

**PATIENT**

Minnie Allen

**PRESENTING CLINICAL SIGNS**

Chronic vomiting and weight loss.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Longhair

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.

**SEX**

Spayed female

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 3.45 cm. The right kidney measured 4.0 cm.

**AGE**

7 years

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 0.46 cm. The right adrenal gland measured 0.4 cm.

**IMAGING PERFORMED BY**

Eric Lindquist, DMV  
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**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.

**HOSPITAL NAME**

Franklin Lakes AH

**REFERRING VET**

Dr. Pomerantz

**Liver**

The **liver** revealed slight coarse architecture. The gallbladder wall was slightly echogenic with mildly increased portal markings and remodeling. There was no evidence of masses.

**INVOICE**

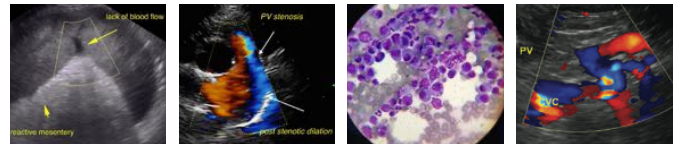
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**DATE**

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**Gastrointestinal**

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



**PATIENT**

**Pancreas**

Minnie Allen

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. A region of hypoechoogenicity was noted and measured 1.0-1.2 cm in the right limb with hyperechoic inflamed fat. This is suggestive for low-grade pancreatitis. Pancreatic duct and capsular irregularities were present consistent with age related changes.

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Feline

**BREED**

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**ULTRASONOGRAPHIC FINDINGS**

Mild chronic hepatic changes and heterogenous pancreatic changes, suggestive for focal manifestation of chronic triad disease even though structurally the GI tract appears unremarkable as often an underlying inflammatory bowel can be structurally normal.

**SEX**

Spayed female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

7 years

Given this patient's history focal manifestation low grade pancreatitis, historic inflammatory hepatopathy and potential GI signs suggest a triad syndrome. There was no evidence of neoplasia. Malassimilation of nutrients may be playing a role in the weight loss or occult neoplasia elsewhere that is not manifesting structurally. Full CNS and thoracic examination is warranted to ensure that comorbidity is not present.

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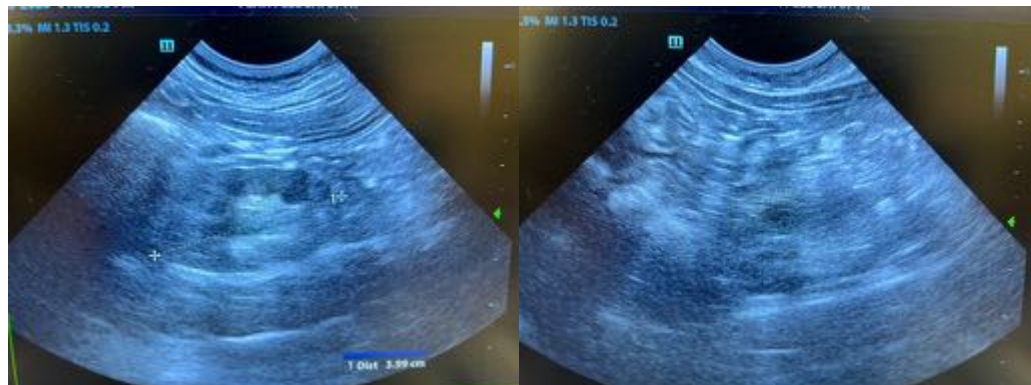
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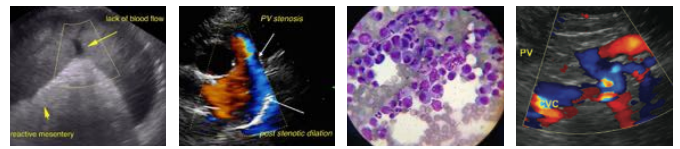


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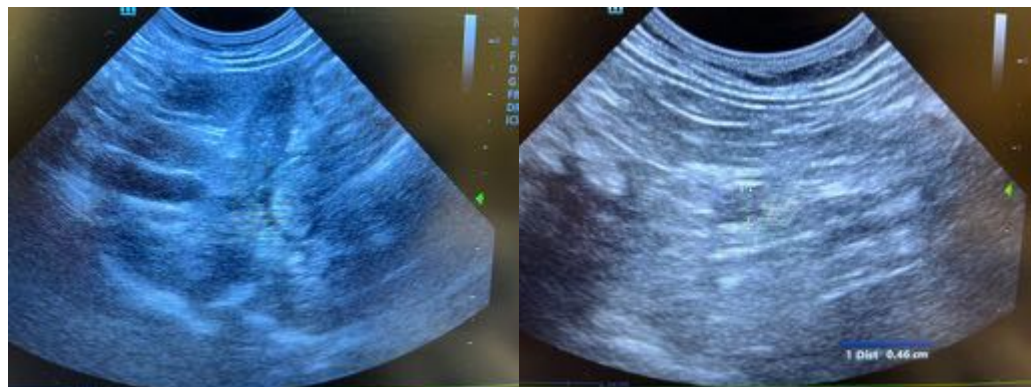
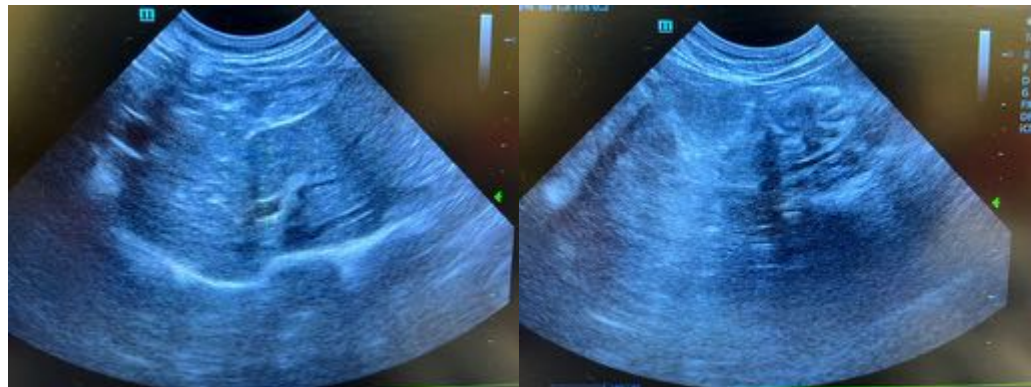
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**INVOICE**

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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.

**DATE**

6/15/23

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