



**PATIENT PRESENTING CLINICAL SIGNS**

**Oreo Brt** History: 24 hours of diarrhea, hyporexia, vomiting Similar episode happened in March and resolved with symptomatic treatment suspect acute pancreatitis

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Pain imaging R cranial abdomen fPL abnormal CHEM - borderline azotemia - Creatinine 2.4 mild hyperglycemia (167) UA = USG 1.018, inactive sediment bloodwork similar to March

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed Female

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**

18 Years

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. Mineralization was present in the kidneys. The left kidney measured 3.4 cm. Pelvic mineralization was noted. A subcapsular cyst was noted in the caudal pole of the right kidney, measuring 0.85 cm. This is likely an early pseudocyst formation. The right kidney measured 3.4 cm in length. Mild inflammatory pattern was noted around the right kidney.

**WEIGHT**

12 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.71 cm. The left adrenal gland measured 0.5 cm.

**IMAGING PERFORMED BY**

Gudrun Gunther

**Spleen**

**HOSPITAL NAME**

New Frontier AMC

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.

**REFERRING VET**

Gudrun Gunther

**Liver**

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

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23504

**Gastrointestinal**

**DATE**

7/19/23

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



## PATIENT

Oreo Brt

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## Pancreas

## SPECIES

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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.

## BREED

DSH

## ULTRASONOGRAPHIC FINDINGS

## SEX

Spayed Female

- Minor nephritis pattern in the right kidney with emerging subcapsular pseudocyst. Potential recent infarct inducing the subcapsular fluid. Mild to moderate degenerative renal changes with pelvic and corticomedullary calculi.

## AGE

18 Years

- Hyperechoic liver
- Age-related pancreatic changes

## WEIGHT

12 Pounds

- Stressed adrenal glands
- Unremarkable abdomen otherwise

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cannot completely rule out underlying pancreatitis in this patient, however, structurally appears. Unremarkable. Supportive care should prove effective. Full urinary work up is indicated. IV fluid support is recommended to correct the azotemia. No evidence of neoplasia.

## IMAGING PERFORMED BY

Gudrun Gunther

## HOSPITAL NAME

New Frontier AMC

## REFERRING VET

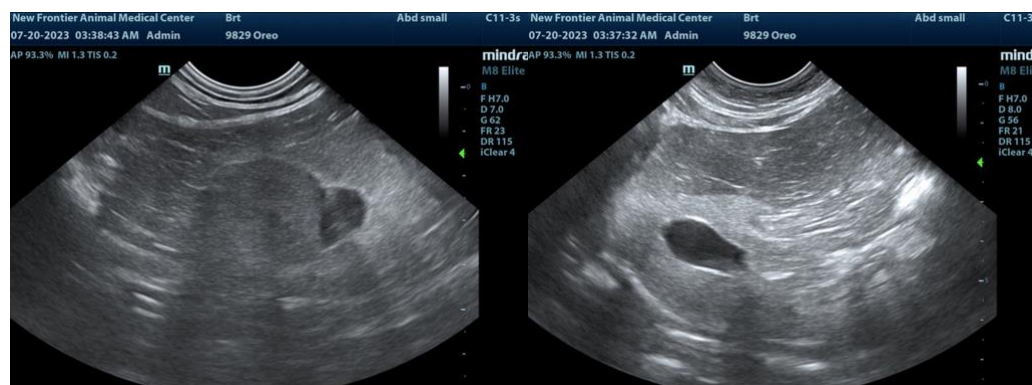
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## DATE

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**PATIENT**

Oreo Brt

**SPECIES**

Feline

**BREED**

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**SEX**

Spayed Female

**AGE**

18 Years

**WEIGHT**

12 Pounds

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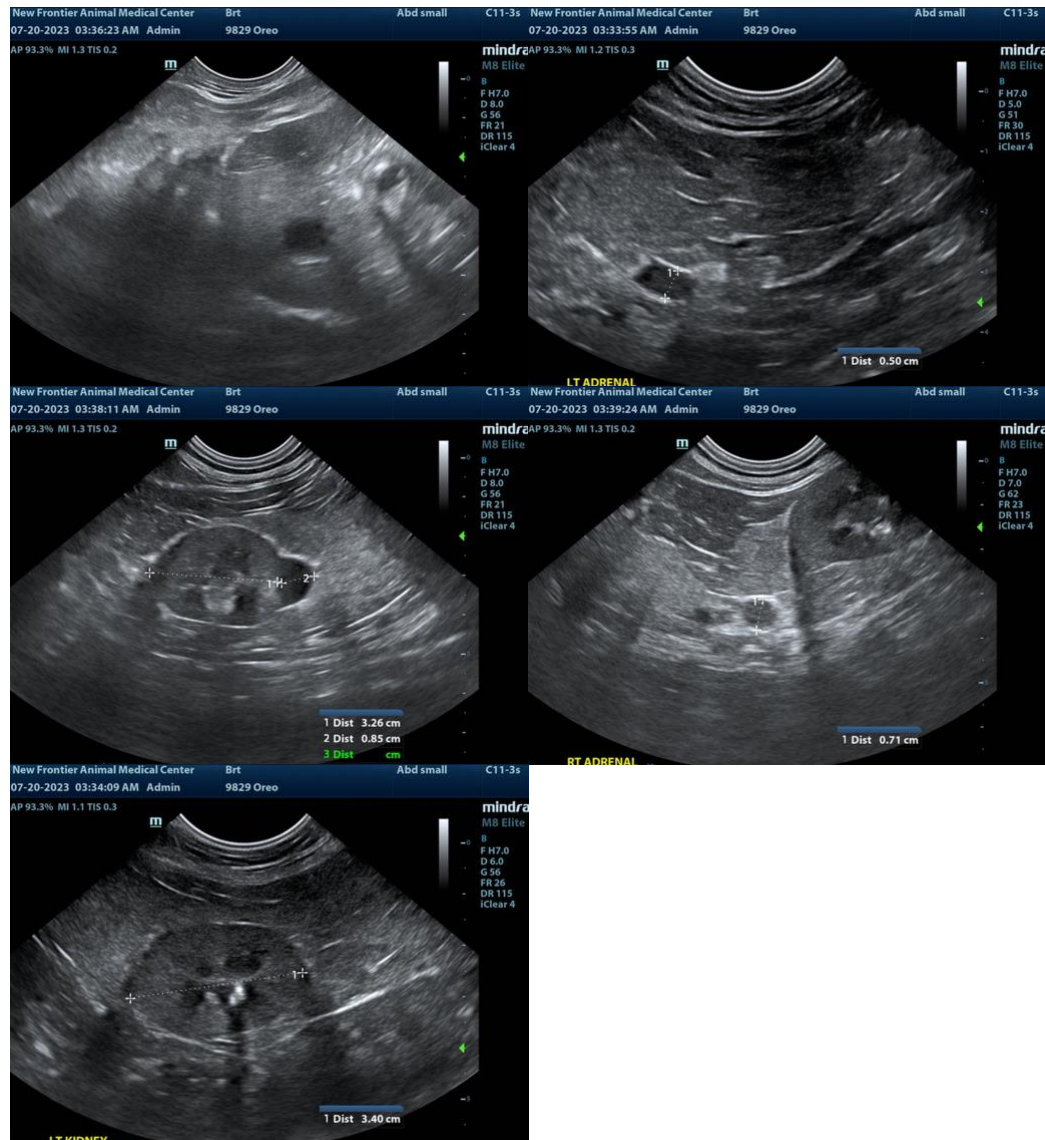
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com