



**PATIENT**

Khylanna Wammack

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

21yr

**WEIGHT**

2.7kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dallas Ramberg

**HOSPITAL NAME**

Lone Mountain  
Animal Hospital

**REFERRING VET**

Dr. Moore

**INVOICE**

11441ag

**DATE**

08/21/22

**PRESENTING CLINICAL SIGNS**

History: CKD - maintained on SQ fluids q7days. O states that P vomits (hairballs) occasionally. P recently diagnosed with UTI - on amoxicillin oral  
Abnormal PE/Chem/CBC/UA Results: UA -Uspg 1.018, WBC's, cocci + rods BUN 38 Cre 2.7 AMY 1424 hypercalcemia 15.2

**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 non-specific degenerative changes. Mildly subnormal size was present in the left and right kidney. Non-obstructive renal calculi was noted in the right kidney-the patient may have passed a calculus recently. The left kidney measured 2.9 cm in length. The right kidney measured 2.7 cm in length.

**Adrenal Glands**

No overt pathology in the area of the left and right adrenal glands.

**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 were noted. The spleen measured 0.70 cm in width at the level of the hilus.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Increased portal markings were noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris and minor gallbladder wall thickening with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**Gastrointestinal**

The gastrointestinal tract revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content was unremarkable. Soft feces was noted in the colon.

**Pancreas**



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The base and limbs of the pancreas were observed to be hypoechoic and irregular with undulating contour and a dilated pancreatic duct.

### Free Abdomen

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Slight free fluid noted in the mid caudal abdomen.

## ULTRASONOGRAPHIC FINDINGS

## BREED

DSH

- Irregular pancreas-potential resolving pancreatitis
- Mild to moderate age-related renal changes with subnormal size and non-obstructive calculi, the kidneys do not appear to be end stage

## SEX

FS

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient likely underwent a pre-renal event such as pancreatitis and/or may have passed a calculus.

## AGE

21yr

No evidence of neoplasia was observed in this study.

Supportive care for correction of azotemia and assessment of clinical response is warranted. A clinical exam with subxiphoid palpation for pancreatitis is suggested.

