



PATIENT

Bird Vaughan

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

17 years

WEIGHT

5.13 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Ng

INVOICE

43312

DATE

3/16/23

PRESENTING CLINICAL SIGNS

History: Patient with history of IBD, CRD, and heart murmur presents for intermittent vomiting, recent history of vomiting up blood clot. Current med: sucralfate, was on Pred. discontinued recently. Treated with Sub.Q fluids, amlodipine, and Cerenia.
Abnormal PE/Chem/CBC/UA Results: BUN 72, creat. 2.0, K 2.9, WBC 16.6, RBC 2.6, HCT 13. (Reck blood work pending). U/A pending.

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. Non-obstructive corticomedullary calculi were noted. The left kidney revealed minor pyelectasia and slight pericapsular free fluid. Echogenic debris was noted in the renal pelvis.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 0.57 cm. The left adrenal gland measured 0.37 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** 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 contour. The cystic duct was tortuous, which is an age related change. The common bile duct was normal and measured 0.3 cm.



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Gastrointestinal

The upper **gastrointestinal tract** was empty and unremarkable with normal curvilinear patterns. However, the ileocecal region appeared mildly thickened. The mesenteric lymph nodes were mildly enlarged and measured 1.0 x 0.5 cm.

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.

Free Abdomen

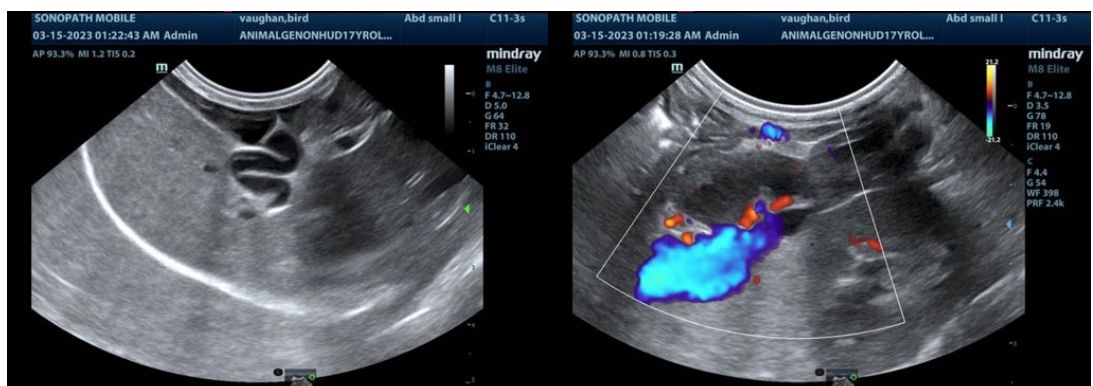
The cause of the free fluid is unclear. It may be owing to underlying nephritis given the localization of the fluid around the left kidney.

ULTRASONOGRAPHIC FINDINGS

- Free fluid.
- Mildly enlarged mesenteric lymph nodes.
- Mildly thickened ileocecal region.
- Age related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally ultrasound-guided abdominocentesis is warranted. Full urinary work-up is indicated. CBC path review is warranted +/- bone marrow aspirate given the severe anemia. Blood transfusion is indicated. Chronic inflammatory bowel is likely; however, there was no overt neoplastic criteria met at this time. The prognosis is open. I am concerned for bone marrow disease in this patient if anemia is confirmed and non-regenerative. The Prednisone therapy may be suppressing a more significant presentation.





