

PATIENT PRESENTING CLINICAL SIGNS

Romona Ange

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

9 years

WEIGHT

8.34 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Elsbree

DATE

9/26/22

Invoice

39609

History: First saw 7-23 with no recent hx on pet. Per o- had been vomiting food for the past 6 months, a few times a week, weight loss. Mass palpated in mid abdomen- golfball size. Discussed options for work up then, o opted to start prednisolone due to finances, but at this point has decided to pursue more diagnostics and approved this ultrasound. We also did bloodwork at the first visit. Abnormal PE/Chem/CBC/UA Results: NSF. cbc- normal, full chem-normal, t4- normal, fiv/felv- neg. No urinalysis. Current Medications Prednisolone 3 mg/mL- 1.5mL daily to eod Radiographic Findings not taken

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 region dorsal to the urinary bladder and region between the bladder and colon revealed a 1.0 cm wide tubular structure with heterogenous parenchymal changes. This is suggestive for uterine origin. This cannot be connected to the intestinal tract and is presumed to be a long uterine stump given the patient's history of undergoing an ovariectomy.

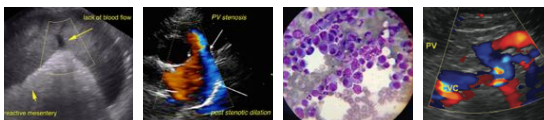
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased 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 measured 3.85 cm. The right kidney measured 4.07 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 0.5 cm. The right 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.



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Liver

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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** was filled with progressively shadowing material. This is consistent with post prandial presentation or possible hairball accumulation. Transit of chyme was noted into the small intestine was noted.

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.

ULTRASONOGRAPHIC FINDINGS

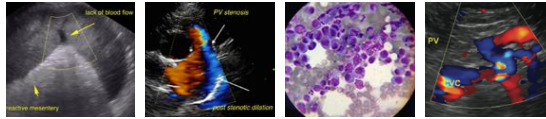
Age related abdominal changes.

Prominent, irregular uterine stump.

There was no evidence of significant disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of masses. The Prednisone may be suppressing a more significant presentation as prior lymphadenopathy suppressed by Prednisolone may be an issue. If the patient is having any reproductive signs such as vaginal discharge then resection of the uterine stump is indicated.



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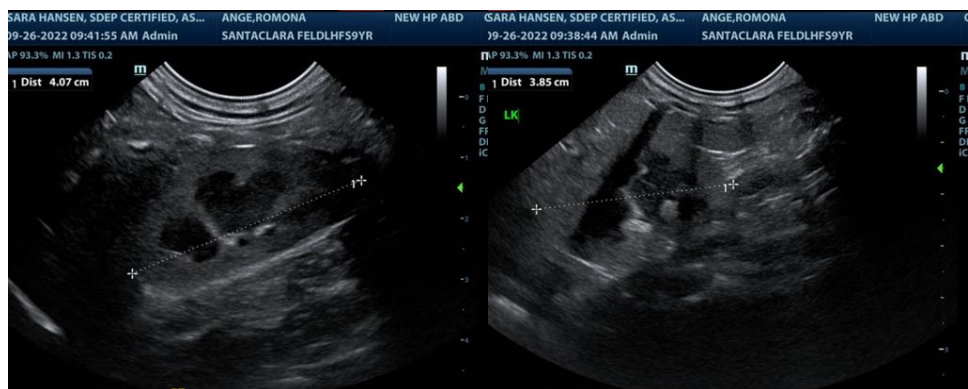
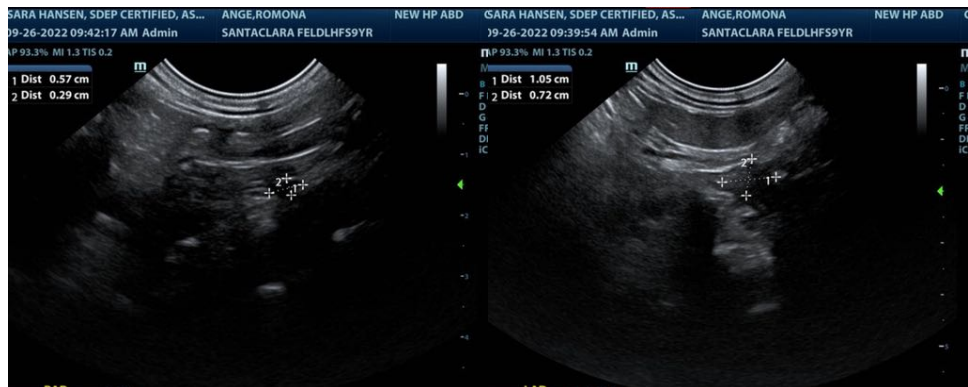
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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