



PATIENT PRESENTING CLINICAL SIGNS

Lizzie Negri History: Hyperthyroid patient that O cannot medicate. When temporarily on meds (transdermal 5mg) sid, cat vomited. Pet still has good appetite and otherwise wnl. Current meds: Cerenia (0.4ml) given Friday.

SPECIES Abnormal PE/Chem/CBC/UA Results: Alk phos 113 (102 H); ALT 173 (100 H)

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Domestic Shorthair

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

AGE

13 years

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 this age patient. Medullary structure differed distinctly from that of the cortex. Minor pyelectasia was noted in the left kidney. This may be owing to pelvic scarring or possible UTI depending on urinalysis results. The left kidney measured 3.7 cm. The right kidney measured 4.0 cm.

WEIGHT

9.11 lbs

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 right adrenal gland measured 0.52 cm. The left adrenal gland measured 0.42 cm.

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

HOSPITAL NAME

Animal Mansion

The **spleen** was at the upper limits of normal, yet uniform and measured 0.97 cm. The spleen revealed hyperechoic lipogranulomatous nodule that measured 0.67 cm.

REFERRING VET

Dr. Parker

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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PATIENT

Lizzie Negri

Gastrointestinal

SPECIES

Feline

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes were reactive and the largest measured 1.87 x 0.51 cm.

BREED

Domestic Shorthair

Pancreas

The right **pancreatic** limb revealed a hypochoic 0.65 cm nodule.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

13 years

Mesenteric lymphadenopathy, reactive pattern.

Slightly prominent spleen. Benign lipogranulomatous splenic nodule.

Pancreatic nodule, subjectively benign.

WEIGHT

9.11 lbs

Full stomach.

Likely reactive/inflammatory hepatopathy.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend general medical support +/- FNA of the mesenteric lymph nodes and liver; however, these organs appear reactive and benign.

IMAGING PERFORMED BY

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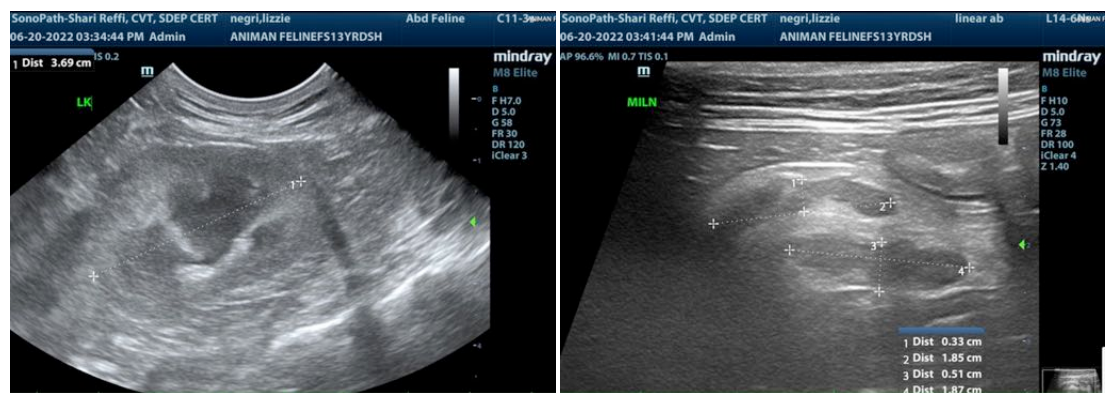
Dr. Parker

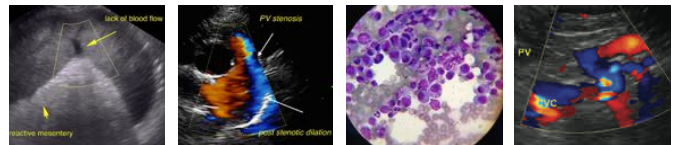
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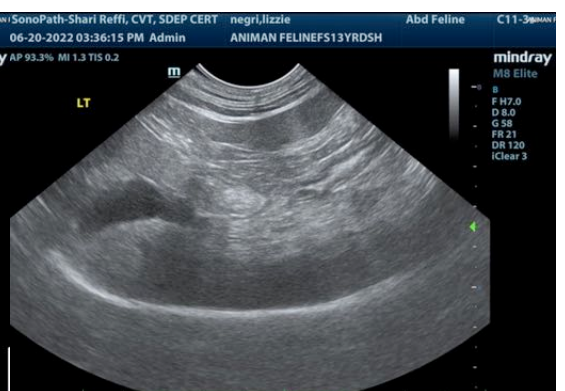
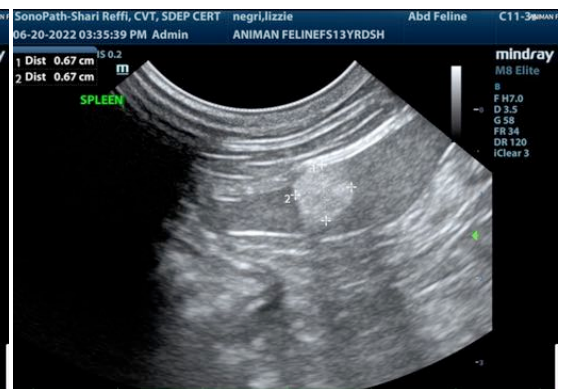
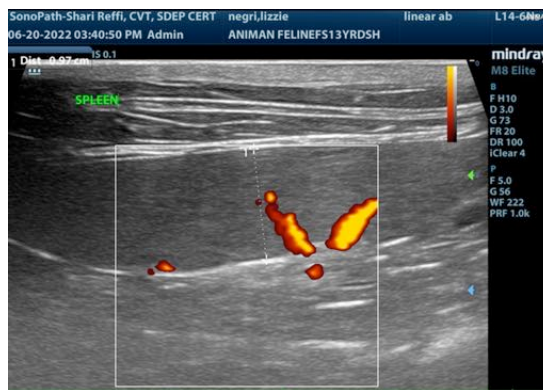
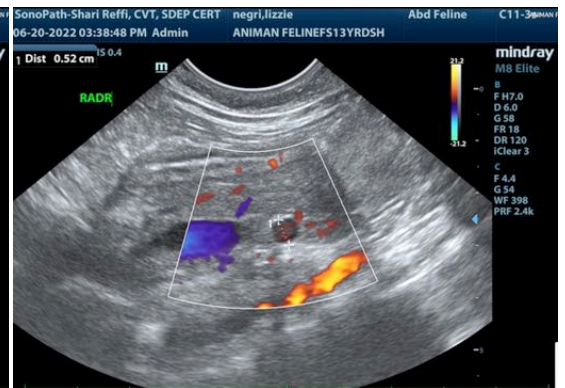
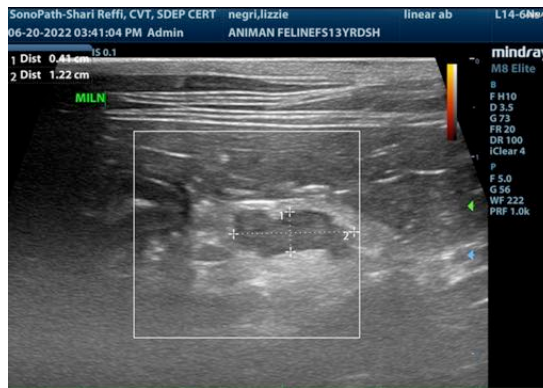
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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