



**PATIENT**

Anastasia Wray

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

8 years

**WEIGHT**

5.5 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Lupole

**INVOICE**

32750

**DATE**

9/7/22

**PRESENTING CLINICAL SIGNS**

History: Presented at our hospital for last week Tues vomiting started, Wed PM D+ started with blood in it, rDVM on Thurs diagnosed pancreatitis- gave pain inj, metro/Cerenia to go home, gave EN food and told O give bland diet, not eating after that (since Thurs) Saturday went to another vet and got an appetite stimulant- didn't work, Sun stopped metro, Mon done with Cerenia, today nibbled food not bland diet maybe nickel size, not cleaning herself, BW Sat pretty unremarkable, Xray showed inflamed intestines Previous Health Concerns: no Current Medications: Cerenia- done Mon, Metro- stopped Sun, appetite stimulant

Abnormal PE/Chem/CBC/UA Results: Level of Pain: (0-4) 1 to palpate cranial abdomen BUN/UREA 14; Chl 110; GLU 230; Potassium 3.4; WBC 19.55; MONOS 1.63; NEUT 13.00; EOS 1.80; Radiographs: Stomach contains mild amount of gas and ingesta, small intestine appears moderately inflamed with intestinal wall thickening, colon contains mild amount of feces, No obvious obstructions

**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 left kidney measured 4.18 cm. The right kidney measured 4.33 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.

**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 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 presented acceptably thin walls with



**PATIENT**

Anastasia Wray

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.

**SPECIES**

Feline

**Gastrointestinal**

The **pylorus** was mildly thickened with enhanced surrounding mesentery and slight epigastric lymphadenopathy. The small intestine and colon were mildly thickened. There was no overt loss of mural detail. The mesenteric lymph nodes were enlarged and round with hypoechoic, enhanced surrounding mesentery measuring up to 1.5 cm in length. Reactive mesentery was noted throughout the mesenteric root.

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**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.

**AGE**

8 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

5.5 kg

Diffuse gastrointestinal thickening with mesenteric lymphadenopathy.

Regional inflammation.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

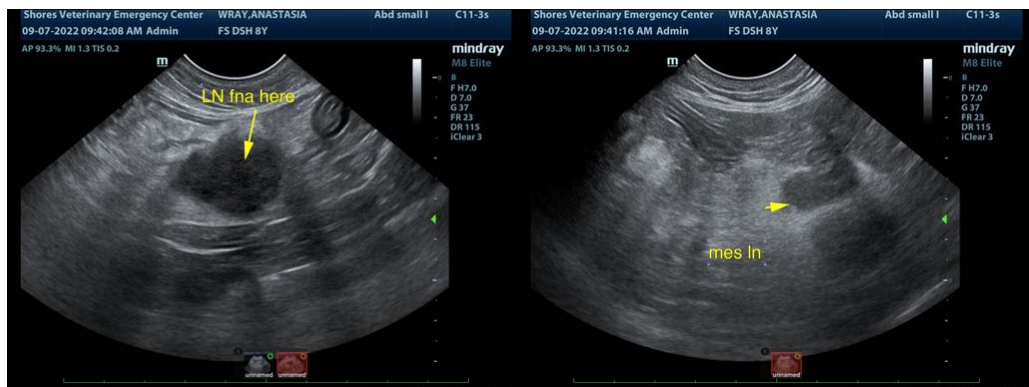
I strongly recommend ultrasound-guided FNA of the enlarged, rounded lymph node with culture and cytology. Inflammatory bowel with lymphadenitis is probable with potential emerging round cell neoplasia. There is a minor potential for dry form FIP. FNA, cytology and largest mesenteric lymph nodes is recommended. The prognosis is guarded.

