



PATIENT

Madame Mim
Echevarria

SPECIES

Feline

BREED

Persian

SEX

Spayed Female

AGE

8 Years

WEIGHT

9.5 Pounds

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

**IMAGING
PERFORMED BY**

Jessica Miller, RDMS

HOSPITAL NAME

AH of Roxbury

REFERRING VET

Dr. Hickenbottom

INVOICE

23967

DATE

8/18/23

PRESENTING CLINICAL SIGNS

History: Routine / follow-up ultrasound- monitoring GI / pancreas changes + hx of bladder stones.
Current meds: ursodiol

Abnormal PE/Chem/CBC/UA Results: ALT 191

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder, trigone and visible pelvic urethra were normal in tone and thickness. The bladder contents were mainly anechoic with echogenic sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra. The ureters were not visible, which is normal. The urethra was visualized to a distance of 3.0 cm beyond the cystourethral junction.

Both kidneys were subnormal in size with a mildly irregular capsule contour. The cortex was diffusely hyperechoic. There was hypertrophy of the cortex, resulting in an altered corticomedullary ratio. There was a mild loss of corticomedullary distinction. The left kidney measured 2.5 cm in length. The right kidney measured 3.5 cm in length. There was a cortical infarct in the right kidney, as previously noted, appears unchanged. The left kidney appears unchanged.

The iliac trifurcation was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. There was no iliac lymphadenopathy.

Adrenal Glands

Both adrenal glands were visualized and normal in size, ovoid shape and homogenous parenchyma. There was no visible capsular expansion or pericapsular inflammation. The left adrenal gland measured 0.4 cm in width. The right adrenal gland measured 0.4 cm in width.

Spleen

The spleen was normal in size, shape, and position. There was a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease. The vasculature showed no evidence of thrombus and good vascularity with power doppler.

Liver/Gallbladder

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and normal portal markings. The hepatic vasculature was normal in volume and structure. There was no evidence of inflammatory, neoplastic, infectious, or infiltrative disease. The gallbladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal

The stomach was largely empty with normal size shape and position. The stomach wall was normal in thickness and maintained appropriate layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. Normal peristalsis was present. The visible colon wall was normal in thickness and layering, there were no



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visible masses or focal lesions. The ICJ was clearly visualized and appeared normal in structure with no inflammation.

Pancreas

The pancreas was mildly increased in size in places with a very mild capsule irregular contour. The parenchyma was hypoechoic to hyperechoic in areas. There is no active inflammation visible and these changes are largely as expected for previous bouts of pancreatitis.

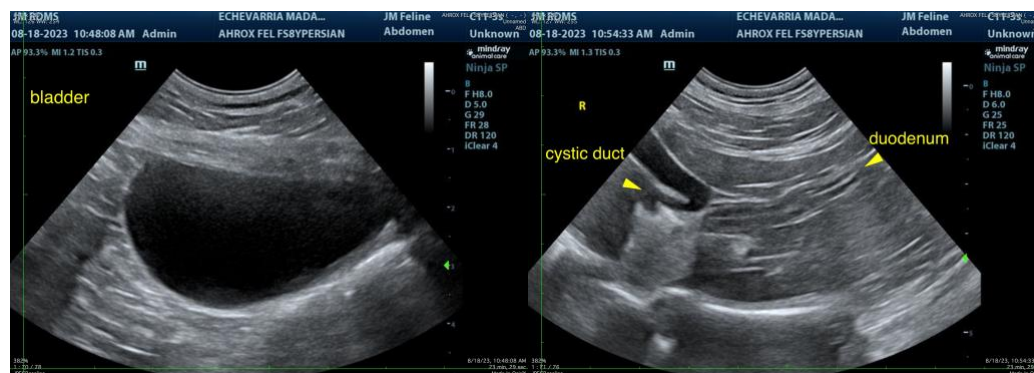
ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic kidney disease with old infarcts in both kidneys- These appear unchanged from the previous sonogram with no active inflammation.
- Heterogenous pancreatic changes- consistent with previous bouts of pancreatitis and no active inflammation currently.
- Structurally normal GI tract
- No evidence of bladder stones currently.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This ultrasound is largely similar to the previous study, however, the GI changes appear resolved currently, as can happen with inflammatory bowel disease between bouts of recurrence. The renal disease appears stable. There is no evidence of new bladder stone formation and the bladder wall looks normal with no inflammation or thickening. The pancreatic changes don't appear currently active and are likely residual from previous bouts of pancreatitis.

