



**PATIENT**

Zoey Finger

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11

**WEIGHT**

9.2

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Melissa Pascucci

**HOSPITAL NAME**

American AH

**REFERRING VET**

Dr. Pascucci

**INVOICE**

23815

**DATE**

8/7/23

**PRESENTING CLINICAL SIGNS**

Loss of appetite, hiding and lethargy. Going on for 2 months. Progressively less eating. Now eating only a few bites. Historic vomiting has not worsened- still once weekly-food and liquid, no blood. Drinks from faucet like always. Urine and dry firm stool in litterbox everyday. Coat seems unkempt. Used to be out and following husband- not doing this anymore. Indoor only. BW/UA reveals liver abnormalities.

Abnormal PE/Chem/CBC/UA Results: AST 177, ALT 663, ALP 108, Tbili 0.7, 1+ bilirubinuria

**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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 and no evidence of pelvic dilation was present. The left kidney measured 3.5 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident 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 were noted.

**Liver**

The **liver** was hypoechoic and mildly enlarged. The gallbladder and common bile duct were unremarkable. The common bile duct measured 2.0 mm. No evidence of posthepatic obstruction. This is a very nonspecific presentation, despite the liver enzyme elevations. I recommend ultrasound guided FNA for further definition of underlying pathology.

**Gastrointestinal**

The **stomach** was thickened (0.65 cm wall thickness, which was mildly excessive) with no loss of mural detail, however, hypertrophied mucosa was noted. The small intestine was mildly thickened in this patient. Colonic thickening was also noted with increased submucosal echogenicity. Colonic wall thickness measured up to 0.53 cm.

**Pancreas**



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The **pancreas** was hypoechoic and irregular in the left limb. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

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- Nonspecific inflammatory hepatopathy, given the clinical profile, with unremarkable liver and slight hypoechogenicity. Potential underlying round cell neoplasia.
- Inflammatory bowel type presentation with colonic thickening. No overt neoplastic criteria are present, however, cannot rule out an emerging neoplastic state. The descending colon appears to be the more dramatic area of pathology.
- Prominent irregular pancreas – suspect low-grade pancreatitis
- Age-related renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend FNA of the liver in this patient for further definition. Colonoscopy could be considered as well.

