



PATIENT

Bella Fankell

PRESENTING CLINICAL SIGNS

History: Pet was presented for not eating as much and not drinking enough water. Weakness. symptomatic tx with fluids, convenia, mirtazapine.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: TP- 9.8, Globulin-6.8, LYM% 4.8, WBC 4.24, LYM-0.21, MPV-9.5, EOS%-0.5, MONO-0.05, EOS-0.02, HCT-27.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DMH

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.

SEX

Spayed Female

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 kidneys revealed cortical infarcts. The left kidney measured 3.2 cm with slight irregular contour. The right kidney measured

AGE

10 Years

WEIGHT

7.6 Pounds

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 0.4 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Dr. Logas

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.

HOSPITAL NAME

Bradentown VH

REFERRING VET

Laurel Logas

Liver

Heterogenous **hepatic** changes are noted in the midst of ascites. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

INVOICE

Gastrointestinal

DATE

8/23/21

Examination of the **gastrointestinal tract** revealed a stomach of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal thickening was noted. Stasis was noted in variable portions of the gastrointestinal tract. Variable, hypoechoic, mildly distorted lymph nodes were noted with reactive surrounding mesentery.



PATIENT

Pancreas

Bella Fankell

The **pancreas** is enlarged and hypoechoic with enhanced surrounding mesentery. The left limb of the pancreas measured 1.0 cm.

SPECIES

Feline

Free Abdomen

Ascites was noted.

BREED

DMH

ULTRASONOGRAPHIC FINDINGS

SEX

- Irregular intestine.
- Reactive mesentery, ascites and lymphadenopathy.

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

10 Years

There is a strong concern for abdominal lymphomatosis, carcinomatosis or similar. I recommend ultrasound-guided abdominocentesis with cytospin. If any evidence of sepsis is present then immediate exploratory surgery is warranted. Cytospin is recommended to assess for neoplastic cells. Guarded prognosis depending upon cytology and potential surgical exploratory results.

WEIGHT

7.6 Pounds

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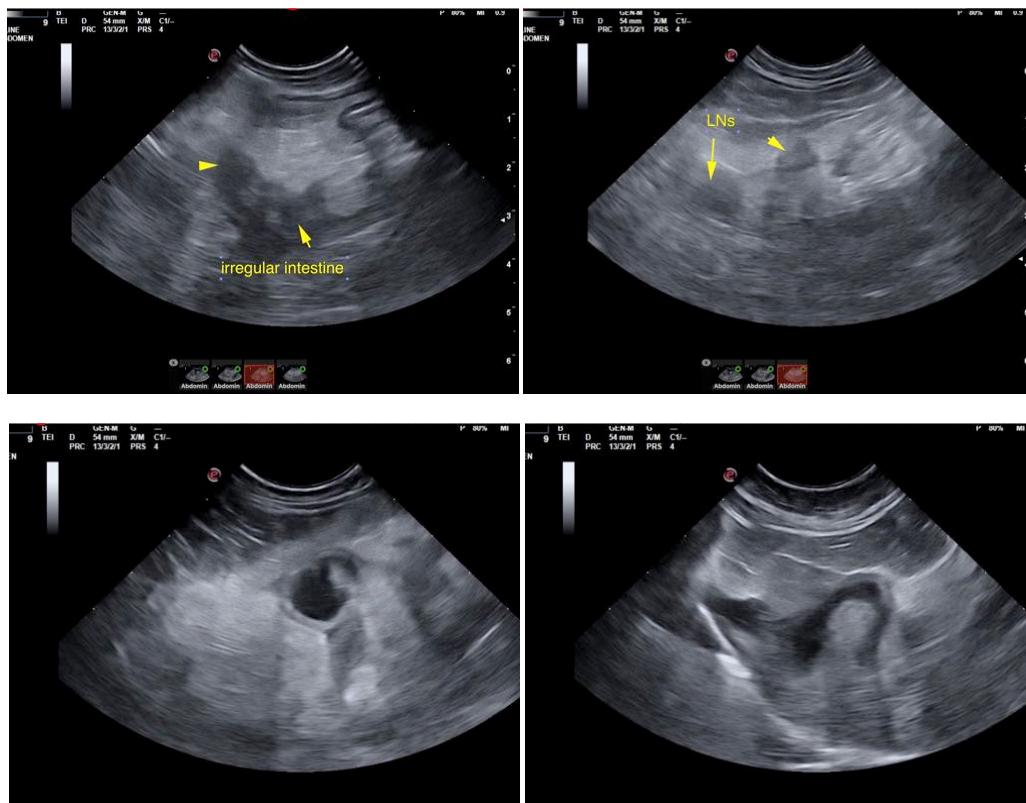
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SEX

Spayed Female

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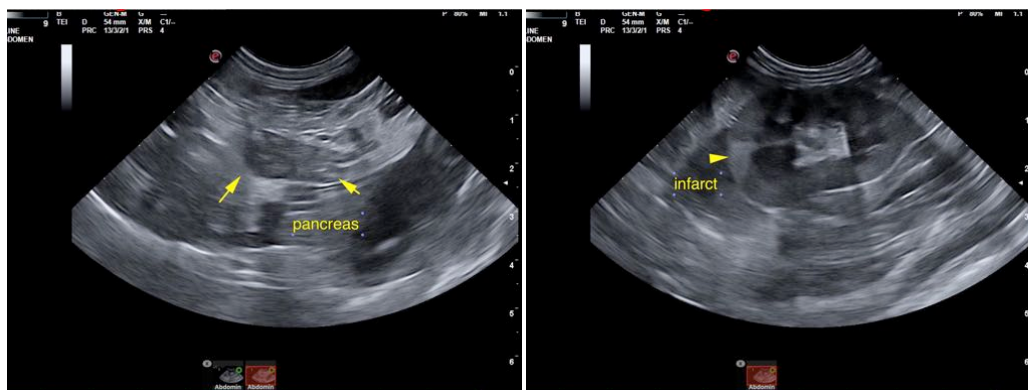
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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