



PATIENT

Ethel Broder

SPECIES

Feline

BREED

Siamese

SEX

Spayed female

AGE

13 years

WEIGHT

9 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. Dima

INVOICE

44742

DATE

6/14/23

PRESENTING CLINICAL SIGNS

History: Patient presents for chronic vomiting, decreased appetite, and weight loss.
Abnormal PE/Chem/CBC/UA Results: Superchem/CBC/T4 and maldigestion profile all 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 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 3.2 cm. The right kidney measured 3.28 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.

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 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.



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Gastrointestinal

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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. The mesenteric lymph nodes are slightly rounded and hypochoic measuring up to 0.5 cm.

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Pancreas

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The **pancreas** was hypochoic and irregular with undulating contour. Mildly enhanced surrounding mesentery was noted. This is suggestive for inflammation.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed female

Pancreatitis presentation with slight mesenteric lymphadenopathy, minor potential for emerging round cell neoplasia or pancreatic carcinoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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FNA of the pancreas would be ideal for further definition, to rule out carcinoma and assess for necrosis. Treatment for pancreatitis is recommended with IV fluid support, broad spectrum antibiotics, diet change to a hydrolyzed geriatric diet are all potentials in this patient. Chest radiographs are warranted to assess for metastatic disease. Maldigestion panel would be appropriate.

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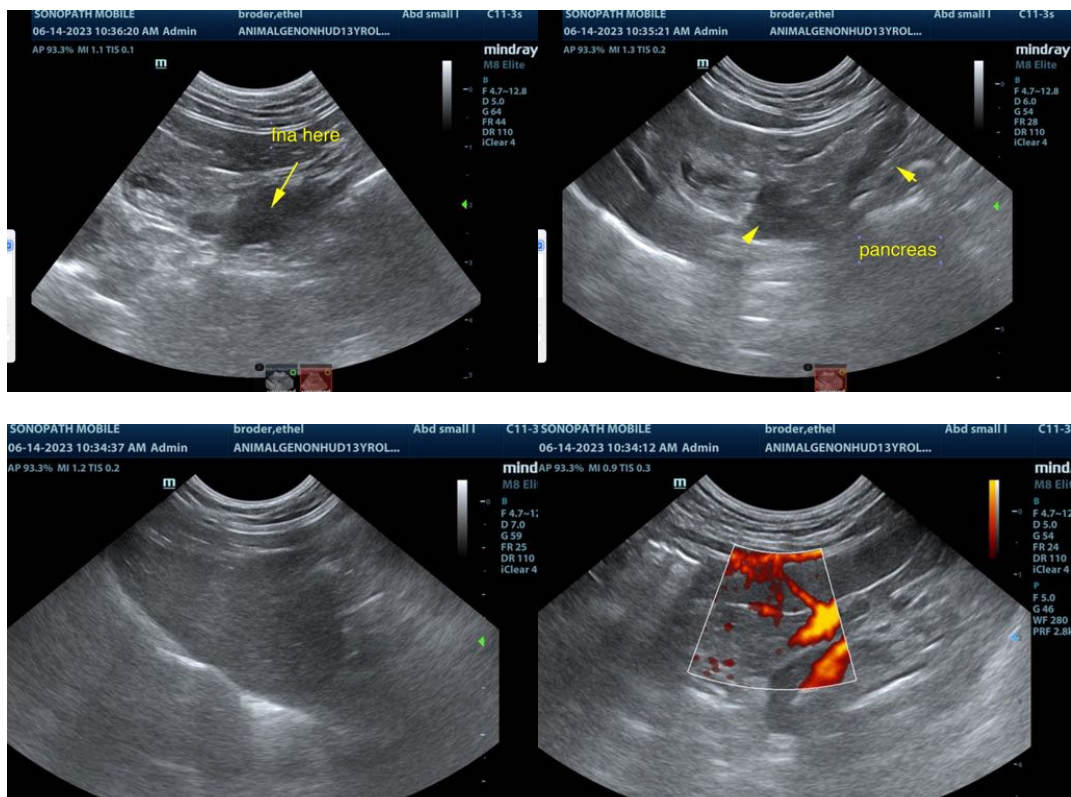
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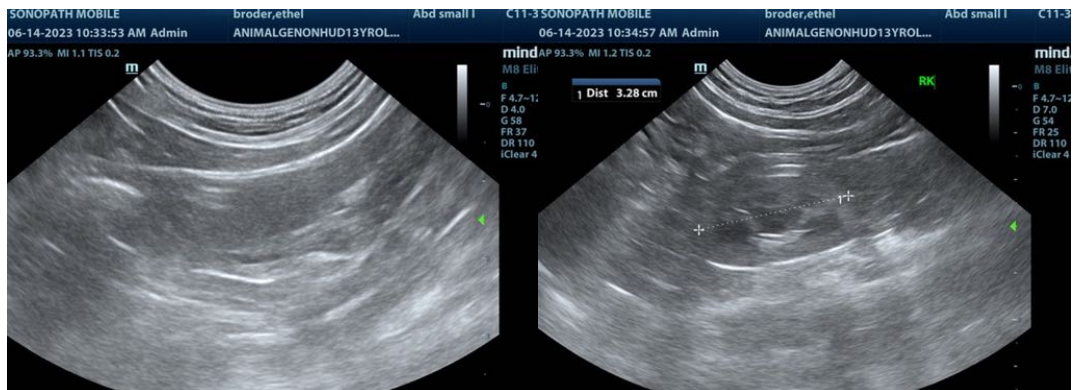
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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