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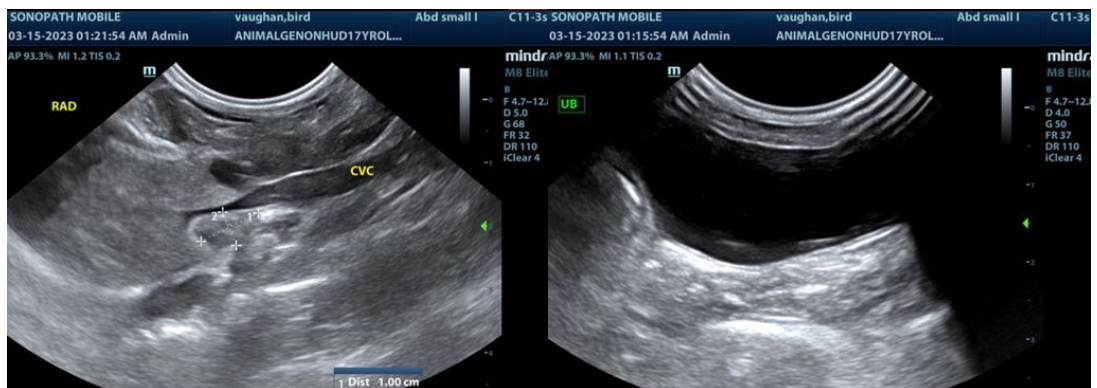
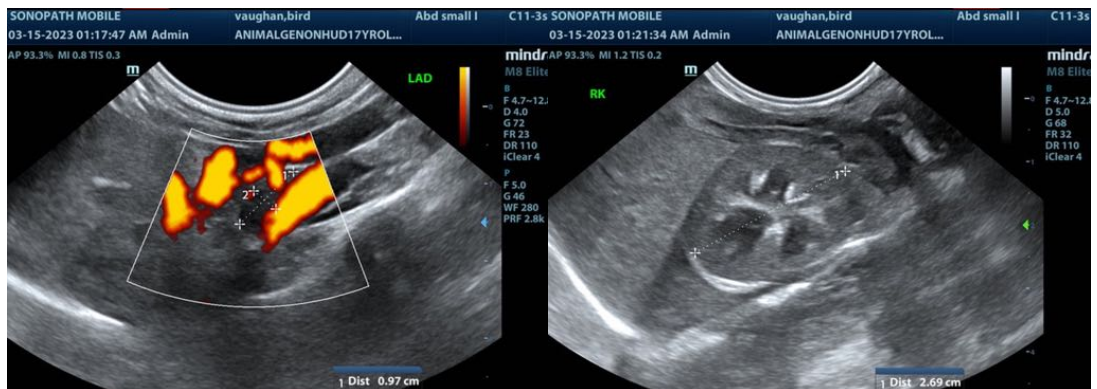
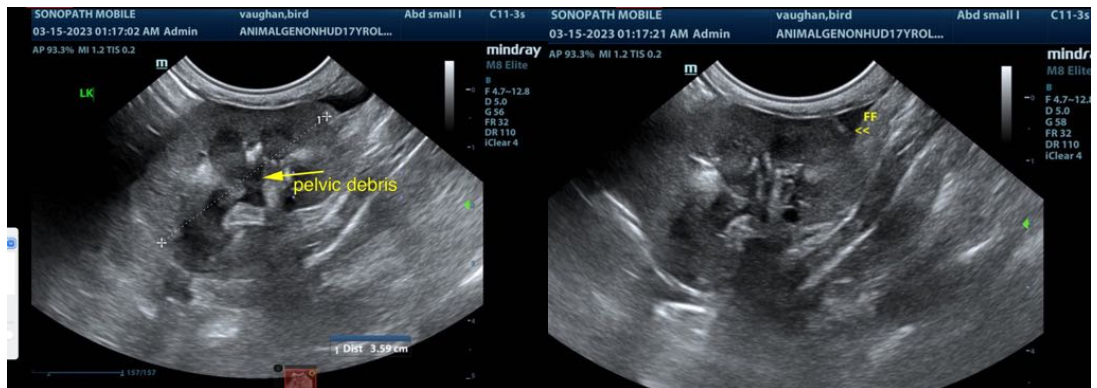
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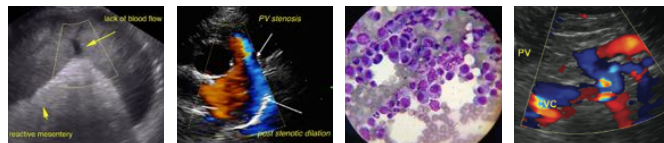


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Info@SonoPath.com



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