

**DATE**

8/19/22

**PATIENT**

Perdita Penn

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

8/15/18

**WEIGHT**

8.5 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Andi Parkinson RDMS

**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Nacke-Horney

**INVOICE**

40626

**PRESENTING CLINICAL SIGNS**

Past few days: has been kicking litter everywhere and making multiple trips to all of the litterboxes in the household. Owner noted that they recently switched her food - went from sheba to FF to the squeeze treats. Started panting and slinking around with her bum closer to the ground - owner noted looked like she was straining to defecate and was scooting. Owner noted that patient is very anxious so was crying and panting in the care here. Decreased appetite overall. Has been vomiting more. Known anxiety - was on gaba but has been weaned off

Current Medications: Ampicillin, Protonix, Cerenia, Vitamin B12.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**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 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 right kidney measured 4.04 cm. The left kidney measured 3.33 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. The right adrenal gland measured 0.55 cm. The left adrenal gland measured 0.48 cm.

**Spleen**

The **spleen** was mildly enlarged (up to 1.0 cm) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

**Liver**

The **liver** presented increased portal markings and lobar biliary mineralization and sand, non-obstructive.

**Gastrointestinal**

Minor 0.80 cm shadowing material noted in the **stomach**, likely medications. The small intestine and colon were unremarkable.

**Pancreas**

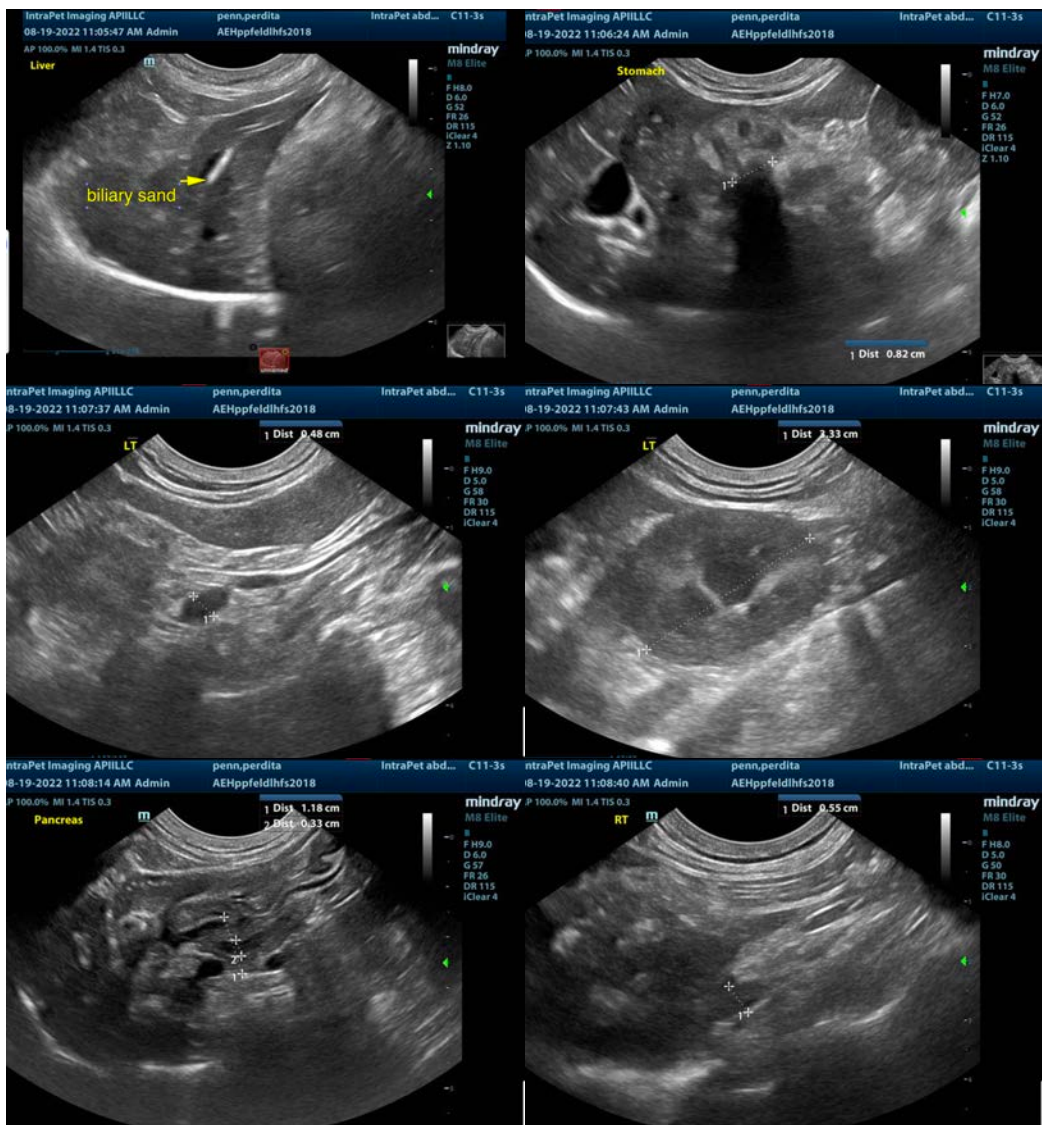
The base and limbs of the **pancreas** were observed to be mildly hypoechoic to surrounding fat. Undulating contour noted. Dilated duct at 0.33 cm.

