



**PATIENT**

Betty White Pipinou

**SPECIES**

Feine

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

10 months

**WEIGHT**

2.7 kb

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Olcha

**HOSPITAL NAME**

East Meadow VC

**REFERRING VET**

Dr. Olcha

**INVOICE**

32009

**DATE**

7/27/22

**PRESENTING CLINICAL SIGNS**

History: Chronic mandibular lymphadenopathy and intermittent lethargy since April. No c/s/v/d/PUPD. No weight loss. No response to course of orbax in April or Doxycycline in June. Ddx: Inflammatory disease (stomatitis), infectious, other  
 Abnormal PE/Chem/CBC/UA Results: CBC/Chem WNL, FIV/FeLV neg, Anemia PCR panel neg. Cytology consistent with reactive lymph node. Repeat CBC/Chem and retroviral testing pending. Possible inflammation of maxillary caudal gingiva with gingival hyperplasia noted on oral exam today.

**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 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 left kidney measured 3.0 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.

**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** 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.



**PATIENT**

**Gastrointestinal**

Betty White Pipinou

Minor retention of ingesta was noted in the **stomach**. The small intestines and colon were unremarkable.

**SPECIES**

**Pancreas**

Feine

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.

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Structurally unremarkable abdomen.

Spayed female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

There was no evidence of visceral pathology. The cause of lethargy is not evident.

**WEIGHT**

2.7 kb

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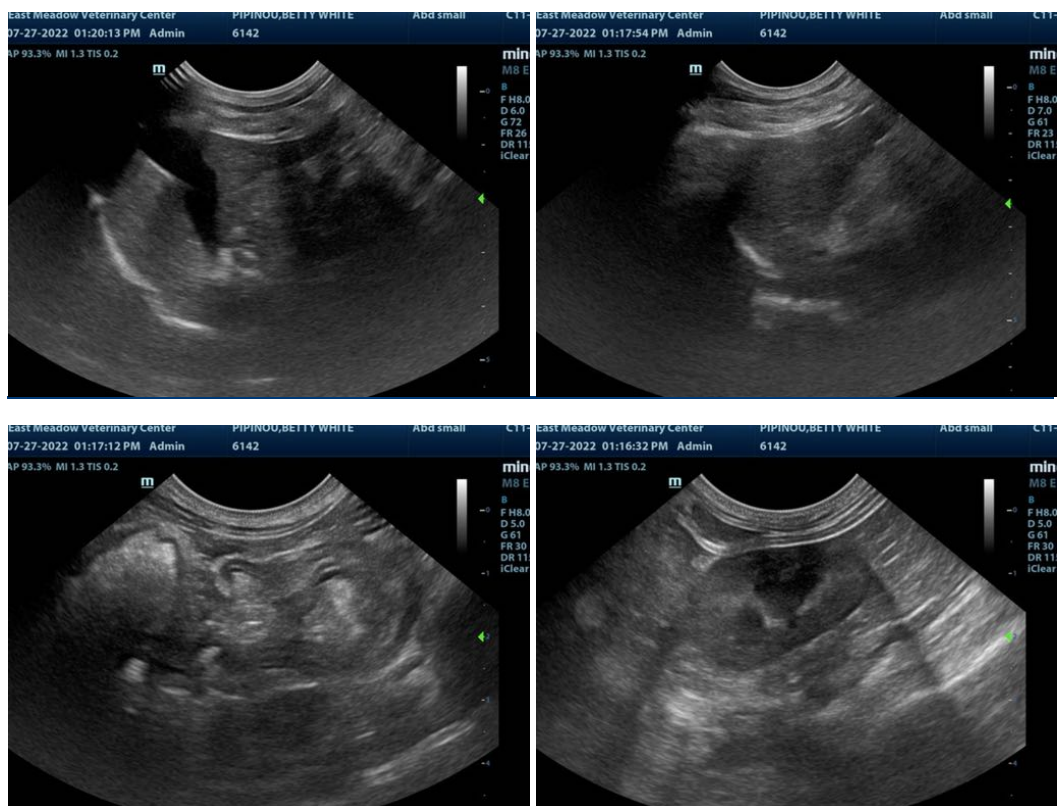
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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