



PATIENT

Esme Stanley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Cattiny

INVOICE

43509

DATE

3/27/23

PRESENTING CLINICAL SIGNS

History: Inappetence, elevated liver values. Concern for hepatic lipidosis.
Abnormal PE/Chem/CBC/UA Results: ALT 196, ALP 554, Chol. 0.9, mono 1.02. Reck bloods pending. PLTs 0.45, HCT 44.8, PCV/TP WNL, Coag. WNL.

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 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 right kidney measured 3.19 cm. The left kidney measured 3.0 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 right adrenal gland measured 0.84 x 0.4 cm. The left adrenal gland measured 0.23 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** revealed slight coarse architecture with uniform parenchyma. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio.



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The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Some areas of early loss of mural detail was noted in the small intestine. The mesenteric lymph nodes are enlarged, irregular and hypoechoic measuring 2.0 x 1.0 cm with reactive surrounding mesentery.

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Pancreas

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The **pancreas** was hypoechoic and mildly irregular.

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Multicentric lymphadenopathy.

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Minor intestinal thickening.

Prominent pancreas.

Non-specific inflammatory hepatopathy pattern, likely reactive from GI and pancreatic presentation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness intestinal and lymph node biopsies may be necessary in this patient. I am most concerned about the intestinal tract and lymph nodes. Evaluation of the cytology from the liver is indicated. However, surgical biopsies may be the best option in this patient of the GI tract and lymph nodes. Emerging round cell neoplasia cannot be completely ruled out; however, inflammatory bowel lymphadenitis, low-grade pancreatitis and reactive liver are most likely.

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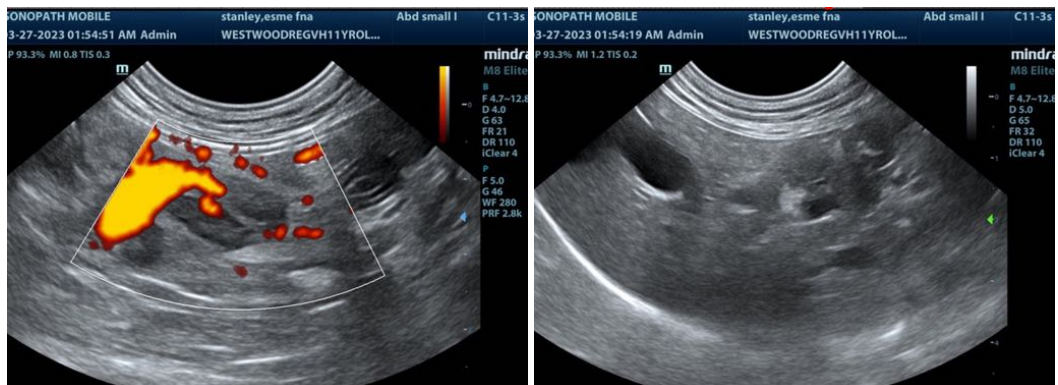
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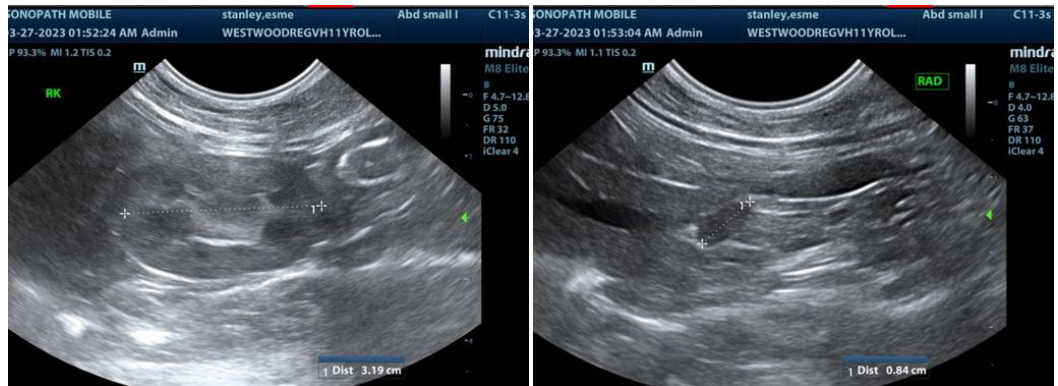
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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