



**PATIENT**

Stuffin Muffin Saddler

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

16 Pounds 2 Ounces

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ringwood AH

**REFERRING VET**

Dr, Jamie DeSpirito

**INVOICE**

16911

**DATE**

8/19/22

**PRESENTING CLINICAL SIGNS**

History: Patient presents for 6 lb weight loss, decreased appetite. R/O neoplasia, liver disease.

Abnormal PE/Chem/CBC/UA Results: Bands (neuts normal), lymphopenia, basophilia, low BUN, low chol., rest of Chem/CBC/T4: WNL.

**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 **uterus** was thickened in this patient with dilated lumen. Wall thickness measured 3.0 cm. The base of the uterus was empty but yet thickened at 1.0 cm. The lumen was dilated to 0.84 cm. A minor amount of luminal fluid was present. The right horn was not visible.

The **kidneys** revealed moderate degenerative changes with corticomedullary and pelvic calculi. Cortical infarcts were noted in both kidneys. The right kidney measured 4.75 cm. The left kidney measured 4.54 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 0.46 cm. The left adrenal gland measured 0.36 cm.

**Spleen**

The **spleen** was slightly enlarged with minor scalloping contour, measuring 1.07 cm.

**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.

**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**



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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.

## SPECIES

Feline

## ULTRASONOGRAPHIC FINDINGS

- Pyometra
- Moderate nephrolithiasis with mild degenerative changes and cortical infarcts
- Spleen, enlarged with scalloping contour

## BREED

DSH

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

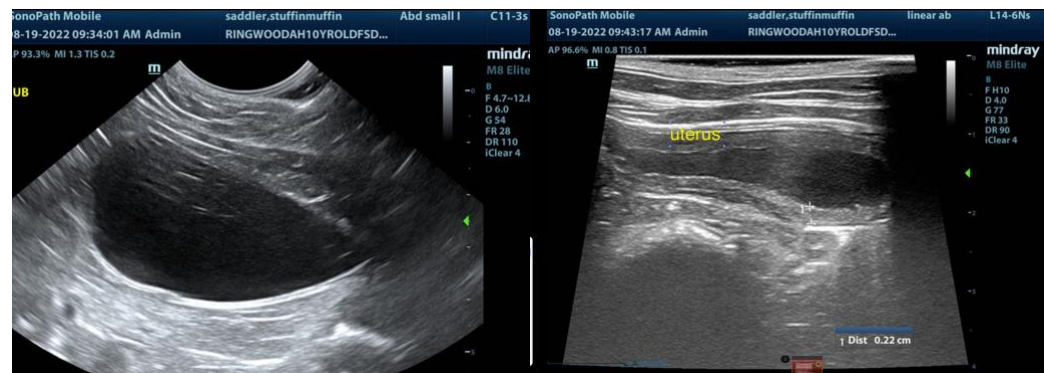
## SEX

Spayed Female

The pyometra pattern appeared to be largely localized to the left horn. Ovariohysterectomy is recommended. The cause of weight loss is unclear, however, chronic pyometra may be the underlying issue. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. No overt evidence of neoplasia.

