



PATIENT

Luna Fletcher

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

16 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Carlos Abdul-Chani

INVOICE

44594

DATE

8/3/23

PRESENTING CLINICAL SIGNS

Reason for Ultrasound: Lethargic, anorexic, vomiting; X-Rays: possible food or foreign material in stomach Current Meds: Cerenia Sub Q, Convenia Sub Q, LRS given Sub Q, Dex 1mg IM

Abnormal PE/Chem/CBC/UA Results: Abnormal CBC/Chem Findings: Lipase 29 (8 - 26); CBC WNL; T4 WNL Abnormal UA Findings: not done

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 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 measured 3.5 cm each.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.35 cm. The right adrenal gland measured 0.40 cm.

Spleen

The **spleen** was mildly enlarged with slight swollen contour and slight heterogenous reticular pattern. This is most consistent with reactive spleen or possible splenitis, less likely round cell neoplasia. Sources of immune stimuli should be investigated.

Liver

The **liver** was uniform. The gallbladder was turgid with minor polyp measuring 4.0 mm. The cystic and common bile duct were mildly dilated. Common bile duct measured 0.48 cm with reactive surrounding mesentery.

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

The left limb of the **pancreas** was enlarged, hypoechoic and irregular with heterogeneous parenchymal changes. Significant amount of reactive mesentery noted around the left pancreatic limb. The right limb



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and right base of the pancreas were enlarged, irregular, and hypoechoic with enhanced mesentery, enveloping the common bile duct.

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Free Abdomen

Slight areas of free fluid noted.

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ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis with early post-hepatic obstruction and turgid biliary tree and slight free fluid present
- Reactive spleen
- Stress-induced adrenal hyperplasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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7 Years

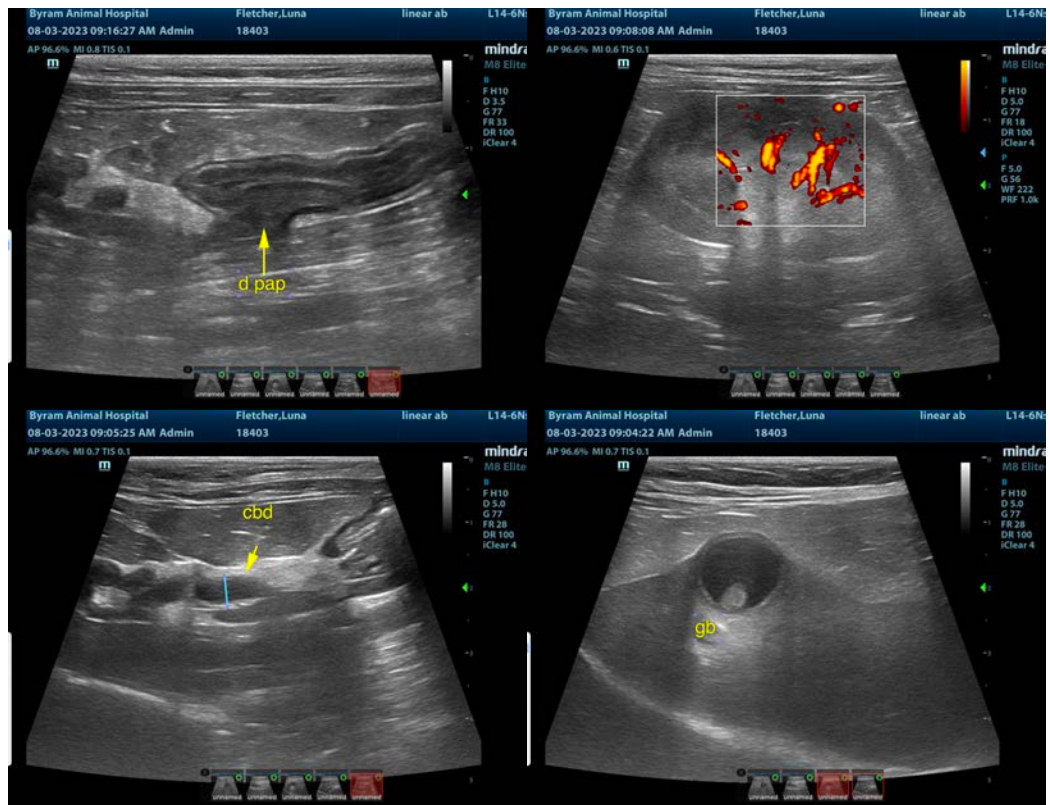
FNA of the liver warranted to ensure no underlying neoplasia such as pancreatic lymphoma or carcinoma are present. Plasma expanders, pain management, broad-spectrum antibiotics all indicated. Recheck sonogram in 3-5 days assuming no neoplasia is found on FNA.