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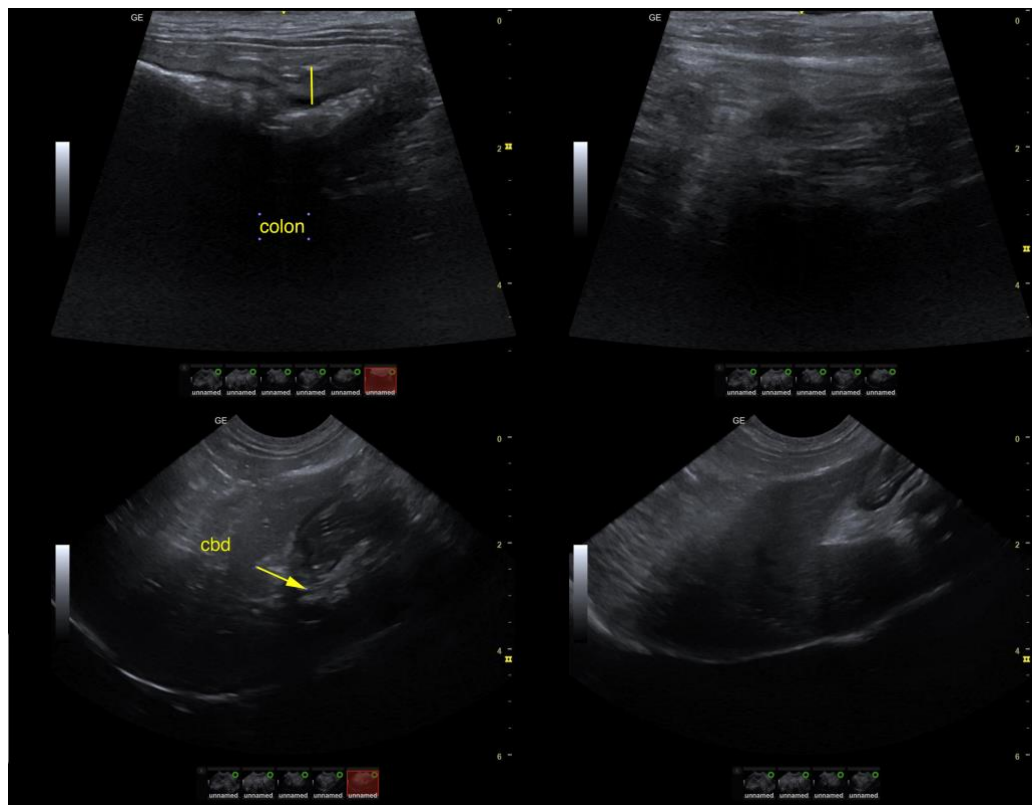
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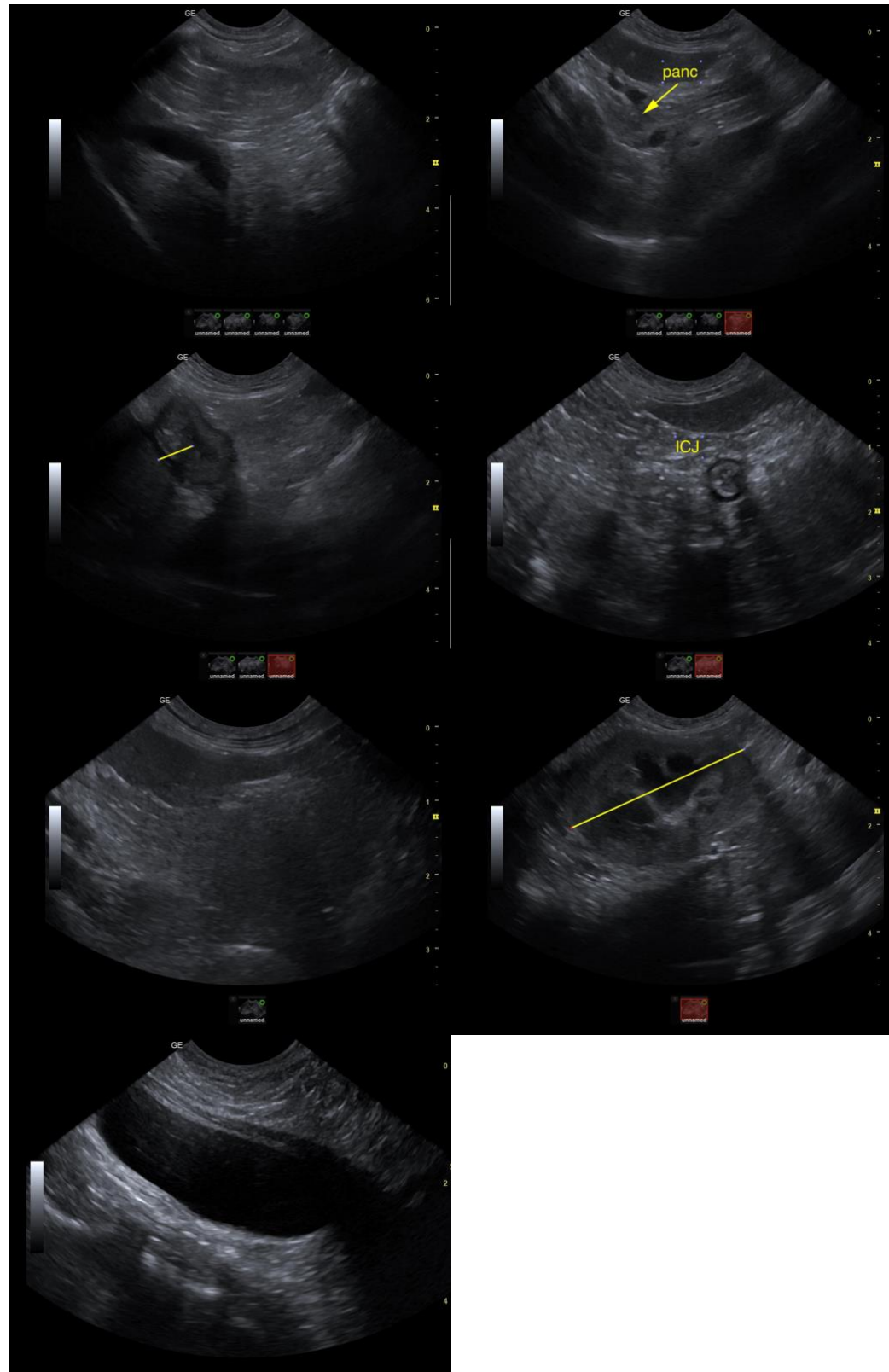
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The information and recommendations provided are based on the images presented by the



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**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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**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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