

**PATIENT**

Valentin

**SPECIES**

Mongolo

**BREED**

Feline

**SEX**

Domestic Shorthair

**AGE**

8 years

**WEIGHT**

10.7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Salem AC

**REFERRING VET**

Dr. Sirianni

**DATE**

8/15/23

**Invoice**

46617

**PRESENTING CLINICAL SIGNS**

History: Decreased eating and acute vomiting. Started yesterday. No history of dietary indiscretion. Low grade fever. BARH mm=pink H/L/A - nsf

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings Blood work results: -CBC: clumped platelets - otherwise nsf -Chem: mild stress hyperglycemia, ^ALT of unknown origin (toxin, trauma, infection, Cholang. Hep, etc) -fPL: normal -FeLV/FIV test: neg/neg Current Medications Mirtazapine Radiographic Findings Radiographic findings: -Abdomen: the lateral view reveals what looks like a round mass at the level of his kidneys. There are 3 distinct soft tissue opacities - two kidneys and a third opacity. It does not look to originate from the intestinal tract. This mass is not visible on the v/d view. Conclusion: Abdominal mass. r/o: lymph node, neoplasia, lipoma, open

**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. A minor amount of suspended debris was noted. 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 right kidney measured 4.06 cm. The left kidney measured 4.2 cm.

**Adrenal Glands**

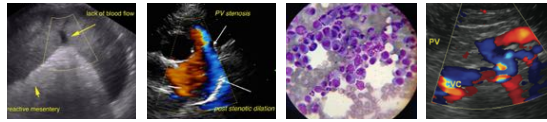
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.33 cm. The right adrenal gland measured

**Spleen**

The **spleen** revealed slight, irregular contour and normal size at 0.9 cm. This is likely a positional variant.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal



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contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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**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.

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**Pancreas**

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The **pancreas** was hypoechoic and irregular with enhanced mesentery in the left limb. A region of approximately 2.0 x 1.5 cm consistent with pancreatitis was noted.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

Left limb pancreatitis.

**WEIGHT**

10.7 lbs

Bladder debris.

Structurally normal GI tract. Inflammatory bowel without structural changes is likely.

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

Urinalysis is warranted if not already performed to assess for any evidence of UTI. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Treatment for pancreatitis is indicated as likely a localized walled off portion of pancreatic pathology even if the FPL is normal. This presentation is classic for pancreatitis and sectoralized to the left base. Left subxiphoid palpation is warranted to assess for discomfort. IV fluid support, broad spectrum antibiotics such as Enrofloxacin and Clindamycin given the history of a fever. Underlying infectious agents such as Toxoplasmosis and Bartonella should be considered. There was no evidence for neoplasia.

