

PATIENT

Sally Kuhnle

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

11 years

WEIGHT

13.7 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

VCA Westmoreland

REFERRING VET

Dr. Sullivan

DATE

1/13/22

Invoice
95223

PRESENTING CLINICAL SIGNS

Presented 1/11 for 5 days of vomiting x10 vomits per day, food foam bile -unable to keep anything down -lethargic and quiet -decreased appetite and water - bloody mucus diarrhea 1/11 -on PE tacky mm, decreased skin turgor, malodorous breath, -ABD palpation non diagnostic, tense pet -Obese patient reactive over kidneys

Abnormal PE/Chem/CBC/UA Results: Current Medications Cerenia, may have sedation on board

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys. The left kidney measured 4.03 cm. The right kidney measured 4.15 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 right adrenal gland measured 0.38 cm. The left adrenal gland measured 0.3 cm.

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** was uniform with maintained curvilinear patterns. Gallbladder calculus was noted without acoustic shadowing. The gallbladder itself was unremarkable. This is an incidental finding.



PATIENT

Gastrointestinal

Sally Kuhnle

The **stomach** was empty in this patient. The gastrointestinal tract revealed normal curvilinear patterns. The distal small intestine revealed mild muscularis thickening. The curvilinear patterns were maintained. No neoplastic criteria was noted. Minor inflammatory pattern was noted around the stomach.

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

11 years

WEIGHT

13.7 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland

REFERRING VET

Dr. Sullivan

DATE

1/13/22

Invoice
95223

Pancreas

The right limb of the **pancreas** revealed minor uniform coarse architecture. The left limb of the pancreas revealed a cyst that measured 1.5 cm. This appeared to be deriving from the caudal pole. Some echogenic debris was noted within the cyst with granulation bed and minor inflammatory event. There is a potential that this is an abscess.

Free Abdomen

A large amount of abdominal fat was noted.

ULTRASONOGRAPHIC FINDINGS

Cranial abdominal cyst, likely pancreatic in origin. Strong potential for abscessation.

Minor gastritis pattern.

Small intestinal thickening.

Minor biliary calculus, non-obstructive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Even though the stomach is empty and structurally appears unremarkable enhanced mesentery was noted around the gastric wall. This may be owing to active inflammation or past history of inflammation with remodeled mesentery. Ultrasound-guided drainage of the cyst, culture and cytology could be considered or exploratory surgery with surgical removal of the cystic structure as well as GI biopsies to define inflammatory bowel presentation. Inspection of the gastric mucosa would be ideal from a surgical standpoint even though sonographically the gastric wall appears unremarkable. Underlying gastritis is suspected. The palpable reactivity around the kidneys is likely related to the cyst or suspected abscess, yet structurally the kidneys appear unremarkable or this may be referred spinal pain.



