



PATIENT

Misty Porter

PRESENTING CLINICAL SIGNS

History: Inappetence x 3 days. Current meds: Buprenex, Metronidazole, Maropitant, Torb iv for u/s. Cysto-pending, FPLi abn. Leukocytosis w/L shift, Bun 60, Hct 52.4

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.86 cm. The right kidney measured 3.86 cm.

WEIGHT

11.7 lbs

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 0.4 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

HOSPITAL NAME

Animal Care Center of
Flanders

Liver

The **liver** was hypoechoic and irregular in contour. The gallbladder and common bile duct were unremarkable.

REFERRING VET

Dr. Villari

Gastrointestinal

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43309

Examination of the **gastrointestinal tract** revealed an unremarkable stomach. Variable small intestinal thickening was also noted. The descending colon was thickened in this patient with loss of mural detail. The colonic wall measured 2.2 cm at the level of the cystourethral junction with surrounding free fluid. The proximal colon was also thickened with reactive surrounding mesentery.

DATE

3/16/23



PATIENT *Pancreas*

Misty Porter The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery.

SPECIES *Free Abdomen*

Feline Trace amounts of free fluid were noted.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

Colonic thickening with loss of detail.

SEX

Variable small intestinal thickening.

Spayed female

Heterogenous, irregular pancreas.

AGE

Free fluid.

12 years

Irregular liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for emerging round cell neoplasia involving the colon and liver. Abdominocentesis and cytospin is also warranted. Treatment for colitis and pancreatitis are warranted in the meantime until cytology can be evaluated. Round cell neoplasia versus carcinomatosis, colitis, inflammatory bowel and pancreatitis are all possible. Sampling of the descending colon would likely be best served in the most caudal portion of the infiltrative pattern. Exfoliation may be challenging.

