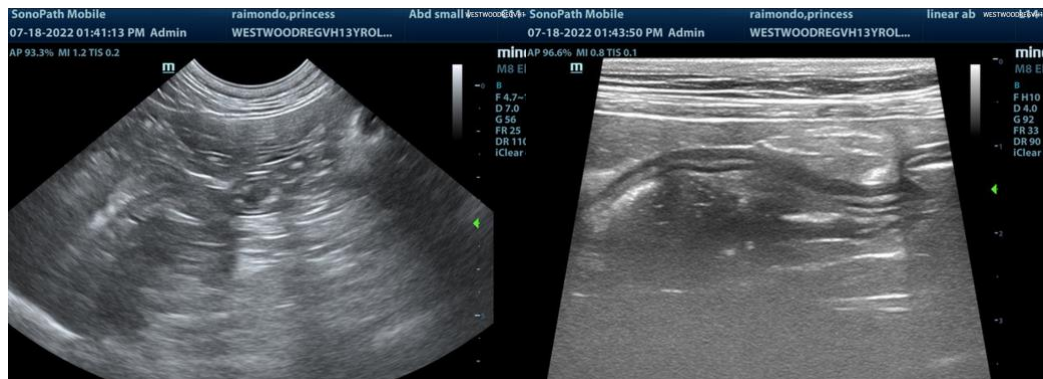
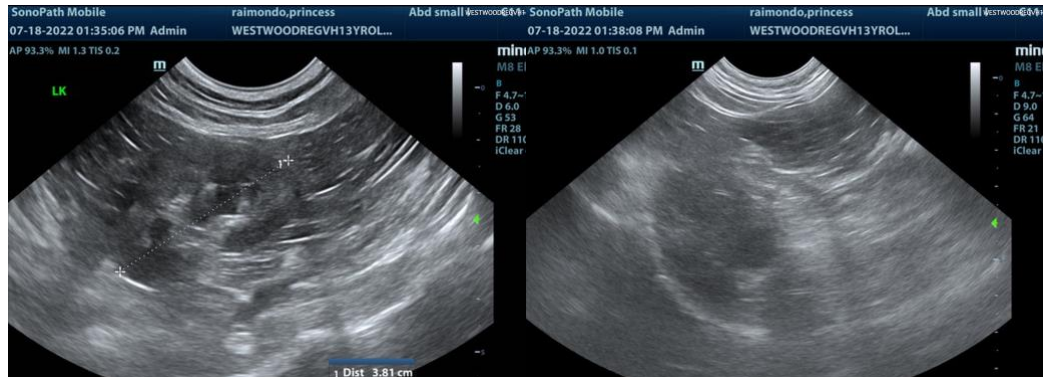
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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