



**PATIENT**

Half Pint Carlson

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

15 years

**WEIGHT**

6.7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Melissa Pascucci

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Stockmal

**INVOICE**

31955

**DATE**

7/26/22

**PRESENTING CLINICAL SIGNS**

History: decreased appetite, vomiting almost every meal, on PE: intestinal loops prominent, suspect something enlarged in abdomen but can't isolate it.

Abnormal PE/Chem/CBC/UA Results: BUN 35, Creat 2.4, USG 1.17

**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 was 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 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. Slight pyelectasia was noted. The right kidney measured 3.0 cm with cortical infarcts.

**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.

**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 was noted.

**Liver**

The **liver** was uniformly enlarged with minor free fluid between the liver lobes. 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**

Minor retention of ingesta was noted in the **stomach**. Minor small intestinal thickening was noted.



**PATIENT**

**Pancreas**

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The **pancreas** is hypoechoic, irregular and enlarged measuring up to 1.2 cm.

**SPECIES**

**Free Abdomen**

Feline

The iliac trifurcation was unremarkable.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

Domestic Shorthair

Prominent, irregular pancreas. Chronic active pancreatitis and reactive liver is likely.

**SEX**

Renal infarcts.

Spayed female

Undefined free fluid between the liver lobes.

**AGE**

Mildly thickened distal small intestine.

15 years

Possible hairball accumulation in the stomach and delayed outflow.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

6.7 lbs

No neoplastic criteria was noted in the small intestine. Inflammatory bowel with pancreatitis is likely with moderate degenerative renal changes. IV fluid support, GI lubricants and treatment for pancreatitis is warranted. If liver enzymes elevated then FNA of the liver is indicated, yet no overt neoplasia is present. The minor free fluid may be owing to recent infarct or inflammation deriving from the pancreas. Recheck sonogram is recommended in 7-10 days. Canned hydrolyzed geriatric diet may be in this patient's best interest.

