

**DATE**

9/2/22

**PATIENT**

PJ Garcia

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

9/2/09

**WEIGHT**

23.4 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Kalwa

**INVOICE**

41017

**PRESENTING CLINICAL SIGNS**

Obese - Constipation- giving miralax few days - Crying - UTI- treating with zeniquin. ATO in room: - Went to vet monday: 1. Full bloodwork 2. Urinalysis- diagnosed UTI 3. Sent home with Abx- zenequin- pill- O trouble giving but is able; gives at hing - Presented for straining in litterbox. O thought she was straining to defecate vs straining to urinate - Eating and drinking but less than usual- last ate last night - Crying/ hunching, trembled - Dry heaved wednesday Medical hx: - overweight- previously 26 lbs- now 23 lbs - UTIs in past - O states clavamox works well for her and it is a liquid much easier to give Os very worried about her- specifically asked about ultrasound looking for pancreatitis etc - pancreatitis 1.5 years ago - very severe.

Current Medications: Zenequin, Miralax.  
Lab Results: Attached.  
Radiographs: Very empty GIT.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**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 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 right kidney measured 3.47 cm. The left kidney measured 3.58 cm. Cortical infarcts noted in the kidneys, stable.

**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 4.0 mm. The right adrenal gland measured 5.0 mm.

**Spleen**

The **spleen** presented minor heterogeneous parenchymal changes with normal size at 8.0 mm.

**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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**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**

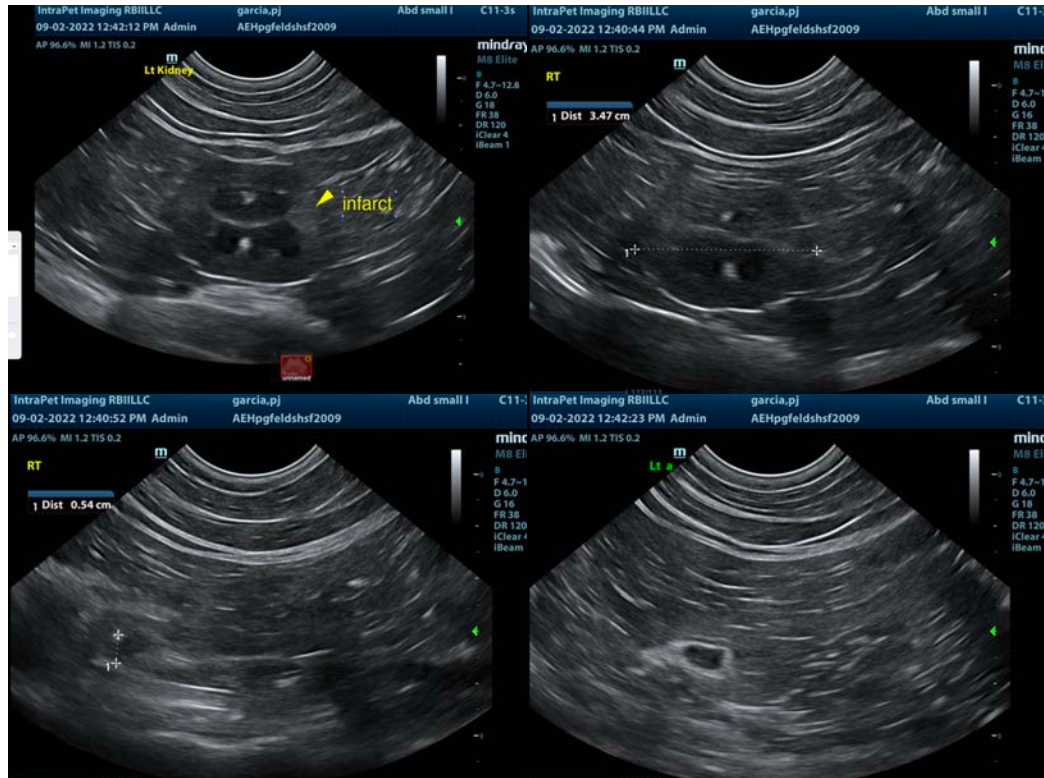
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. No evidence of specific inflammation.