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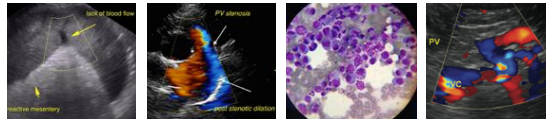
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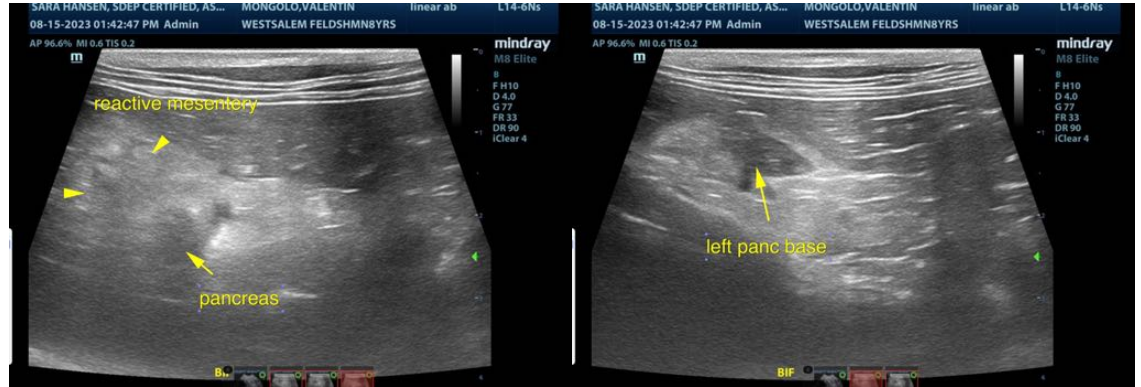
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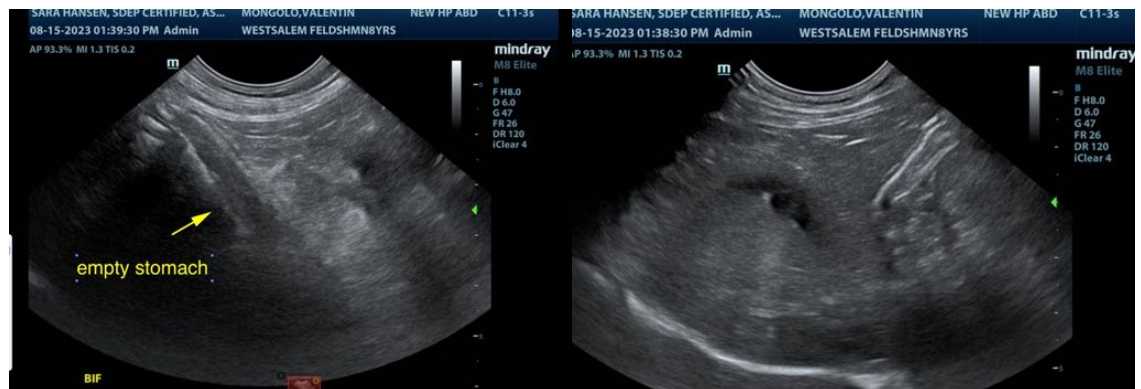
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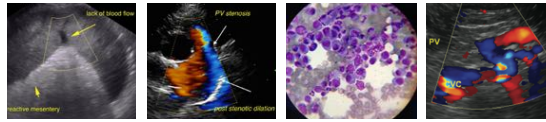
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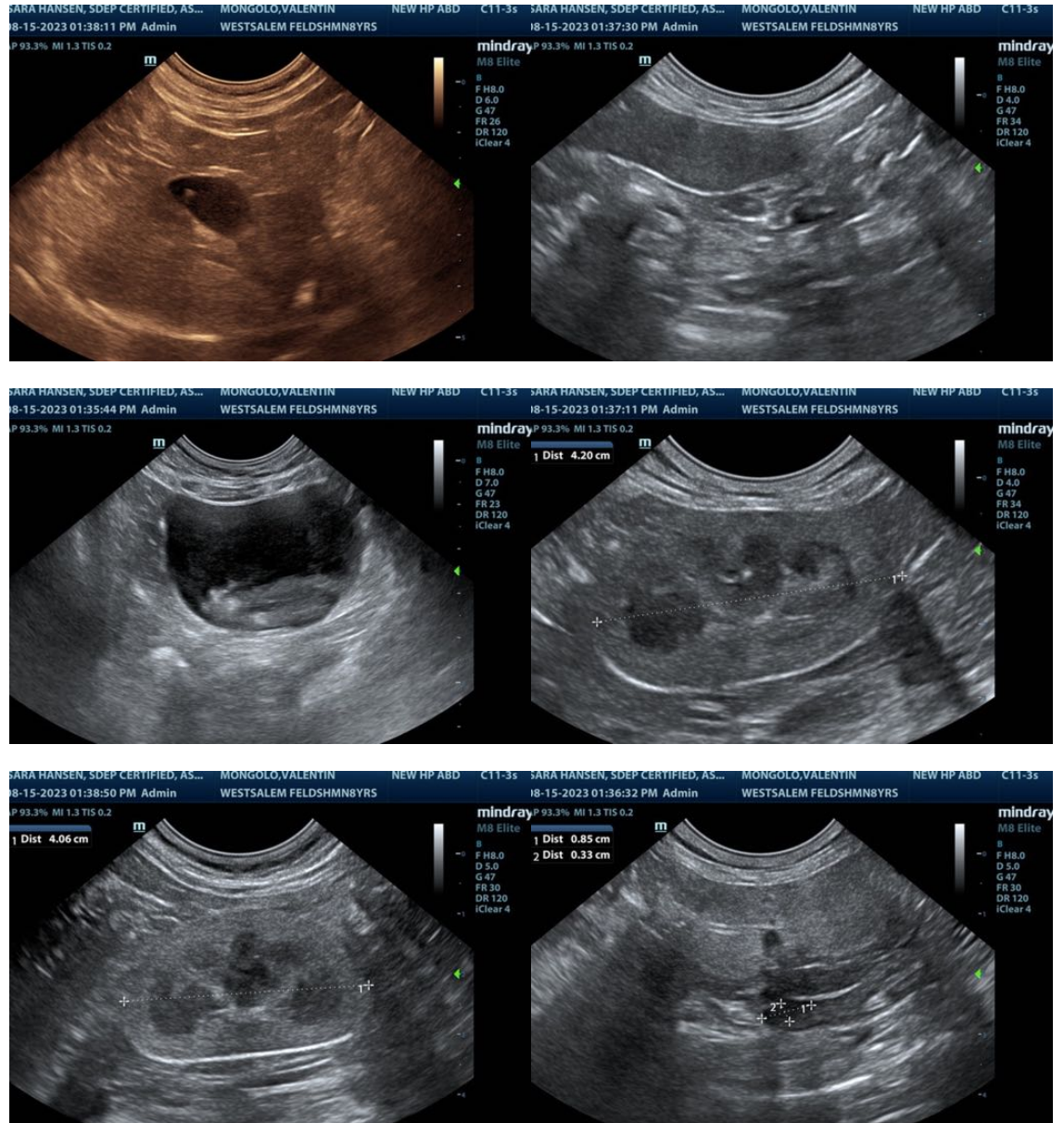
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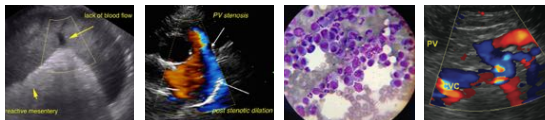


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

CEO of Sonopath.com



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info@SonoPath.com

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