



PATIENT

Milky Way Spink

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

5 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Salem AC

REFERRING VET

Dr. Crane

DATE

11/3/22

Invoice

42319

PRESENTING CLINICAL SIGNS

History: Chronic vomiting, weight loss, dehydrated r/o GI (IBD vs neoplasia) vs non-GI (renal disease vs hyperthyroidism vs pancreatitis vs toxin vs other)

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left and 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 left adrenal gland measured 0.44 cm. The right adrenal gland measured 0.28 cm.

Spleen

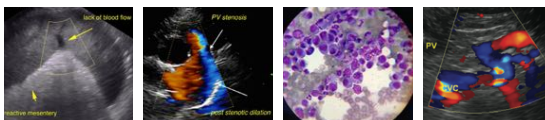
The **spleen** was volume contracted with slight irregular swelling at the mid body measuring 0.6 cm. Minor heterogenous changes were noted.

Liver

The **liver** revealed coarse architecture with mildly increased portal markings. 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 revealed mucosal thickening with intact muscularis, serosa and submucosa. The echogenic mucosal layer was hypertrophied to 0.75 cm. The other layers were normal. Intestinal wall thickness



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measured up to 0.27 cm. The lumen was empty. The mesenteric lymph nodes were slightly enlarged and a minor amount of free fluid present. The lymph nodes measured 3.0 x 0.5 cm.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. The left limb is more prominent than the right. 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 upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

Mesenteric lymphadenopathy.

AGE

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Gastric hypertrophy.

Prominent, irregular pancreas.

WEIGHT

5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain. The gastric hypertrophy is concerning. Endoscopy would be ideal or full thickness GI, gastric, small intestine and mesenteric lymph node biopsies with culture. The most concerning presentation is the gastric hypertrophy. The mesenteric lymph nodes could undergo ultrasound-guided FNA; however, this may not tell the whole story regarding underlying pathology. No overt neoplastic criteria is met; however, cannot rule out a precancerous state. Fecal exam is recommended. Broad spectrum anti-parasitic protocol, diet change and Prednisolone trial are all valid if sampling is not an option.