I would recommend staying on the current treatment protocol and recheck ultrasound in one year or sooner if any clinical changes.





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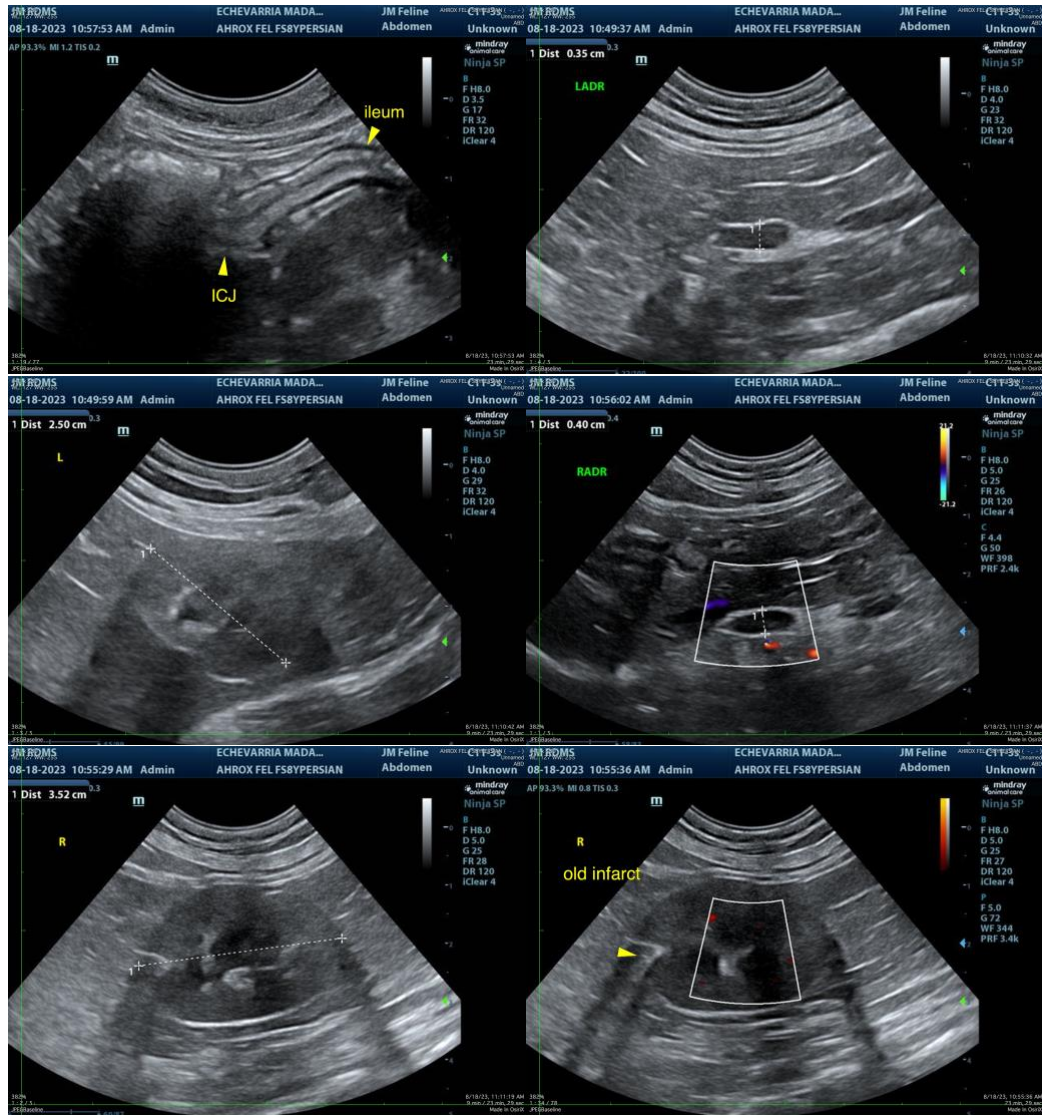
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com