

PATIENT

Lily Orlandi

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 years

WEIGHT

2.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

91032

DATE

8/7/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for lethargy, rabies and distemper vaccines this am, dehydrated, pain?, seems disoriented per O Previous Health Concerns: FIV diagnosed in 2019, hyperthyroid, reoccurring lesion on chin Current Medications: thyroid meds (upped from 0.5ml to 1ml per rDVM today), Beneful supplement, proviable Appetite/When did they eat last: increased
Bloodwork: pO2 51.2 H, cSO2 82.3 H, BE -9.4 L, Glu 198 H Lateral / v/d rads: decreased detail in cranial abdomen sl thickened bowel; metallic FB in ventral abdomen near the linea (owner says has a bullet) mass in the thorax at left cranial to heart (thyroid nodule) Abdominal: tender in cranial abdomen
Musculoskeletal: decrease rom of hips and seem tender over lumbar spine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 was noted. Ureteral papillae were normal.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.52 cm. The right kidney measured 3.36 cm.

Adrenal Glands

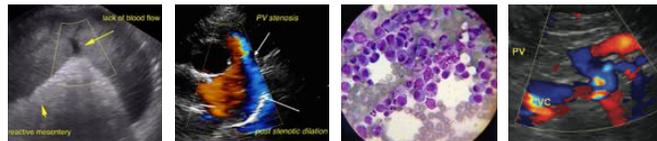
The regions of the **adrenal glands** were imaged with no evidence of pathology.

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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was mildly edematous.



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Gastrointestinal

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The **stomach** was over distended with chyme. Transit of chyme into the small intestine was normal. The curvilinear patterns were respected throughout the small intestine. No associated abnormal lymphatic activity was noted.

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Pancreas

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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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ULTRASONOGRAPHIC FINDINGS

Age related abdominal changes.

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12 years

Retention of ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

2.6 kg

There was no evidence of significant disease. Supportive care should prove effective. No foreign bodies were visible.

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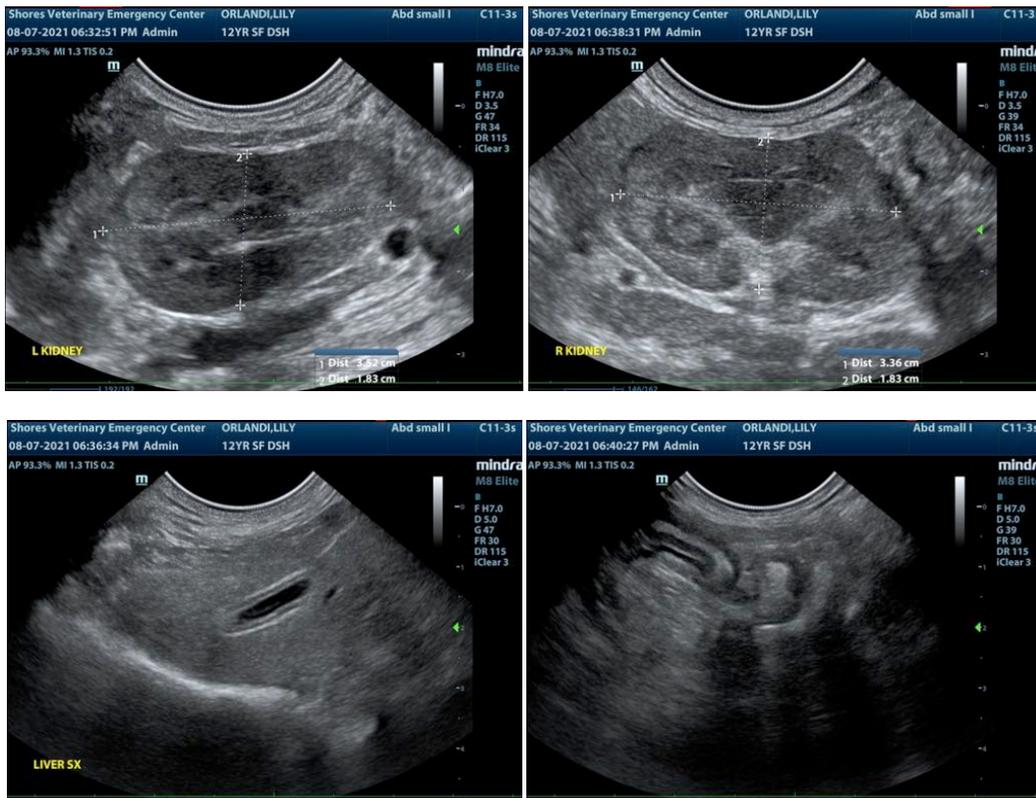
Dr. Moser

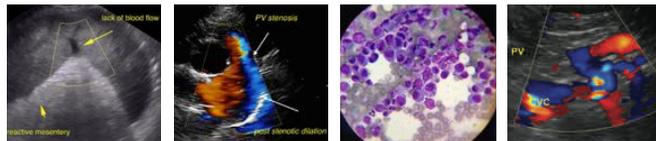
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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