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Eric Lindquist, DMV,
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Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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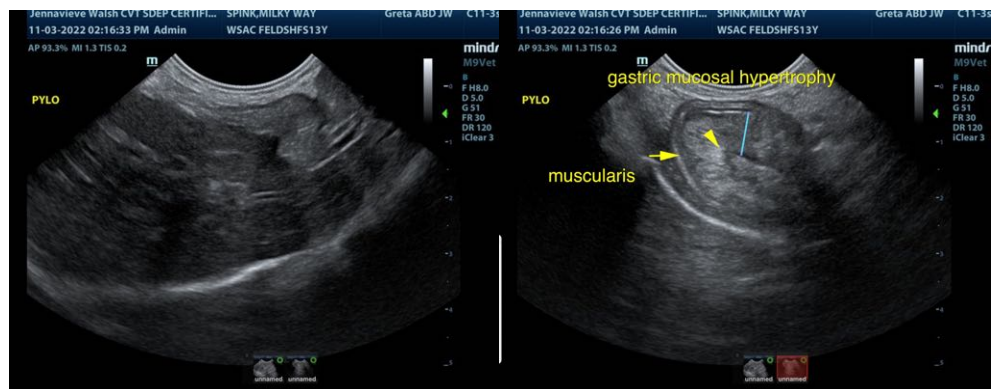
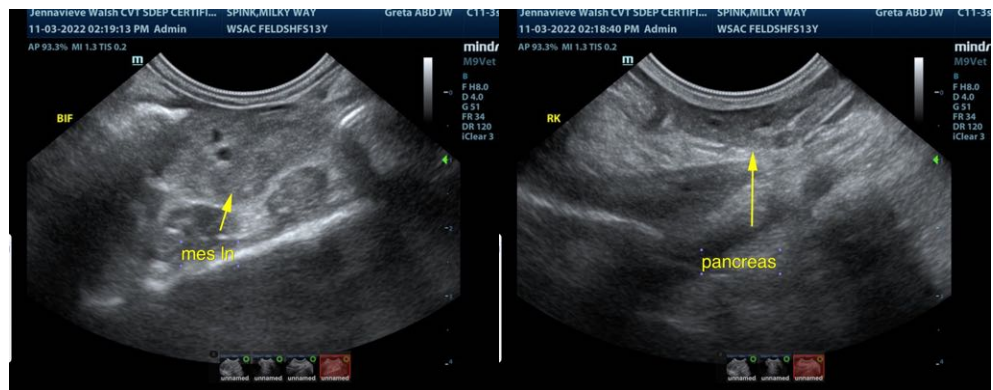
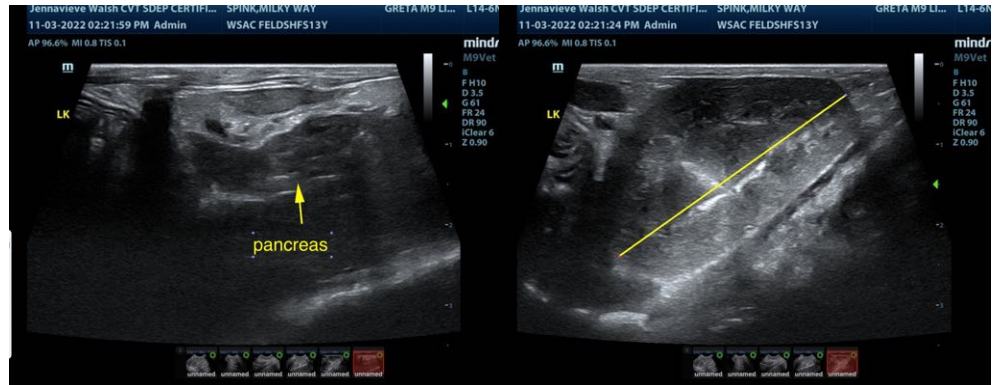
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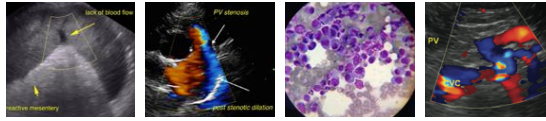
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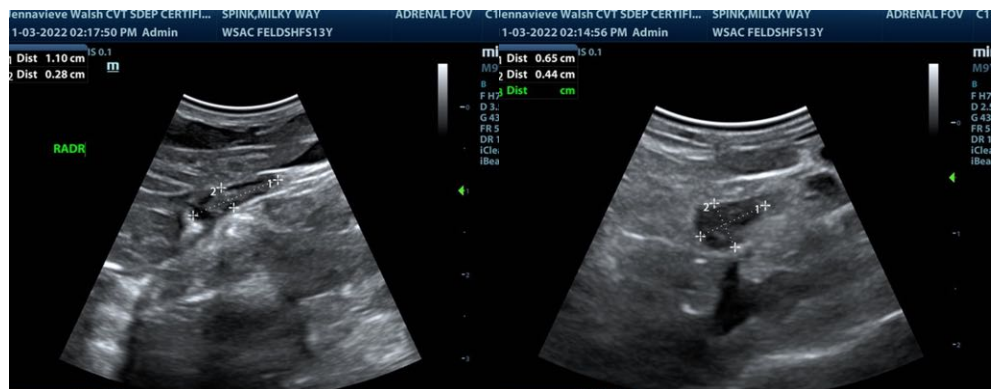
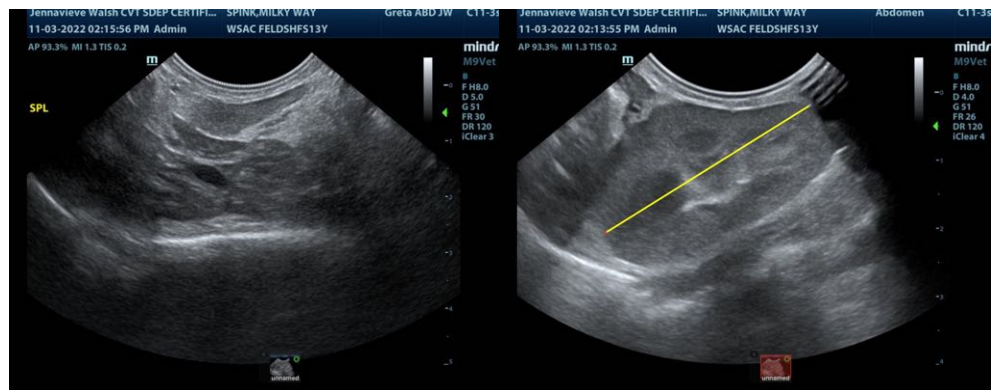
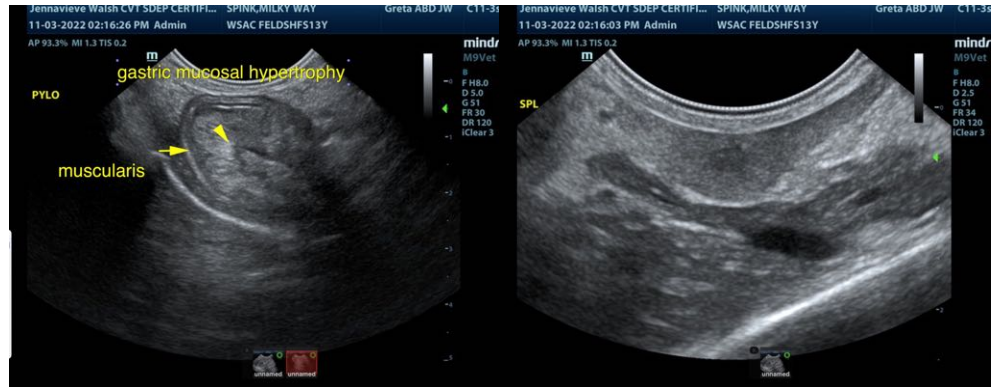
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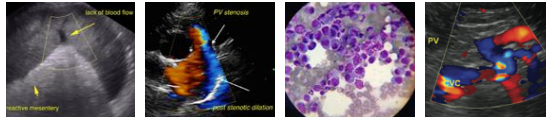
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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