WEIGHT

11.7 lbs

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IMAGING PERFORMED BY

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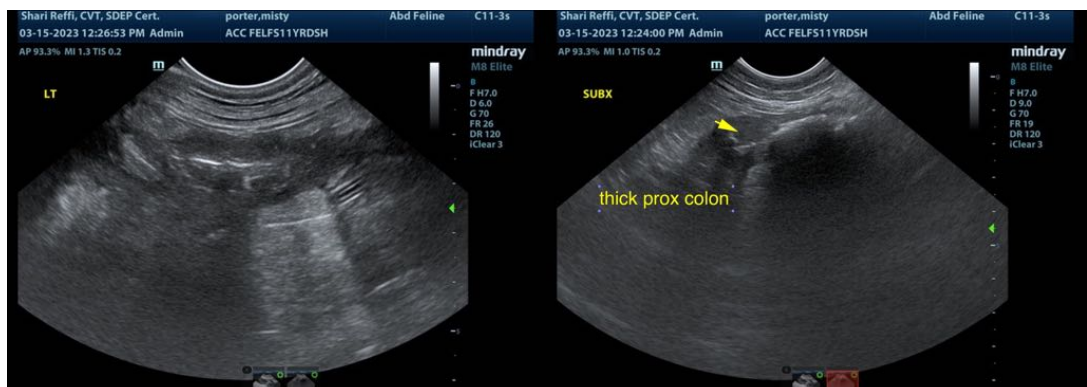
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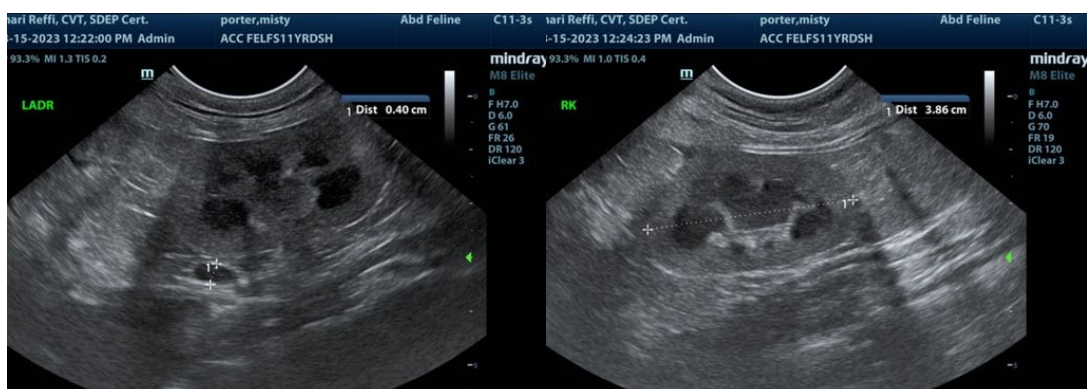
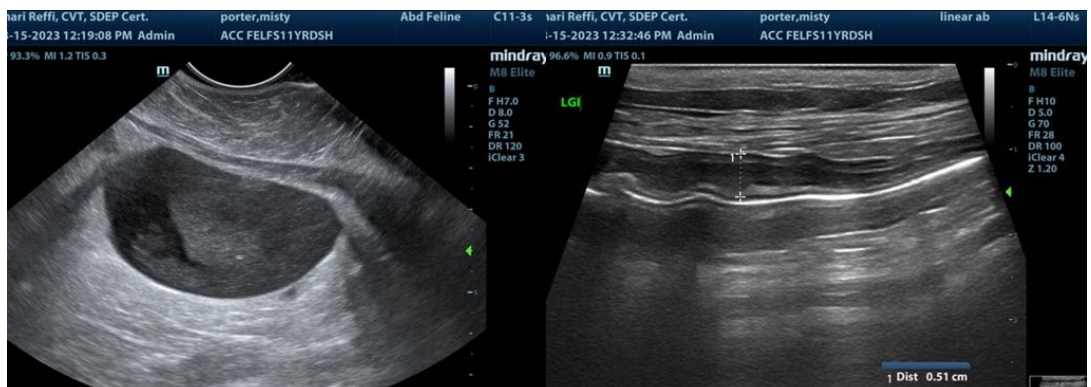
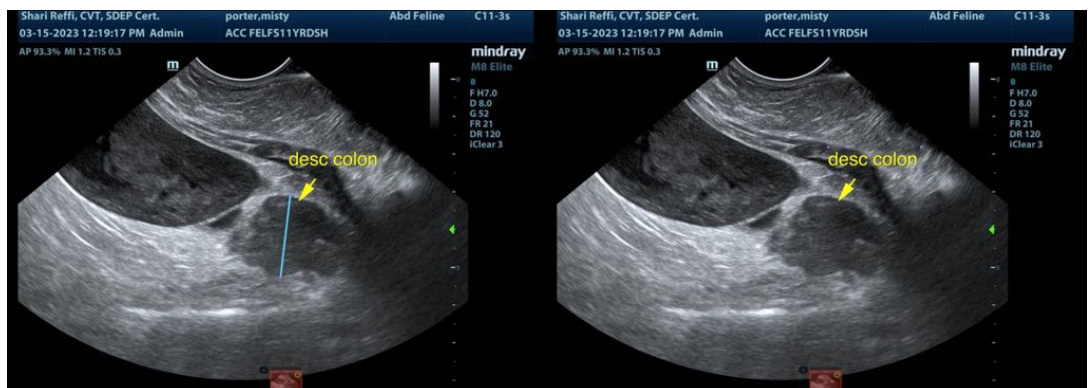
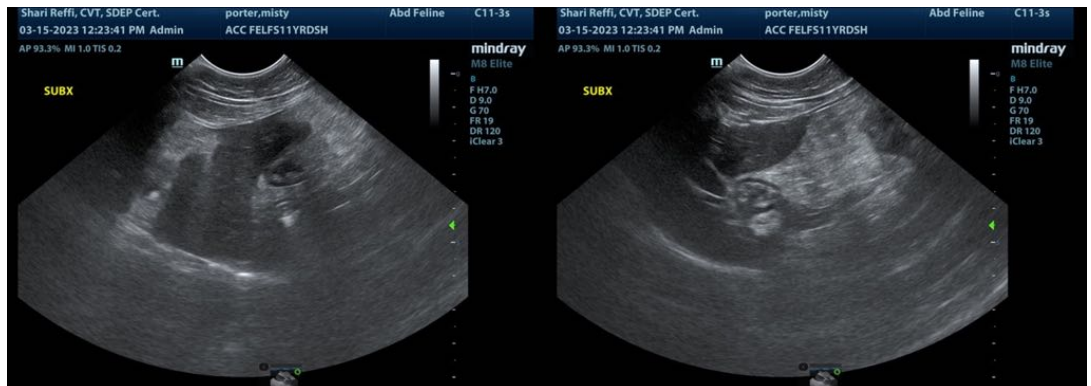
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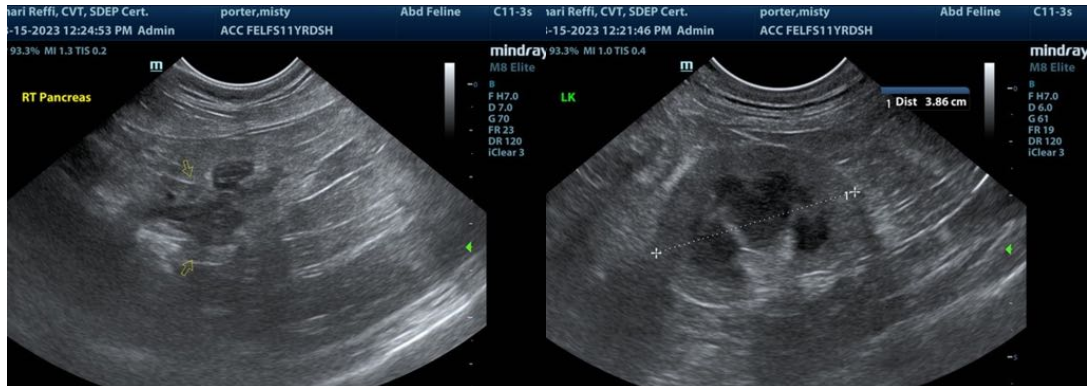
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Info@SonoPath.com