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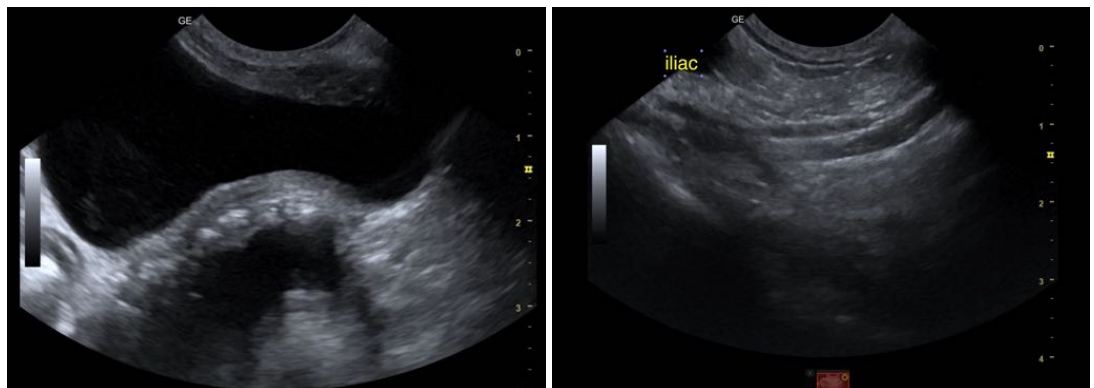
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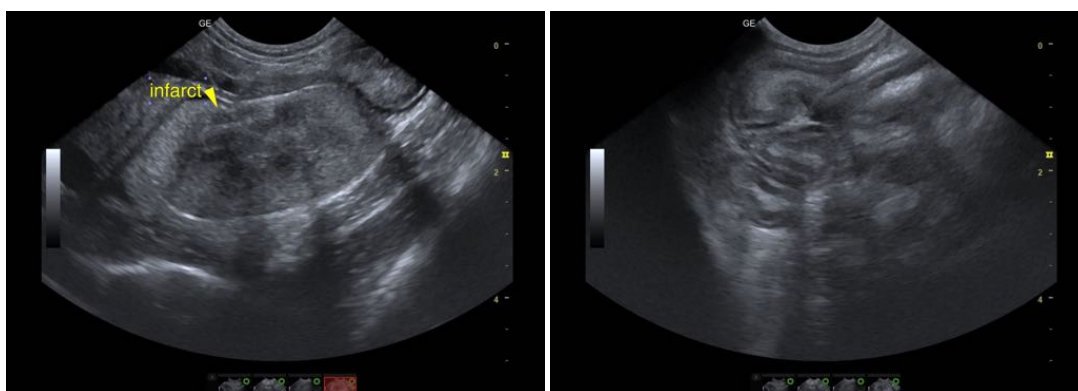
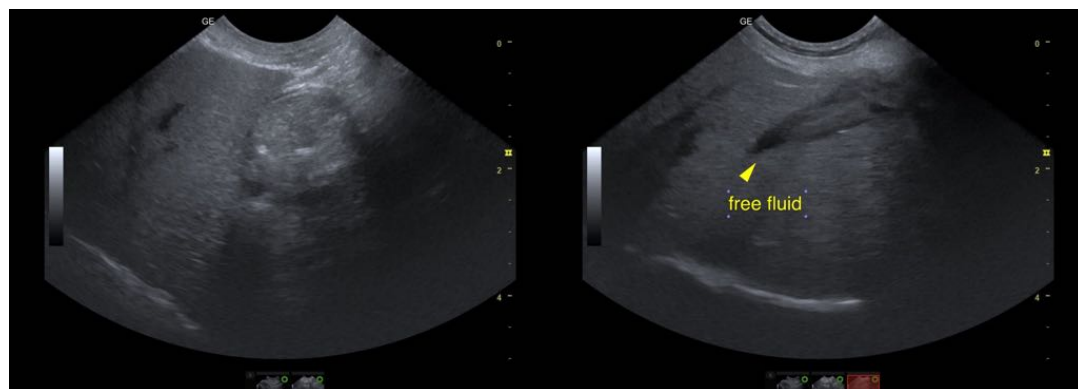
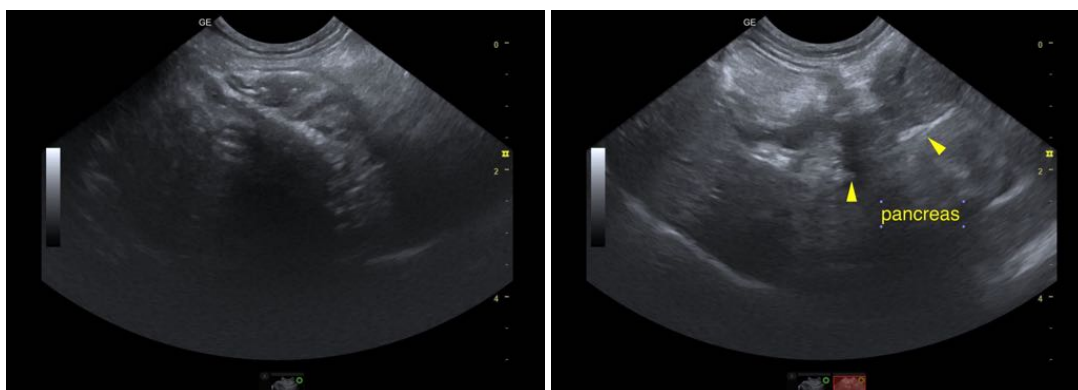
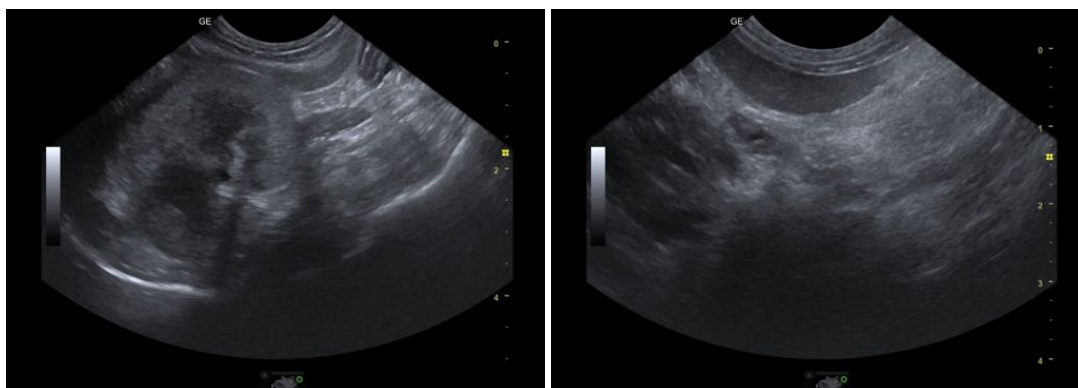
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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.

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

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