



**PATIENT**

Molly Reynolds

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

16 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Chadbourne

**INVOICE**

39463

**DATE**

9/16/22

**PRESENTING CLINICAL SIGNS**

History: Vomiting and diarrhea. Sedated with Gabapentin PO, Torbugesic and Alfaxan.  
Abnormal PE/Chem/CBC/UA Results: PE: BCS 7-8/9, thick shiny haircoat. BW: NSF

**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 was 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 right kidney measured 4.21 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 0.38 cm.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen revealed a 1.25 x 2.0 cm mass deriving from the caudal pole. This may be a benign malformation. This does not appear particularly aggressive. 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 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. The gallbladder was duplicated.

**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



**PATIENT**

Molly Reynolds

demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes were slightly enlarged and measured 0.4 cm with hyperechoic surrounding fat. This is suggestive for history of inflammation and lymphadenitis.

**SPECIES**

Feline

**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.

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed female

Duplicated gallbladder, benign variant.

Splenic “mass” likely benign owing to malformation or positional anomaly.

**AGE**

12 years

Mesenteric lymph nodes, slightly enlarged.

Otherwise, unremarkable abdomen.

**WEIGHT**

16 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mass appears to be a positional malformation. FNA could be considered. Empirical supportive care for GI upset should prove effective as there was no evidence of structural GI disease. If any weight loss is present then splenic FNA is appropriate. Recheck sonogram is recommended in 3-4 weeks primarily of the spleen to assess if any growth is occurring.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Chadbourne

**INVOICE**

39463

**DATE**

9/16/22





**PATIENT**

Molly Reynolds

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

16 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

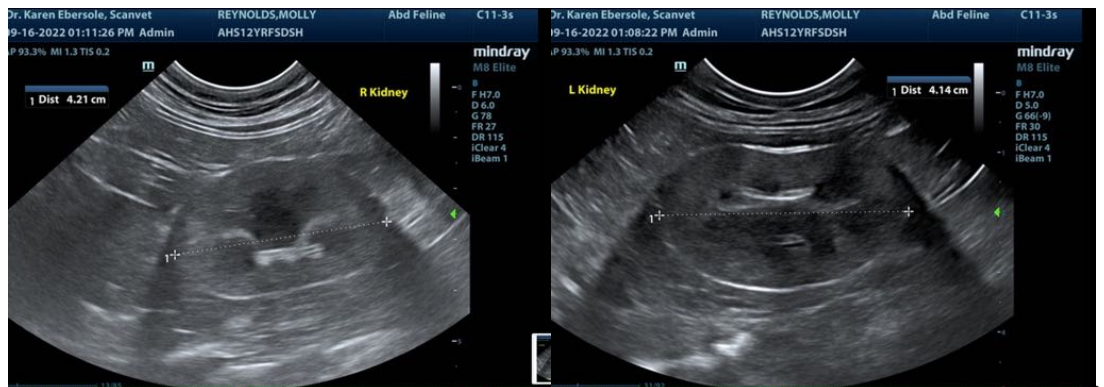
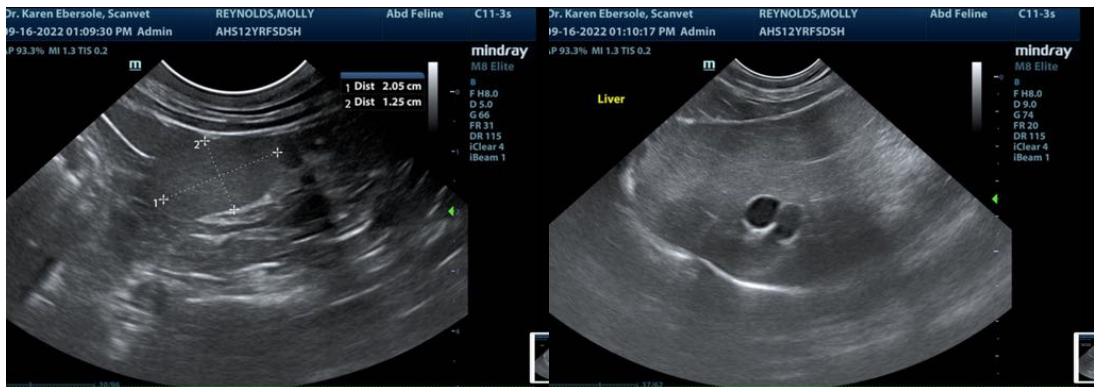
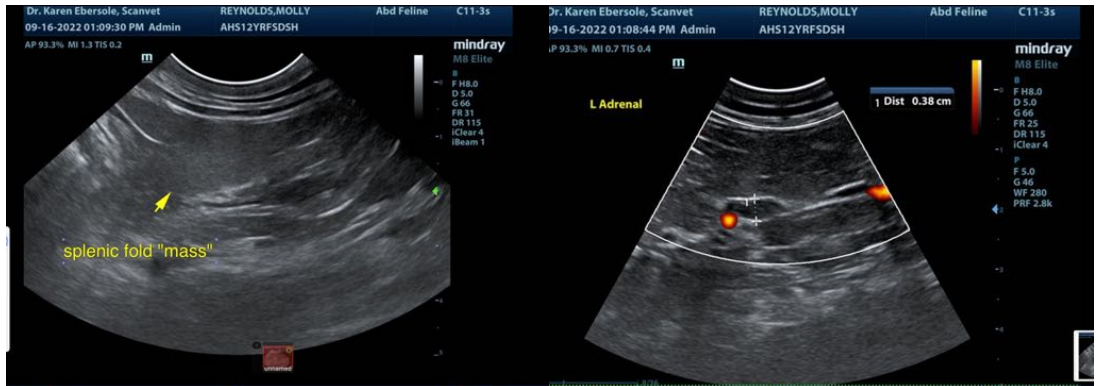
Dr. Chadbourne

**INVOICE**

39463

**DATE**

9/16/22



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  
info@SonoPath.com