



PATIENT

Morgan Smith

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

2.67 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kristin Peterson,
DVM

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Kristin Peterson,
DVM

INVOICE

16473

DATE

7/2/22

PRESENTING CLINICAL SIGNS

History: History of vomiting since March, given cerenia rx for daily use. Recently not eating, lethargic. drooling. No bowel movements in 24-48 hours.

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 mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. Pyelectasia (5.0 mm) was noted in the right kidney. Pinpoint mineralization was noted. The right kidney measured 2.8 cm in length with a cortical infarct at the caudal pole. The left kidney measured 3.0 cm. The patient has likely been moving calculi with secondary degenerative cortical changes/infarcts.

Adrenal Glands

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

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** was largely normal with an anechoic cyst in the left liver. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** presented concentric hypertrophy with epigastric lymph node enlargement of 6.0 mm. Curvilinear patterns were maintained in the stomach, however, I am concerned for emerging round cell neoplasia. Minor small intestinal thickening was noted elsewhere, without neoplastic criteria. Full thickness gastric and lymph node biopsies would be ideal.

Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

- Gastric hypertrophy with regional lymphadenopathy



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- Minor small intestinal thickening
- Dystrophic right kidney with pyelectasia and calculus
- Benign hepatic cyst

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness surgical biopsies of the stomach and lymph node with culture of the lymph nodes. Endoscopy could be considered as an option as well, however, would not assess the deep tissues adequately, which may be key to the definitive diagnosis.

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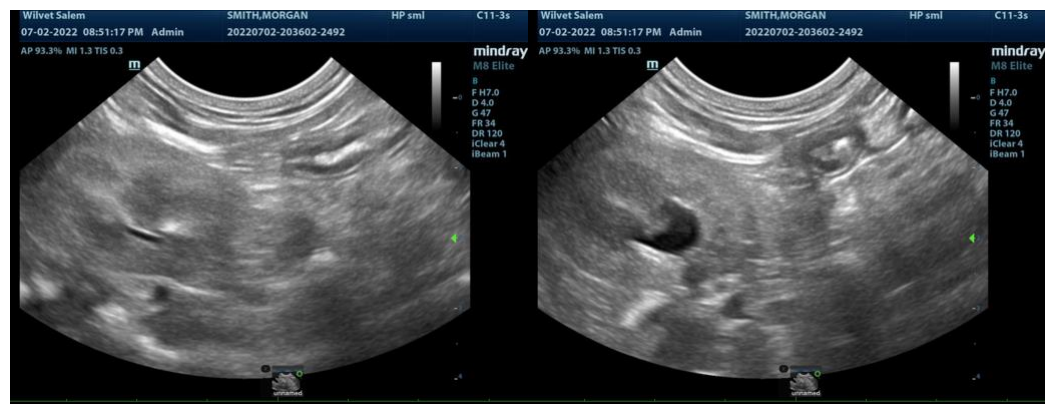
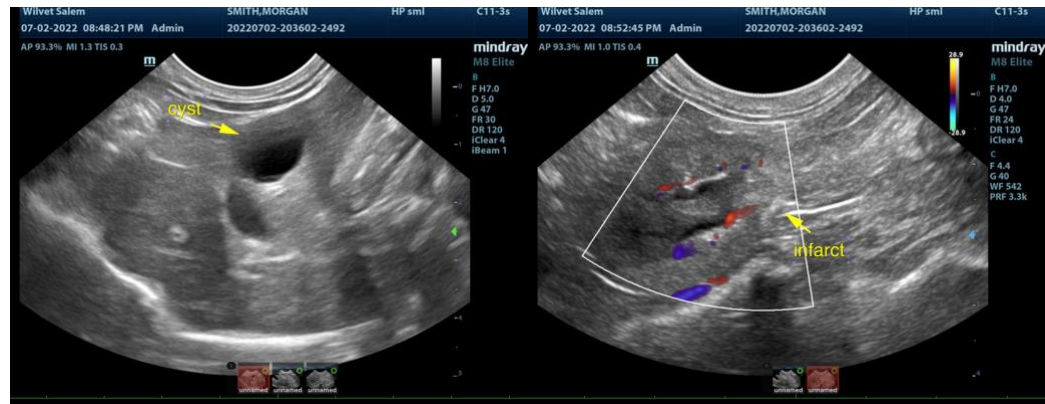
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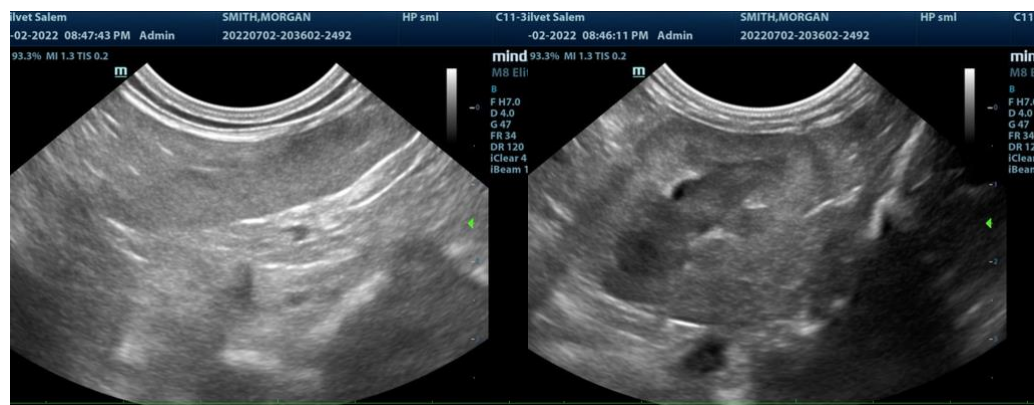
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com