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC



**REFERRING VET**

Dr. Lupole

**INVOICE**

32750

**DATE**

9/7/22



**PATIENT**

Anastasia Wray

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

8 years

**WEIGHT**

5.5 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

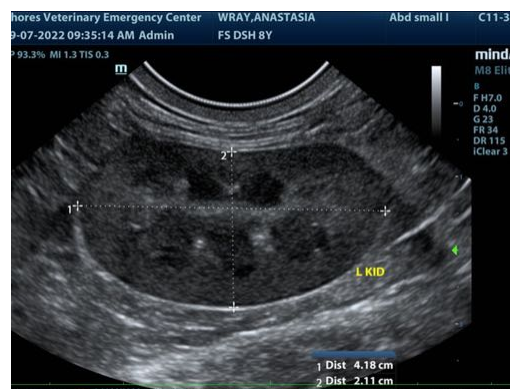
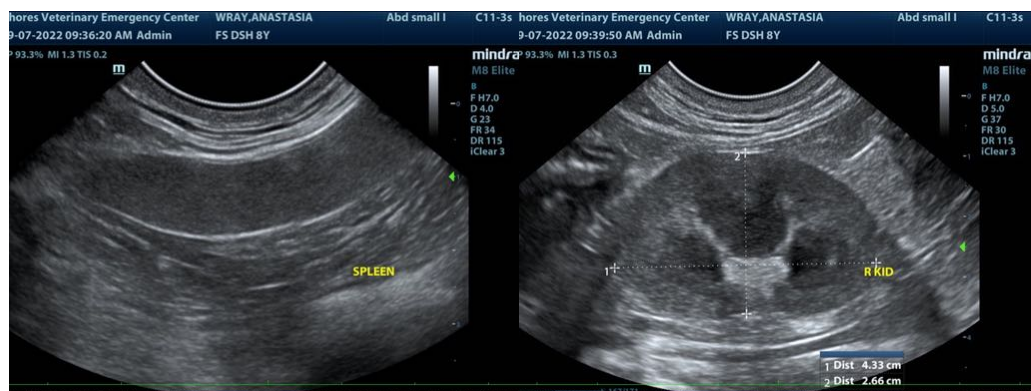
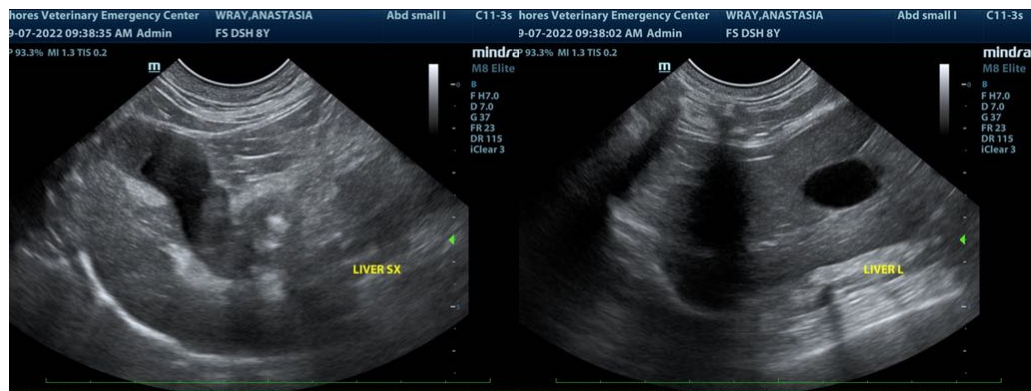
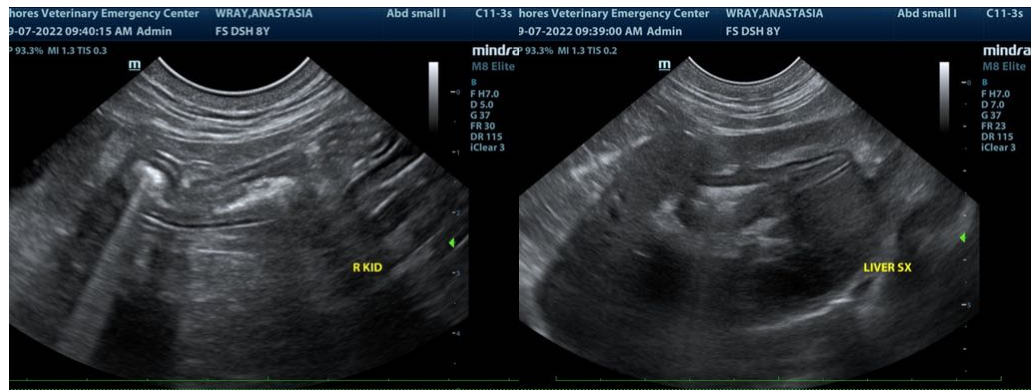
Dr. Lupole

**INVOICE**

32750

**DATE**

9/7/22





**PATIENT**

Anastasia Wray

**SPECIES**

Feline

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.

**BREED**

Domestic Shorthair

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.

**SEX**

Spayed female

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

**AGE**

8 years

**WEIGHT**

5.5 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Lupole

**INVOICE**

32750

**DATE**

9/7/22