



**PATIENT**

Pearl Busby

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

16 Years

**WEIGHT**

7 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Mount Olive VH

**REFERRING VET**

Dr. Jones

**INVOICE**

40053

**DATE**

8/2/22

**PRESENTING CLINICAL SIGNS**

Undergoing treatment for IBD and pancreatitis. Still losing weight, v/d. Current meds: B-12 inj weekly, Prednisolone 5mg 1/2 tab q48hr, HP diet  
Abnormal PE/Chem/CBC/UA Results: TLI >500, B12 <150, PLI 20.5. No recent cbc/chem. U/A-n/a

**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 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. Mineralization noted in both kidneys. The left kidney measured 3.5 cm. The right kidney measured 3.81 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 0.24 cm. The left adrenal gland measured 0.47 cm.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen measured 0.76 cm. 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 were noted.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Duplicated gallbladder noted, not pathological.

**Gastrointestinal**

The **stomach** itself was unremarkable. Variable distal small intestinal thickening noted without loss of mural detail. The cecum and colon presented soft stool. Reactive mesenteric lymph nodes noted, measuring 1.65 cm and 3.31 cm.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain



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upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

Feline

- Variable intestinal thickening and soft stool in the cecum and colon
- Mesenteric lymphadenopathy
- Chronic pancreatic changes
- Moderate chronic degenerative renal changes
- Hepatic remodeling

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chronic triad presentation. The prednisone may be suppressing a more significant presentation. However, the organs do not present neoplastic criteria at this time.

**SEX**

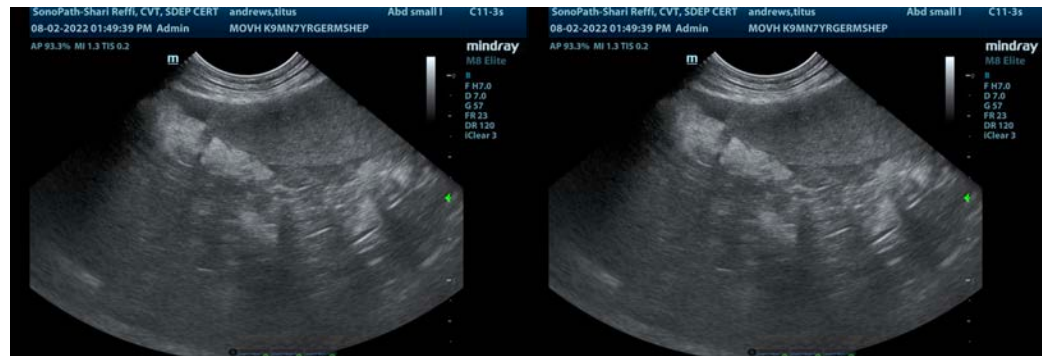
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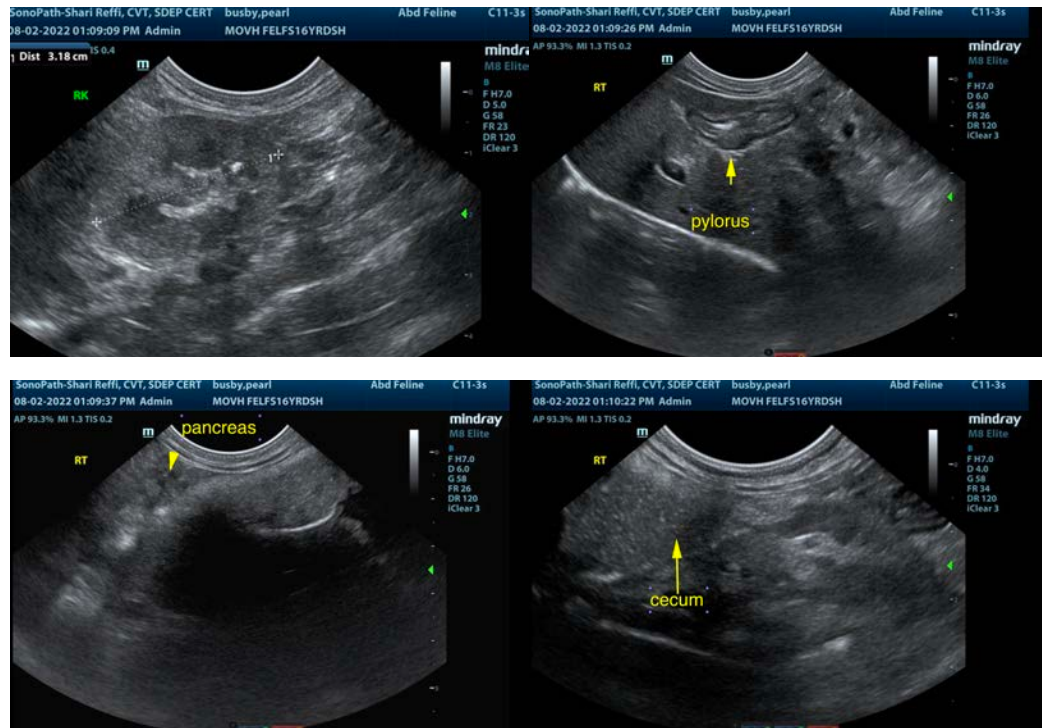
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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