



PATIENT

Cadence Pasquale

PRESENTING CLINICAL SIGNS

History of pancreatitis and anorexia. P has been eating. normal bloodwork.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was largely normal with slight concretions noted, a grouping of which measures 5.0 mm, non-obstructive at the time of the sonogram.

BREED

DLH

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.

SEX

Spayed Female

Adrenal Glands

AGE

15 Years

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 0.40 cm. The right adrenal gland measured 0.40 cm.

WEIGHT

4.76 kg

Spleen

The **spleen** presented relatively normal size and contour with multifocal hyperechoic nodular changes, most consistent with fatty deposits or lipogranulomas. These are not typically pathological. No suspicion of significant. Capsular and parenchymal integrity was normal otherwise.

INTERPRETED BY

Eric Lindquist, DMV

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 wall was slightly echogenic and thickened.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Reynolds, LVT

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. Transit of chyme appeared to be normal. No associated abnormal lymphatic activity was noted.

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Taylor Parker

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.

INVOICE

41777

ULTRASONOGRAPHIC FINDINGS

- Bladder sand and small calculi, non-obstructive
- Geriatric abdomen otherwise

DATE

9/29/22



PATIENT

Cadence Pasquale

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15 Years

WEIGHT

4.76 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Taylor Parker

INVOICE

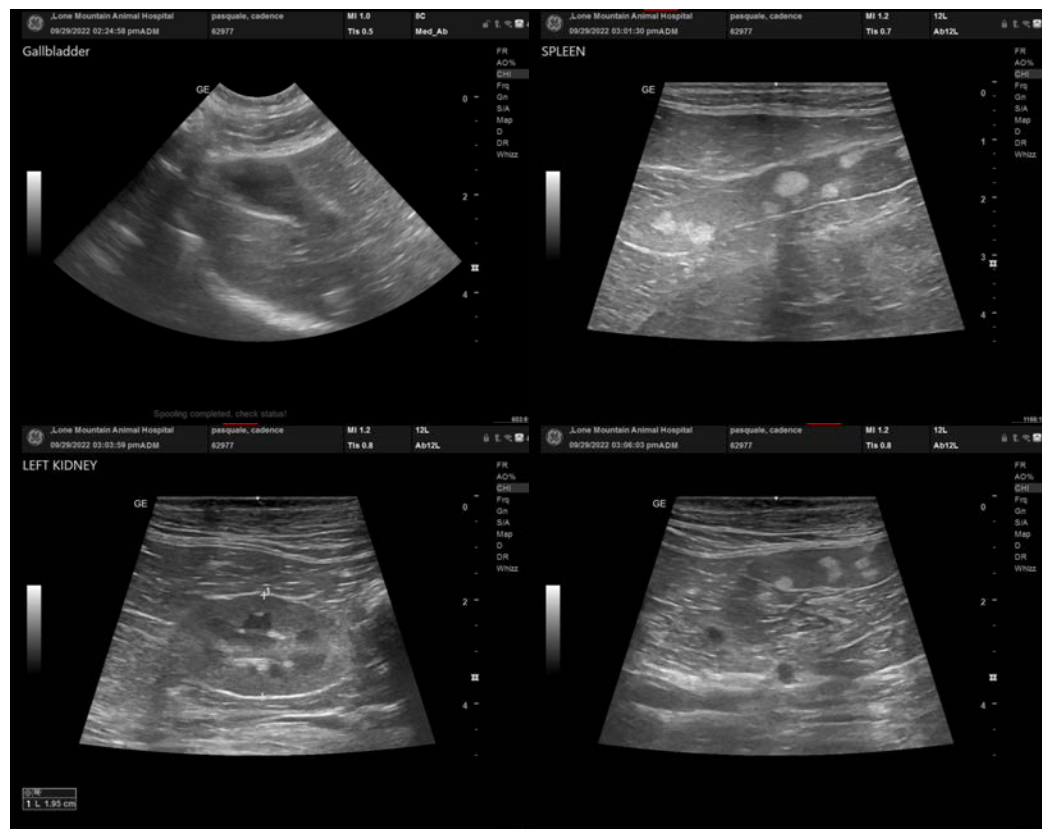
41777

DATE

9/29/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The calculi may be small enough to pass. However, cystotomy, stone analysis, and culture indicated. Sonogram recommended just prior to surgery to ensure that the bladder sand is persistently present. The cause of anorexia is unclear. FNA of the spleen could be considered, given the nodular changes, however these are likely lipogranulomas and benign. Other causes of anorexia such as orthopedic pain, thoracic and CNS disease should all be considered.





PATIENT

Cadence Pasquale

SPECIES

Feline

BREED

DLH

SEX

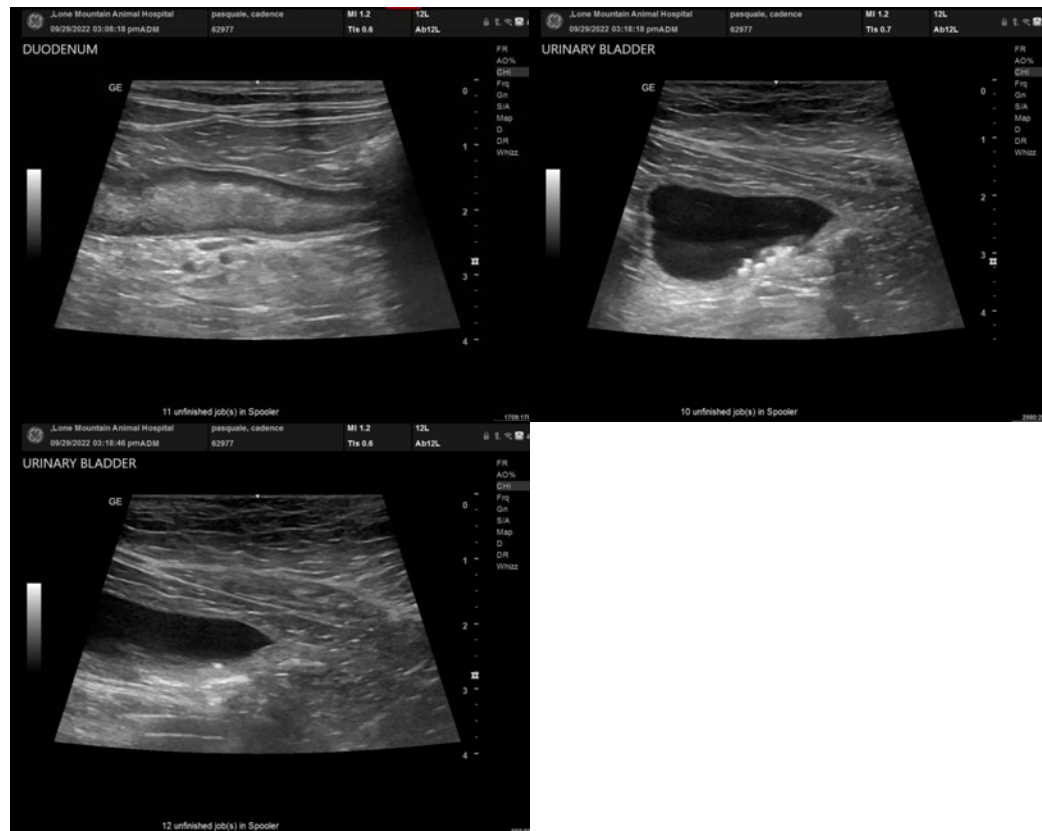
Spayed Female

AGE

15 Years

WEIGHT

4.76 kg



INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Taylor Parker

INVOICE

41777

DATE

9/29/22

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