



PATIENT

PRESENTING CLINICAL SIGNS

Madeline Chouinard

Weight loss over a year. Decreased oral intake. Seems to have trouble swallowing at times.

SPECIES

Abnormal PE/Chem/CBC/UA Results: Chemistry - Amylase high (2427), precision PSL extremely high (1312), CPK high (823). FeLV/FIV negative. CBC neutrophils high (10736), lymphocytes low (1098).

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

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.

SEX

Spayed Female

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. Slight pyelectasia noted. A pelvic calculus was noted in the left kidney measuring 4.0 mm with echogenic pyelectasia, suggestive for inflammation and/or infection.

AGE

10 Years

WEIGHT

10.6 Pounds

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was folded upon itself cranially and caudally with slight scalloping contour and minor free fluid adjacent to the spleen.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Liver

The **liver** presented coarse architecture and increased portal markings. Minor free fluid noted between the liver lobes. The gallbladder was unremarkable.

IMAGING PERFORMED BY

Dr. Harold Mike Beard

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.

HOSPITAL NAME

Animal Care Vet Center

Pancreas

The **pancreas** was hypoechoic, irregular, and nodular, consistent with pancreatitis, enveloping the upper gastrointestinal tract. Enhanced mesentery noted.

REFERRING VET

Dr. Harold Mike Beard

Free Abdomen

Enhanced mesentery noted throughout the cranial abdomen and pancreas.

INVOICE

41751

Echogenic omentum noted throughout the mid abdomen, suggestive for inflammation.

DATE

9/29/22

Variable areas of free fluid noted.



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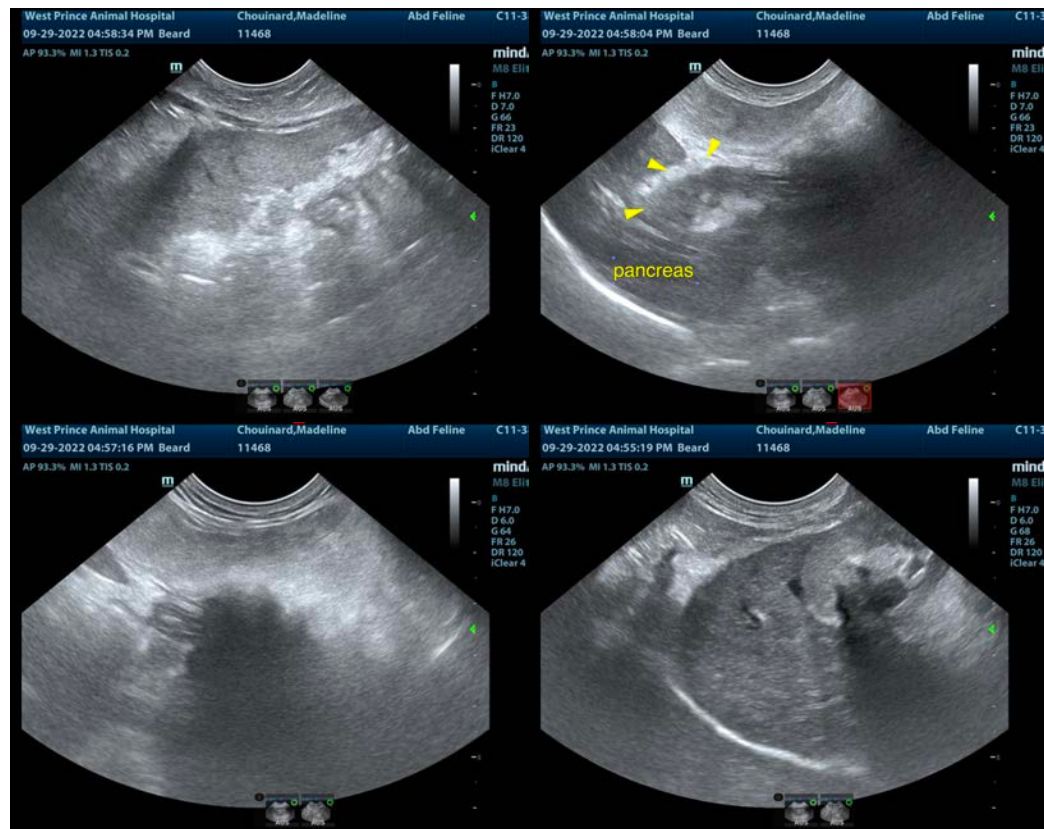
9/29/22

ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis
- Enlarged spleen
- Remodeled liver
- Age related renal changes
- Free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatitis and splenitis with regional peritonitis possible. Underlying occult neoplasia possible. Ultrasound guided FNA of the spleen, ultrasound guided abdominocentesis of the free fluid and cytospin (for assessment for potential sepsis versus neoplasia), plasma expanders, broad-spectrum antibiotics, pain management all warranted. Recheck sonogram in 48-72 hours. Prognosis is guarded.





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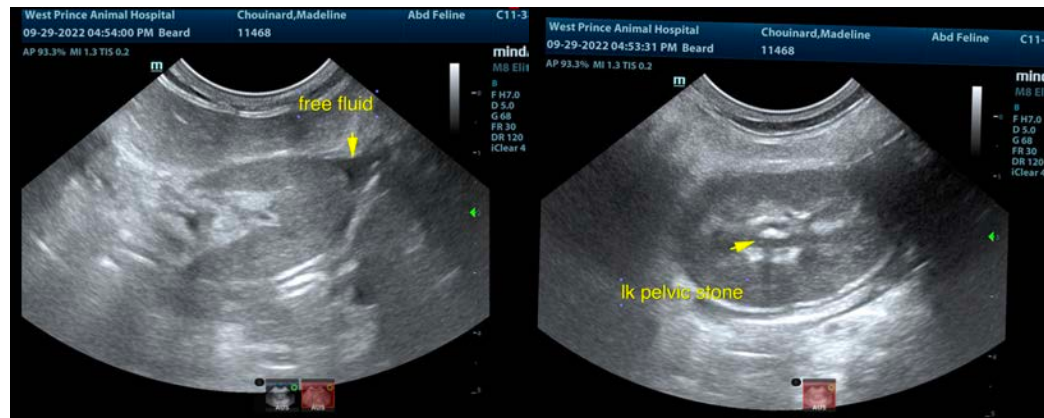
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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