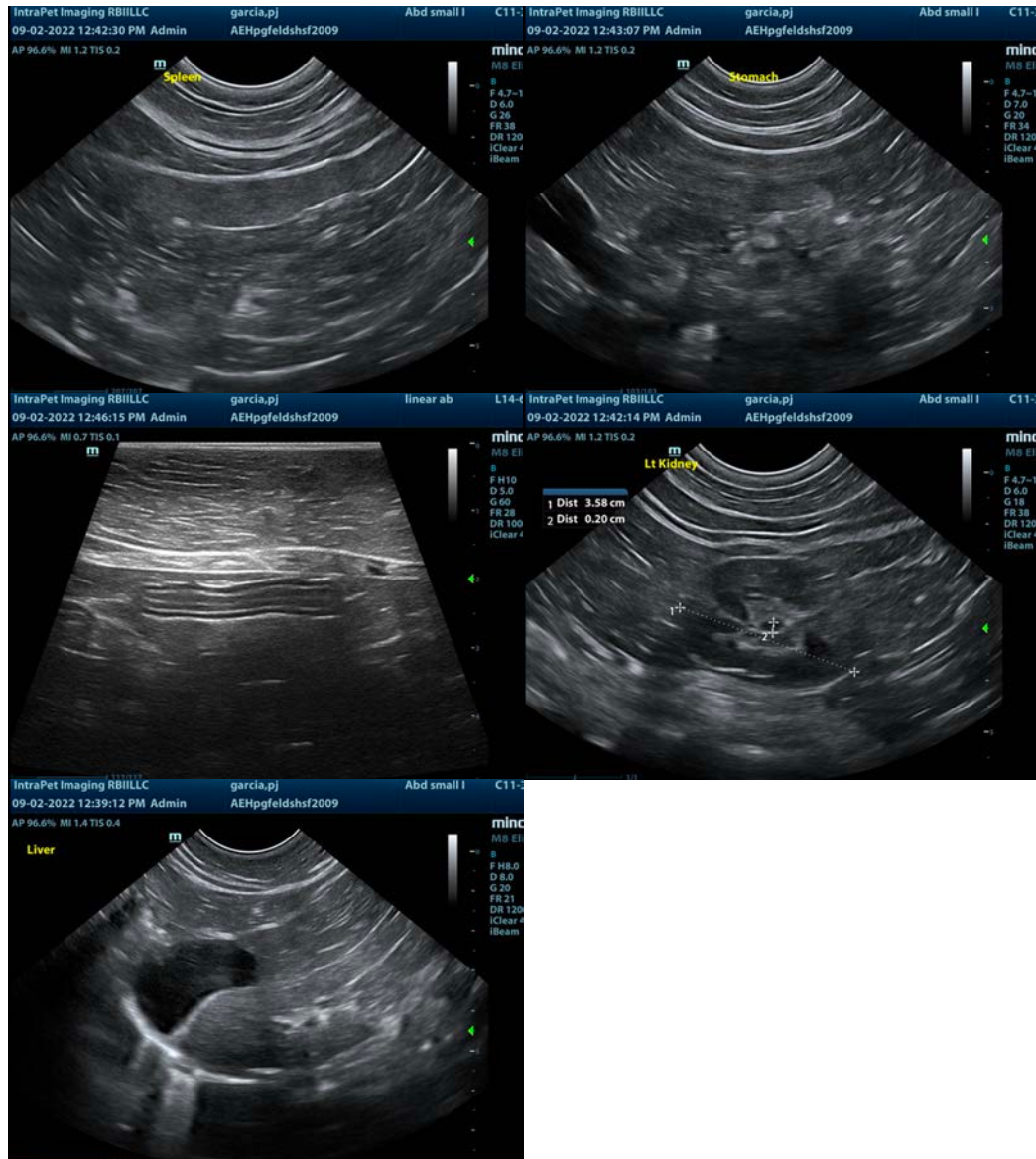
### **ULTRASONOGRAPHIC FINDINGS**

- Age related renal changes
- Possible low-grade pancreatitis
- Minor splenic remodeling, stable

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant disease. Low-grade pancreatitis possible, yet changes were minor.





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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