



**PATIENT PRESENTING CLINICAL SIGNS**

**Jazz Tulk**  
Historically IBD managed on Prednisolone. Also IRIS stage 2 renal disease, and recurrent pancreatitis. Presented as lethargic anorexic and vomiting on July 29 got better on meds (fluids cerenia and marzipan for 48 hrs then relapsed. Now back anorexic and lethargic

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Non regenerative anemia with hematocrit dropping by 10 between July 28 and Aug 2 with agglutination on slide. Patient has mild azotemia and mild elevation of TP USG 1008

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Spayed Female

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.

**AGE**

16

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. The right kidney measured 3.6 cm. The left kidney measured 3.56 cm with slight pyelectasia noted.

**WEIGHT**

5 kg

**INTERPRETED BY**

Eric Lindquist, DMV

**Adrenal Glands**

DABVP, Cert. IVUSS

The **right adrenal gland** was 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 0.37 cm.

**IMAGING PERFORMED BY**

Dr. Belan

The region of the **left adrenal gland** was unremarkable.

**HOSPITAL NAME**

**Spleen**

Fish Creek AH

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.

**REFERRING VET**

Dr. Dani

**INVOICE**

**Liver**

44468

The caudate process of the **liver** revealed a microcystic mass measuring 2.0 cm in the right dorsal liver, impinging upon the vena cava. The gallbladder was unremarkable.

**DATE**

**Gastrointestinal**

8/4/23

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



**PATIENT**

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.

Jazz Tulk

**Pancreas**

**SPECIES**

The **pancreas** revealed extensive mixed hypoechoic parenchymal changes with dilated duct and regional inflammation. A particular portion of pancreas in the left limb was hypoechoic with regional inflammation and dilated duct. Ultrasound guided 25-gauge FNA indicated of this region to rule out neoplasia versus necrosis and pancreatitis as well as to define inflammatory cell type.

Feline

**BREED**

DSH

**Free Abdomen**

**SEX**

Occasional reactive lymph node noted in the sublumbar region and mesenteric root.

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

- Extensive pancreatitis pattern – possibility of pancreatic lymphoma or pancreatic carcinoma.
- Cystadenomatous liver lesion, likely benign
- Age related renal changes
- Occasional reactive sublumbar and mesenteric lymph node
- Partially full stomach

16

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

5 kg

FNA of the pancreas strongly recommended. Empirical treatment for pancreatitis indicated with pain management, broad-spectrum antibiotics, and IV fluid support. Prognosis is guarded depending upon cytology results upon the pancreas.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Fish Creek AH

**REFERRING VET**

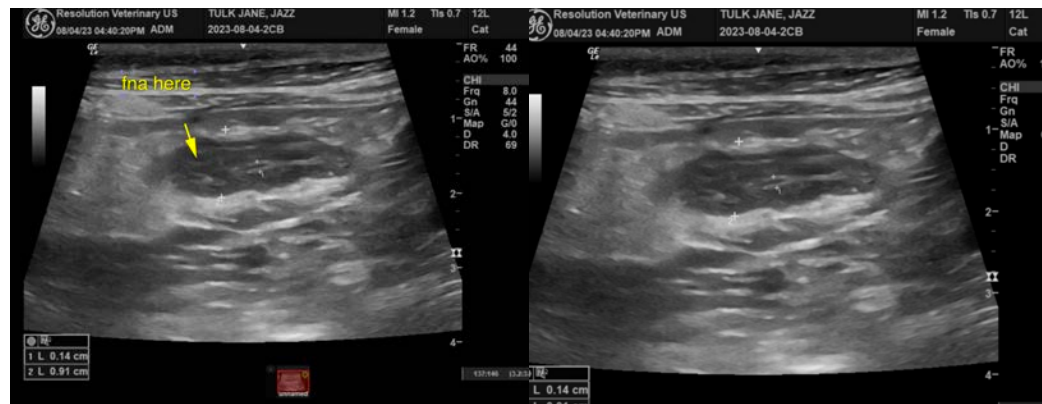
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**INVOICE**