PATIENT

Sally Kuhnle

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

11 years

WEIGHT

13.7 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland

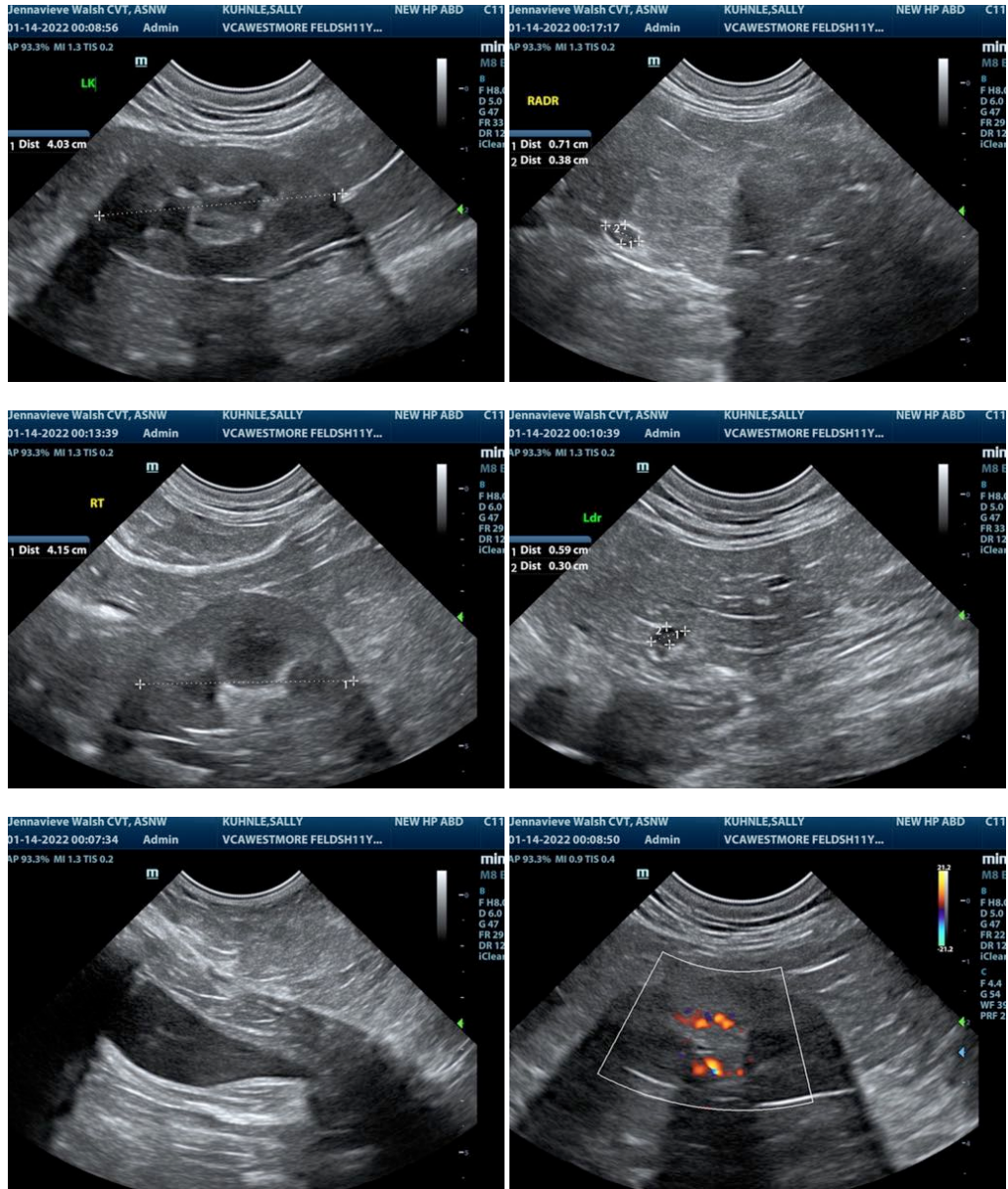
REFERRING VET

Dr. Sullivan

DATE

1/13/22

Invoice
95223





PATIENT

Sally Kuhnle

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

11 years

WEIGHT

13.7 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland

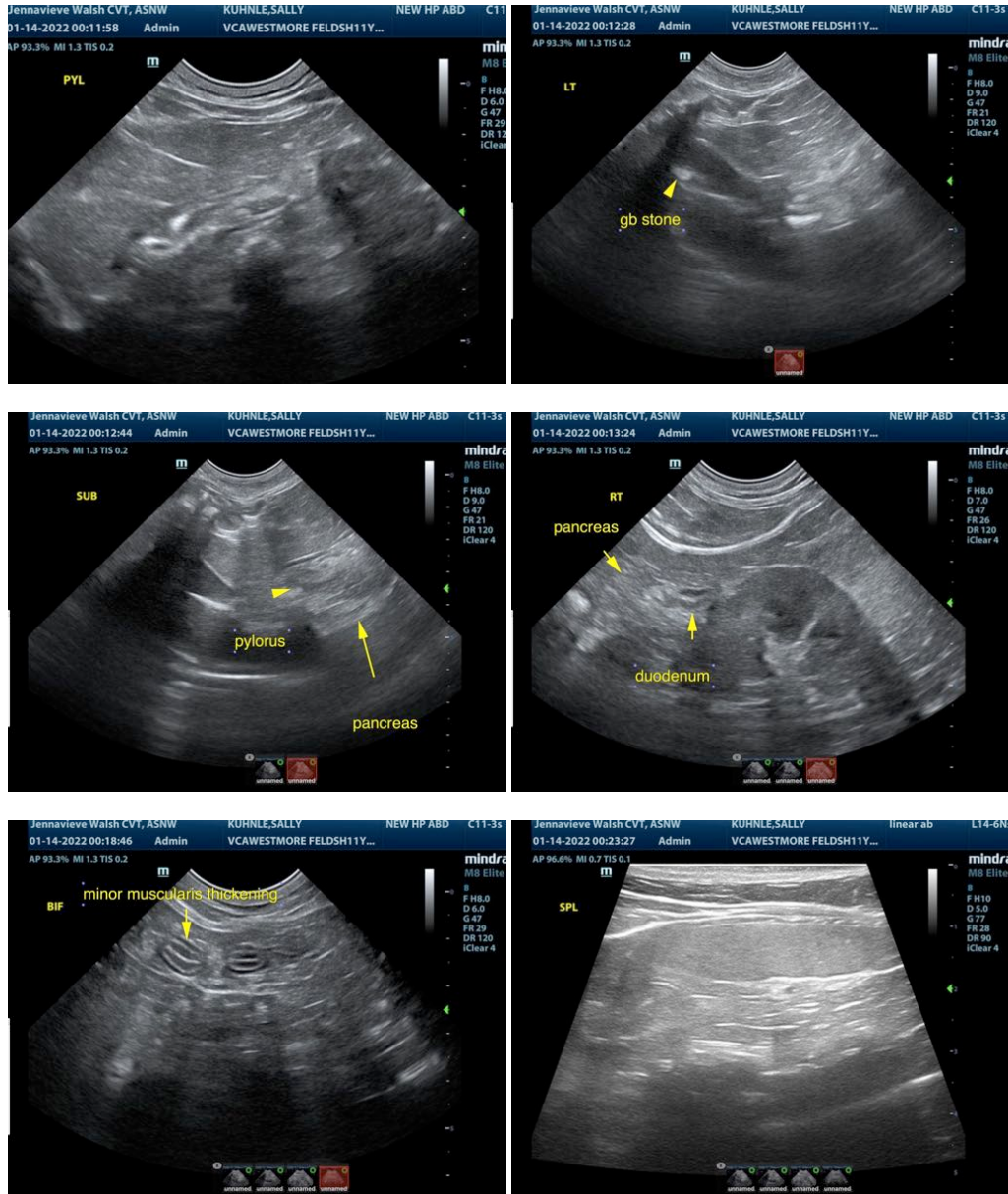
REFERRING VET

Dr. Sullivan

DATE

1/13/22

Invoice
95223





PATIENT

Sally Kuhnle

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

11 years

WEIGHT

13.7 lbs



INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland

REFERRING VET

Dr. Sullivan

DATE

1/13/22

Invoice
95223

The information and recommendations provided are based on the images presented by the referring veterinarian. 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

Eric.Lindquist@SonoPath.com