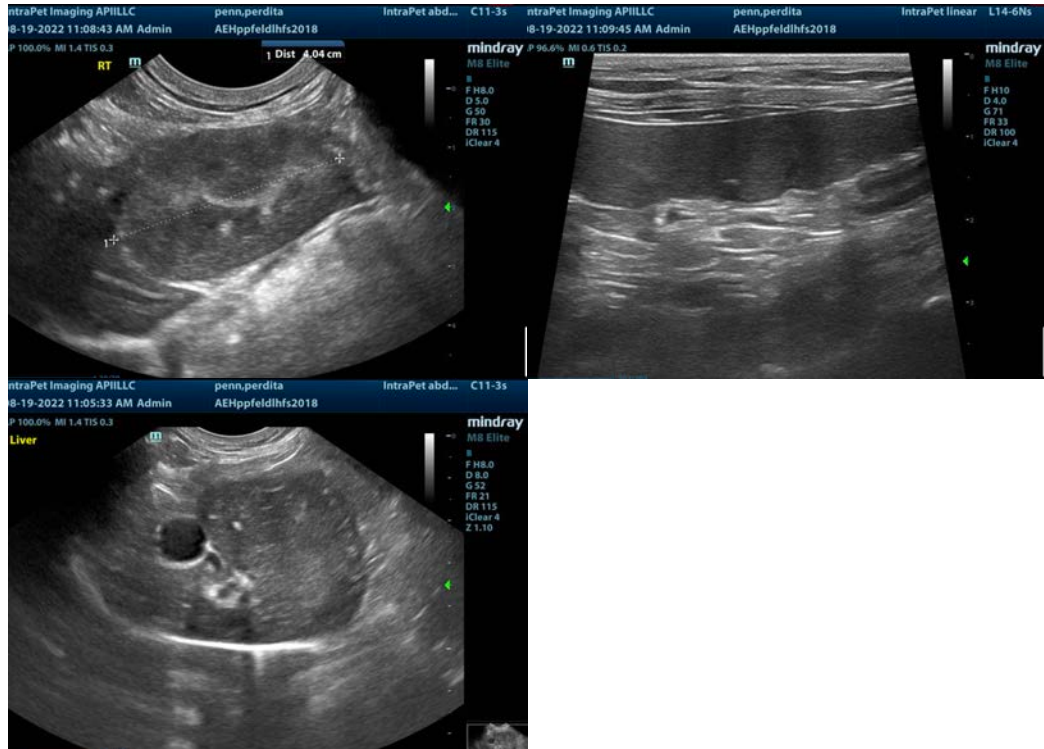
## ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling – history of cholangitis likely with mild biliary sand
- Reactive spleen
- Slight shadowing gastric material, non-obstructive, likely medications
- Mildly hypoechoic pancreas with dilated duct

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild potential for splenitis and round cell neoplasia. Gastric material should be monitored, follow up if any GI signs are present. Unremarkable abdomen otherwise. Ursodiol therapy could be considered long-term for management of the biliary sand. FNA of the spleen indicated with cytology and culture. The patient may have been passing foreign matter, with residual present in the stomach, yet the material is minor and non-obstructive, yet may be irritative. Endoscopy would be ideal. Recheck sonogram of the pyloric outflow warranted in 3-5 days if clinical signs are persisting.





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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