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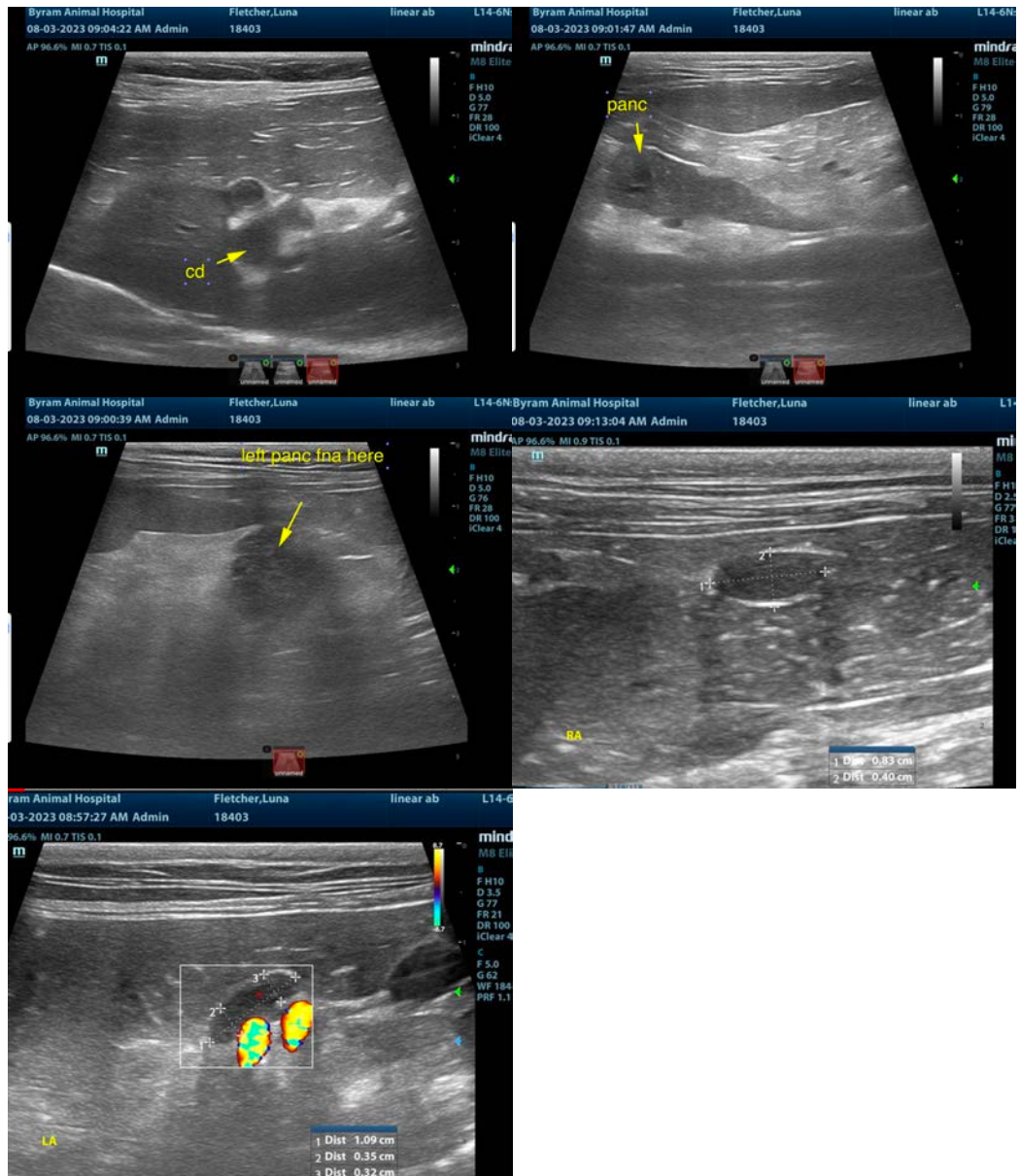
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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