

**PATIENT**

Mr. Cubbins Mink

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

12

**WEIGHT**

12.4

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Melissa Pascucci

**HOSPITAL NAME**

American AH

**REFERRING VET**

Dr. Arculli

**INVOICE**

44928

**DATE**

8/24/23

**PRESENTING CLINICAL SIGNS**

Vomited hairball followed by red blood once 3 days ago. Since then, has been hyporexic and lethargic. Abnormal PE/Chem/CBC/UA Results: Eosinophilia- 1840, TT4= 3.7

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 left kidney measured 3.8 cm. The right kidney measured 4.2 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 left adrenal gland measured 0.40 cm. The right adrenal gland measured 0.40 cm.

**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.

**Liver**

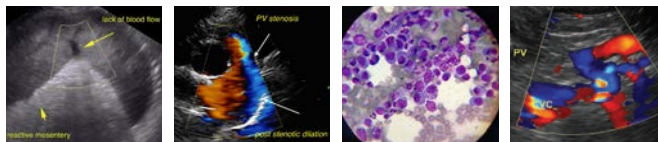
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. Gallbladder calculi noted, the largest of which measured 1.0 cm.

**Gastrointestinal**

Some **pyloric** antrum thickening noted up to 0.80 cm. Mild loss of mural detail noted. Minor distal small intestinal thickening noted. Empty lumen. The colon was unremarkable. Reactive mesenteric lymph nodes noted.

**Pancreas**

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.



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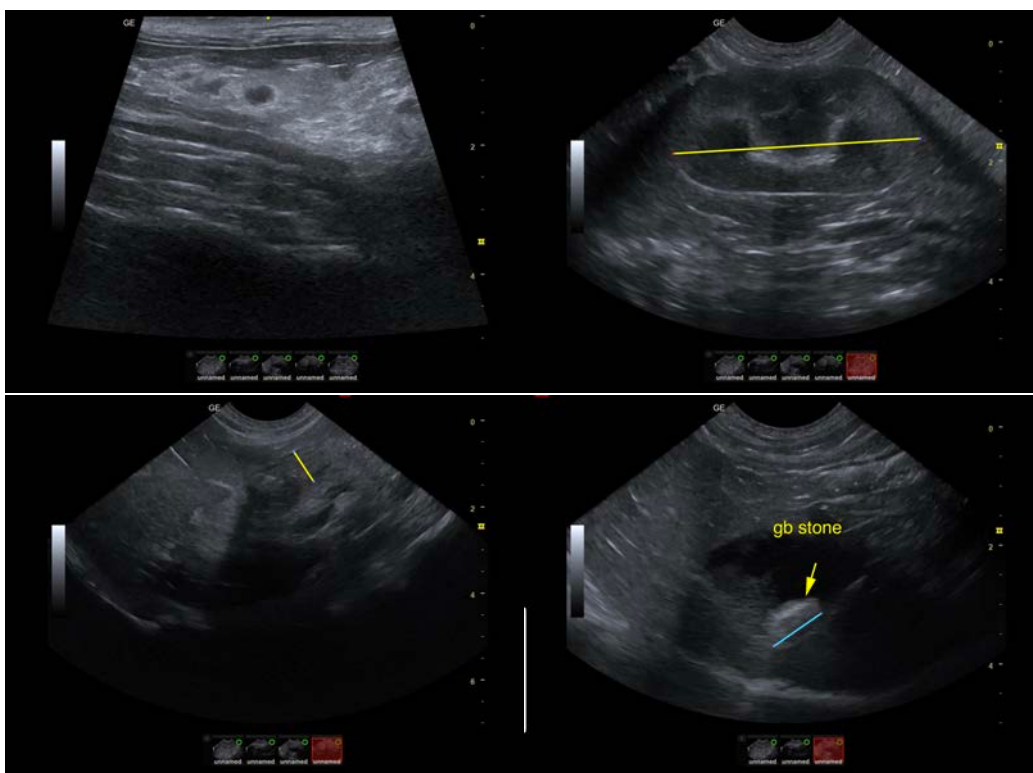
8/24/23

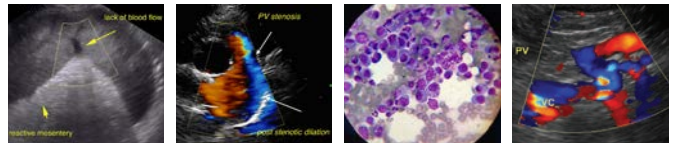
**ULTRASONOGRAPHIC FINDINGS**

- Gastritis and minor intestinal thickening with minor mesenteric lymphadenopathy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subacute on chronic inflammation likely. No evidence of foreign body. GI protectant protocol, IV fluid support, hydrolyzed diet all indicated in this patient. No overt neoplastic criteria. However, I cannot rule out an emerging neoplastic process. If the patient is not responding to medical management, then recheck sonogram recommended in 1-2 weeks.





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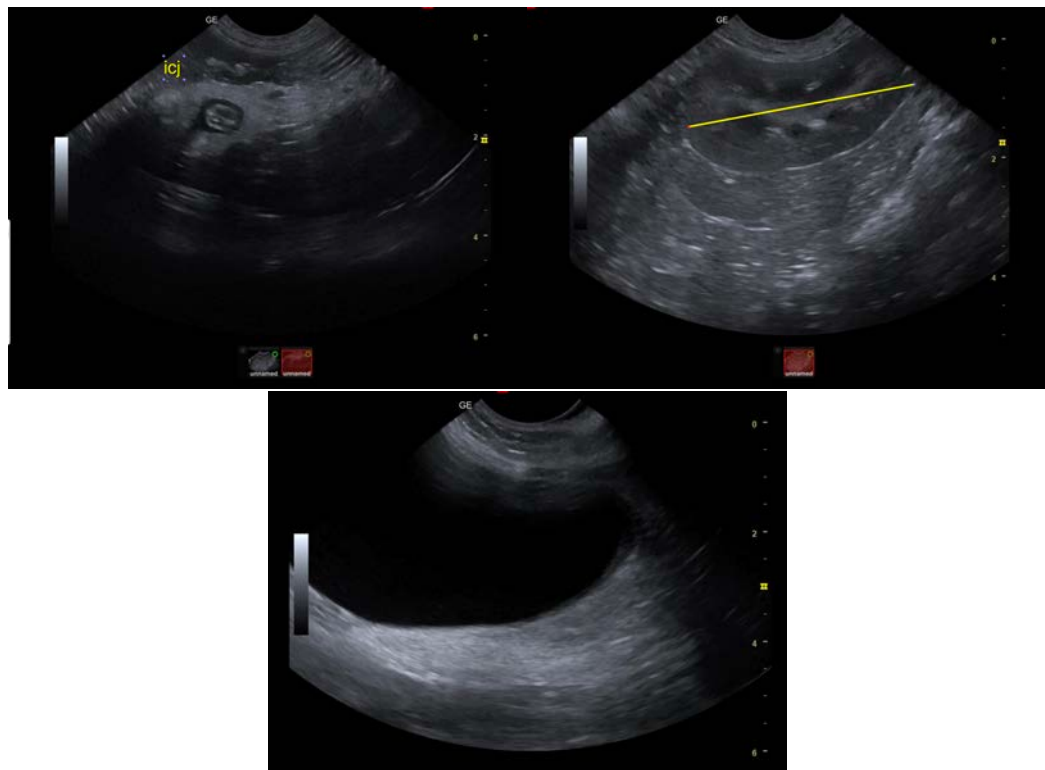
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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