## WEIGHT

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## REFERRING VET

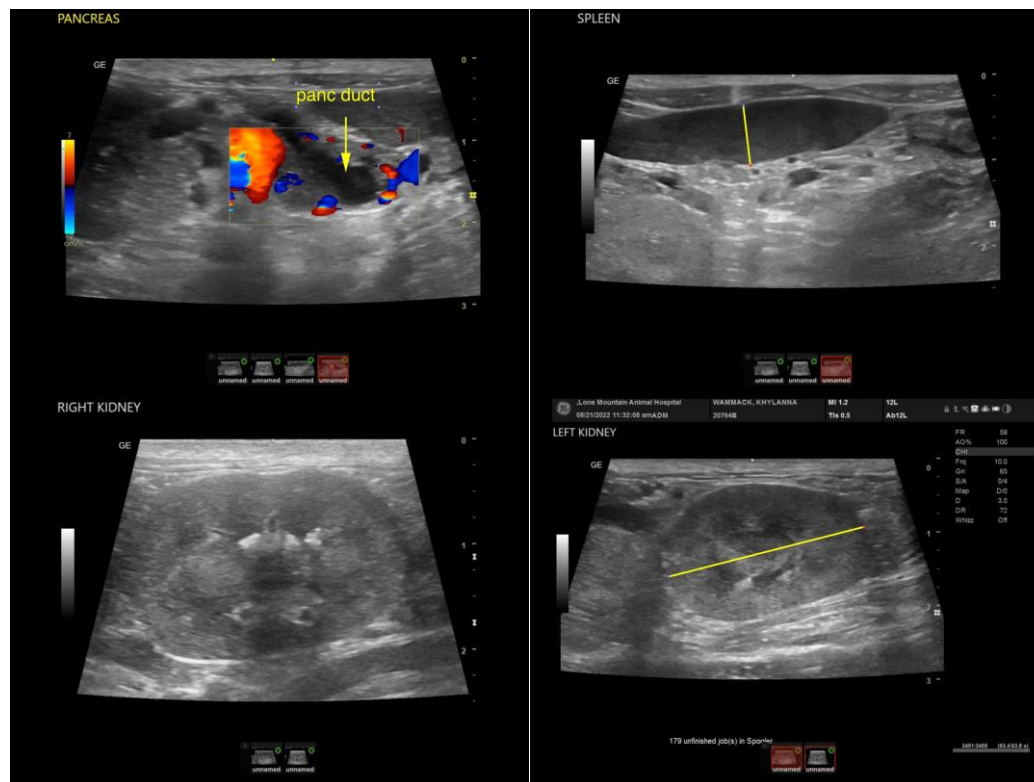
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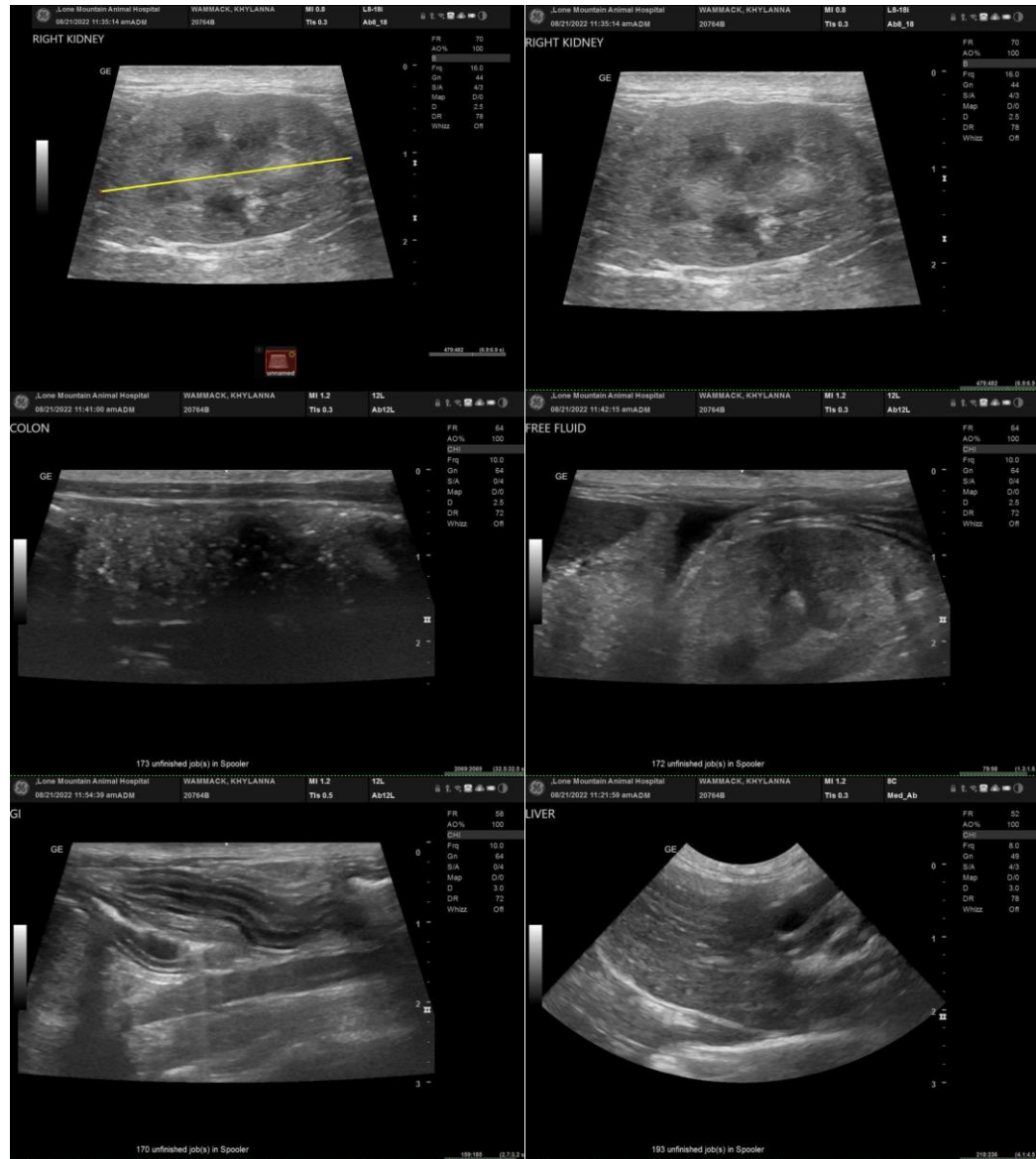
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com