



**PATIENT**

Diana Hall

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

13 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Finder

**HOSPITAL NAME**

Craig Road AH

**REFERRING VET**

Dr. Finder

**INVOICE**

41202

**DATE**

9/9/22

**PRESENTING CLINICAL SIGNS**

Hypercalcemia and intermittent periurea. Currently urinating in the box.  
Abnormal PE/Chem/CBC/UA Results: CALCIUM 11.4 HIGH 8.2-10.8 mg/dL RBC 10.4 HIGH 5.92-9.93 106/mL HGB 16.2 HIGH 9.3-15.9 g/dL HCT 58 HIGH 29-48 %

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 left kidney measures 3.78 cm. The right kidney measured 3.5 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 adrenal glands measured 4.0 mm each.

**Spleen**

The **spleen** presented normal size and contour. Multifocal hyperechoic lipogranulomatous changes, not pathological.

**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**

The **stomach** itself was unremarkable. The majority of the intestinal tract was mildly thickened with slight areas of hypertrophied muscularis. However, a portion of jejunum was particularly thickened, measuring 3.3 cm x 1.0 cm. Minor enhanced mesentery noted around the thickened portion of jejunum. Curvilinear patterns were still maintained with intact submucosal layer, yet the muscularis was particularly thickened. This is an area to watch, yet neoplastic criteria is not evident at this time.

**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



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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.

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**ULTRASONOGRAPHIC FINDINGS**

- Thickened jejunum
- Lipogranulomatous splenic changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Potential emerging round cell intestinal neoplasia, yet idiopathic hypercalcemia is more likely an issue. Expected changes otherwise for this age patient.

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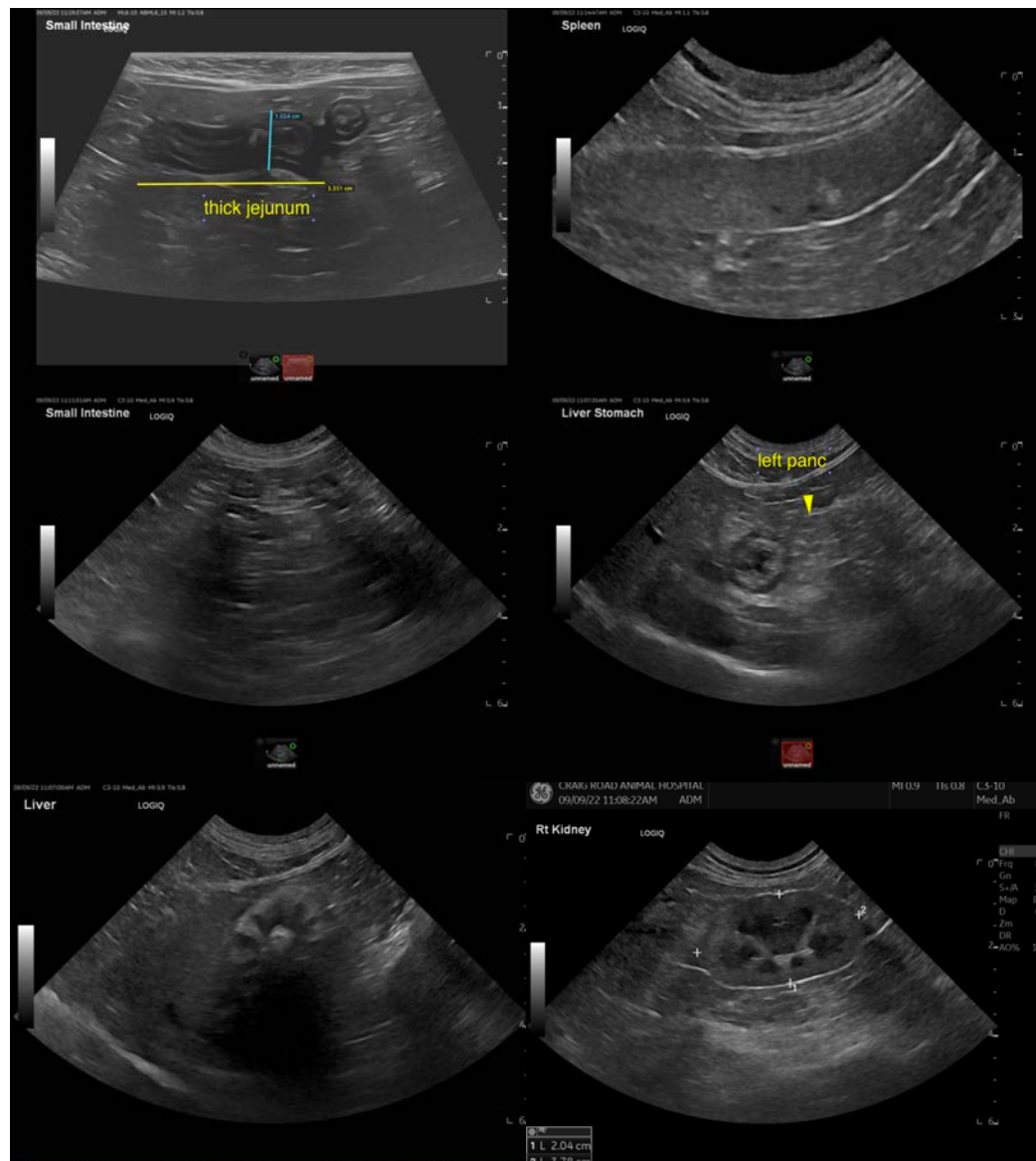
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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](mailto:info@SonoPath.com)

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