## AGE

10 Years



## WEIGHT

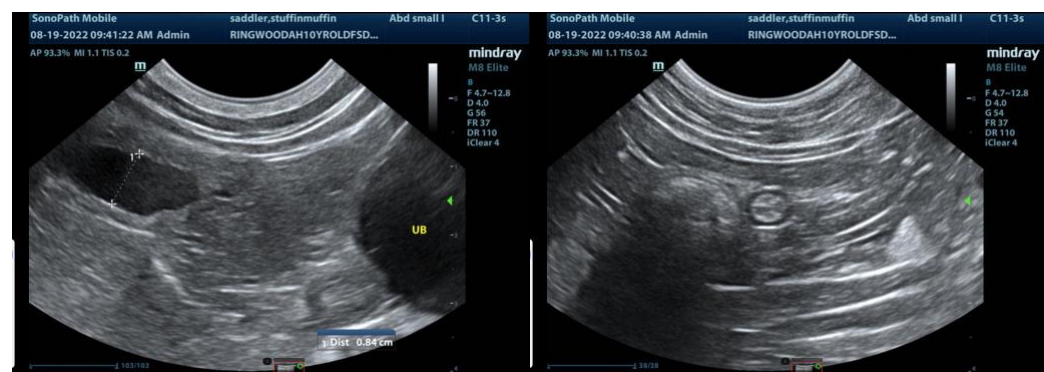
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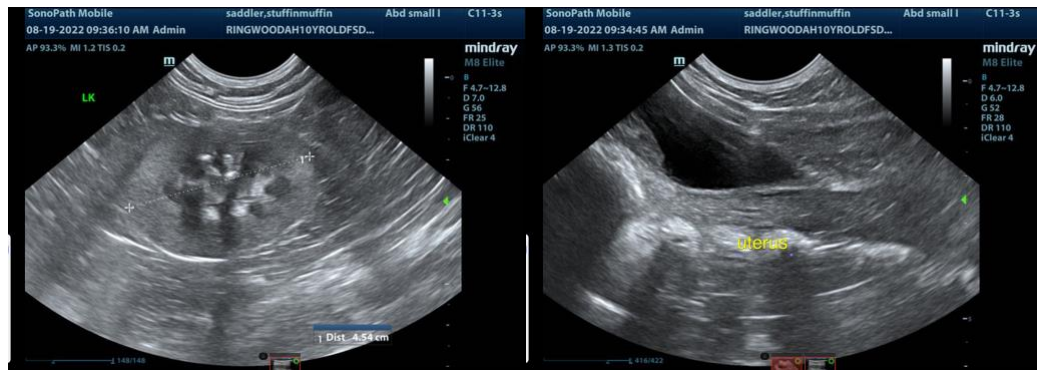
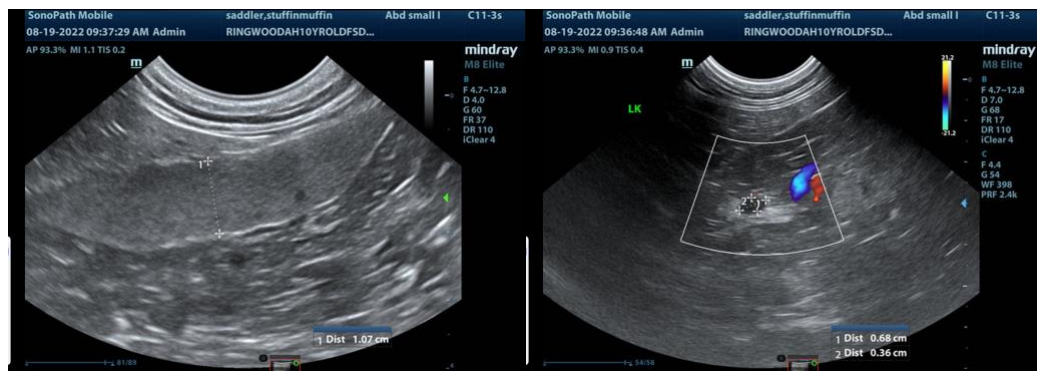
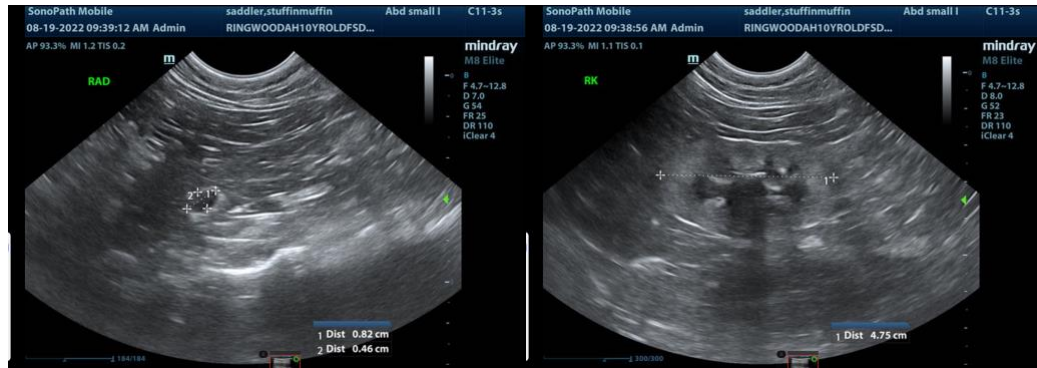
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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