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**DATE**

8/4/23





**PATIENT**

Jazz Tulk

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

5 kg

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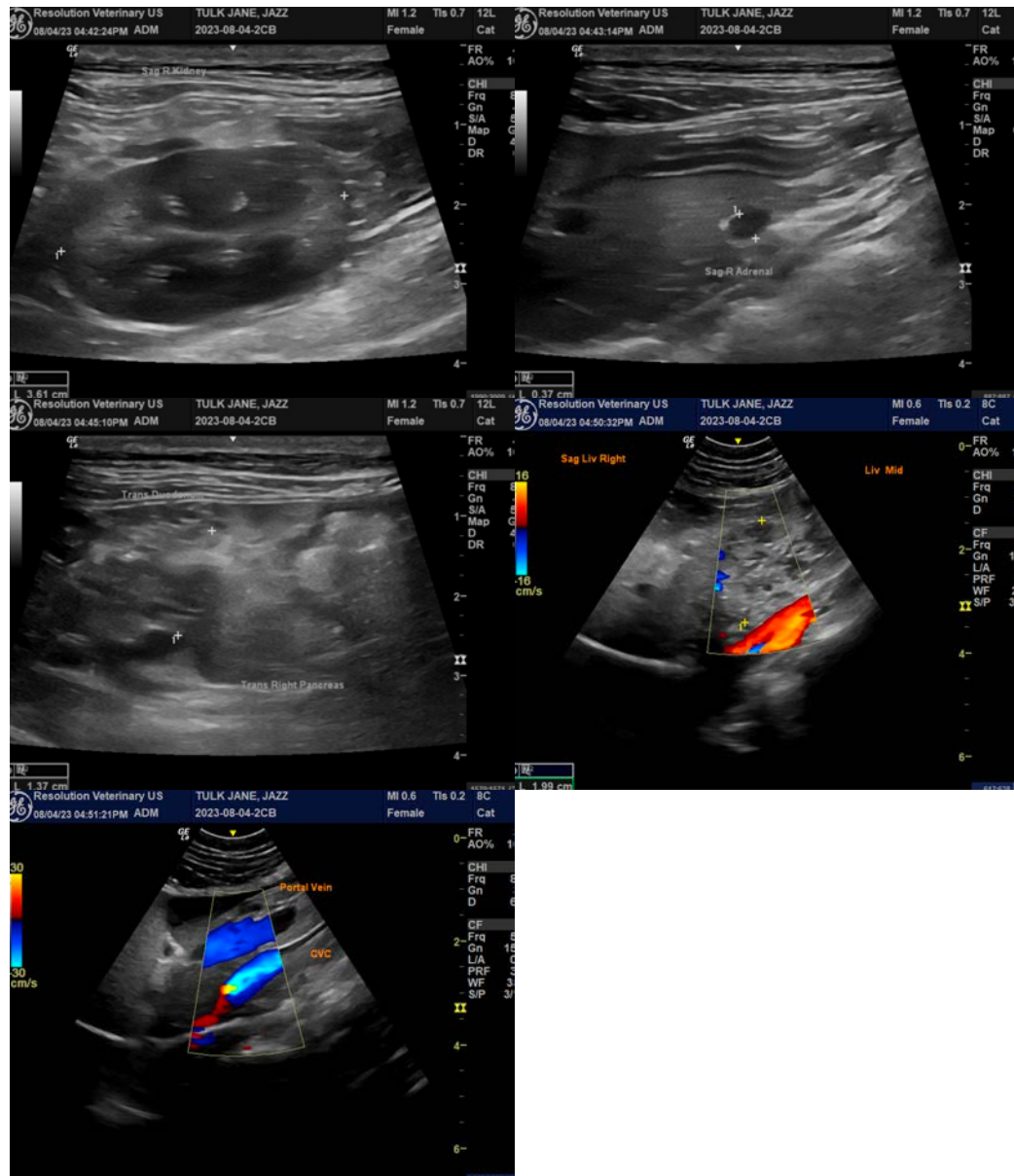
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**INVOICE**

44468

**DATE**

8/4/23



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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