



PATIENT

Cherish Paisley

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

4 years

WEIGHT

10.7 lbs

PRESENTING CLINICAL SIGNS

History: Pt presented for not eating well about 2 weeks ago. O had tried several food over the course of about 2 weeks. Hosp. ran diagnostics and pt did improve until over the weekend when she stopped eating again. O re-started mirtazapine and pt was still not interested in food. rec'd GI panel and UAS as next steps.

Abnormal PE/Chem/CBC/UA Results: on 6/21 Labs were within expectations (no abnormalities), Rads did show full stomach (seemed like food) and more stool in colon. UA showed very concentrate UR and 3+ protein. Follow up rads on 6/29 were unremarkable but rec'd continuing lactulose. TAMU GI panel is pending.

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 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 is mildly subnormal in size and measured 2.8 cm. The right kidney is normal in size and measured 3.9 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Moss

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.

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

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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. Soft stool was noted in the colon. No obstructive or overt infiltrative disease was noted. The mesenteric lymph node was mildly enlarged and hypoechoic measuring 0.67 cm.

Pancreas

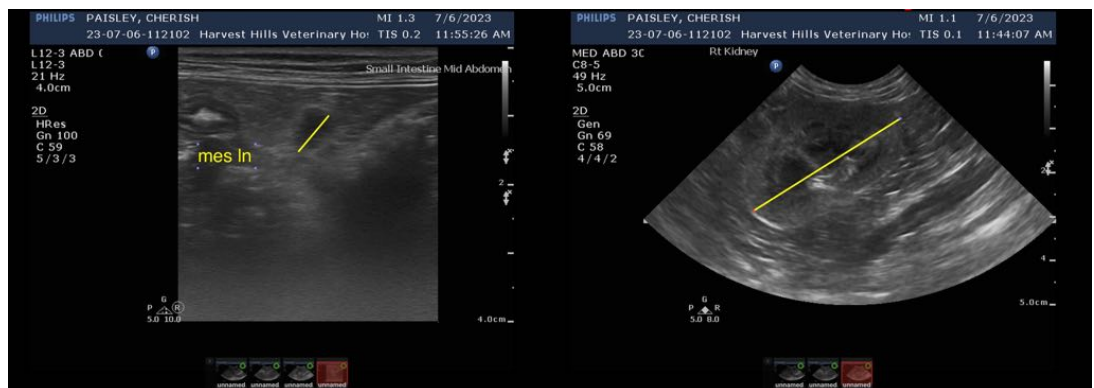
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Slight mesenteric lymphadenopathy.
Otherwise, structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease. If any weight loss is an issue then FNA is warranted or monitoring for any growth. Palpation of the mesenteric root is warranted to assess for any discomfort associated with the mesenteric lymph node. Other causes of the clinical signs such as pain related orthopedic/spinal disease, CNS or thoracic disease should be ruled out.





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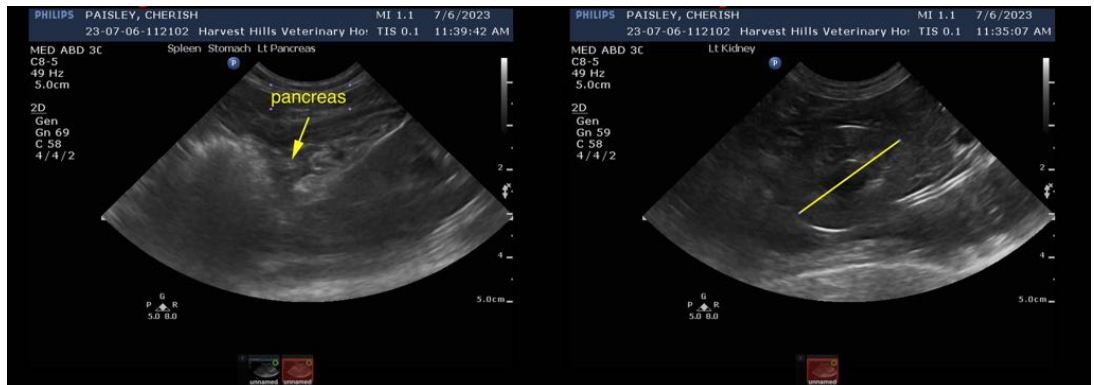
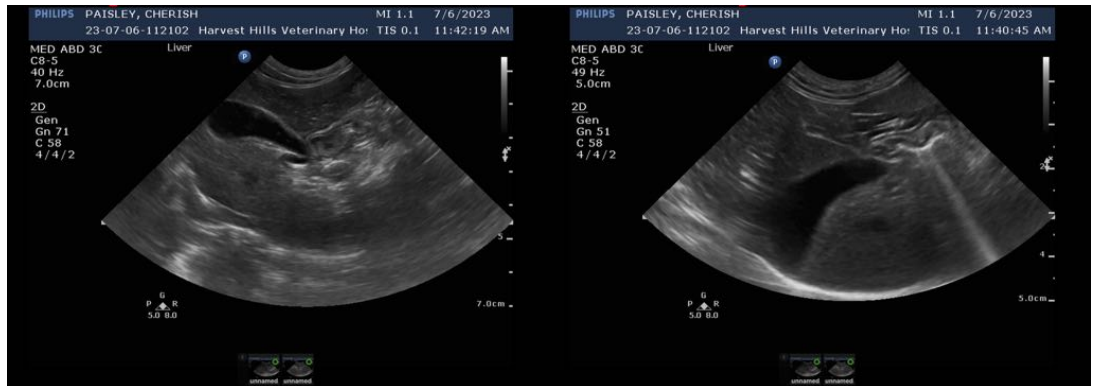
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com