



PATIENT

Bossy Burpee

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Bennett

INVOICE

45063

DATE

7/4/23

PRESENTING CLINICAL SIGNS

History: Presented 7/3/23 for approx 1 week duration lethargy, anorexia, decreased water intake. Indoor/outdoor. Advantage was applied recently for fleas, but this was ~2 days after symptoms started. Exam: QAR. Mild dental disease. Heavy flea dirt and a few live fleas. Thoracic auscultation no murmur or gallop noted. BP 138/99 (109) . Rest of vitals WNL. Abnormal PE/Chem/CBC/UA Results: CBC: HCT 25.8%, non-regenerative, Mono 1.32k H, Eos 0.06k L, PLT 62k L, rest WNL. Pathologist review of blood smear pending. Chem17: Glob 5.7, Amylase 1772 H, rest WNL. EPOC: Na 140 L, Cl 110 L, iCa 1.19 L, HCT 27% L. UA: USG 1.040, pH 6.5, trace protein. Sedivue 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 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 and no evidence of pelvic dilation was present. The kidneys measured 3.0 cm each.

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 0.4 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 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.



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Gastrointestinal

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

Pancreas

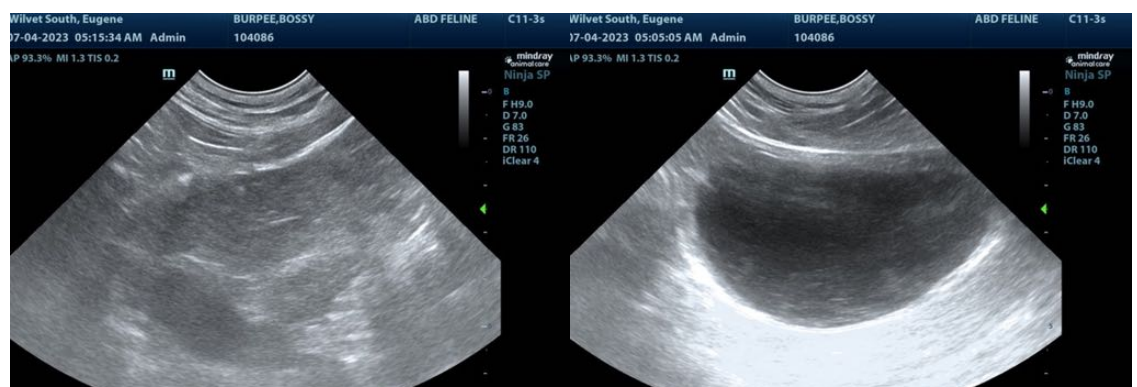
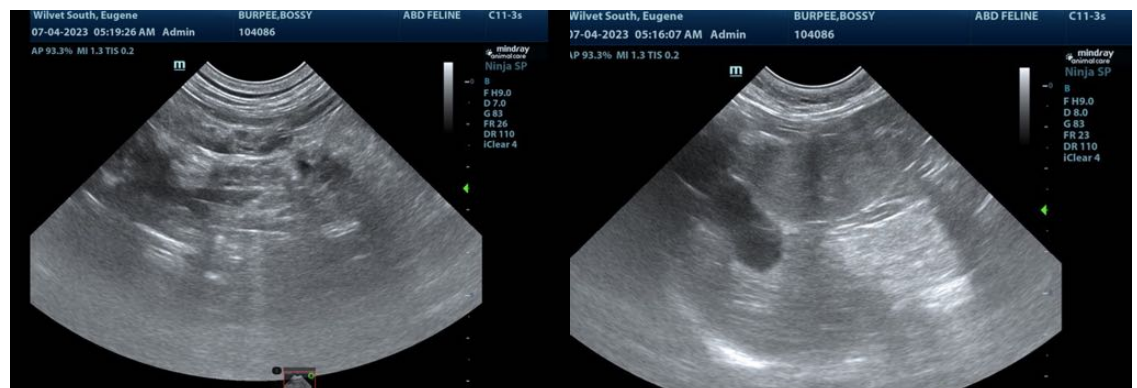
The left **pancreatic** limb revealed multi-focal cysts that measured up to 0.5 cm.

ULTRASONOGRAPHIC FINDINGS

Cystic left pancreatic changes, likely benign, potential for abscessation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA can be considered for further definition. There was no other evidence of pathology. CBC path review +/- bone marrow aspirate is indicated given the anemia.





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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.

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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

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