



**PATIENT**

Willow Atkinson

**SPECIES**

Feline

**BREED**

Domestic Medium Hair

**SEX**

Spayed female

**AGE**

1 years

**WEIGHT**

11 lbs

**INTERPRETED BY**

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline)

**IMAGING  
PERFORMED BY**

Kaitlyn McDaniel

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Dr. Anderson

**INVOICE**

46524

**DATE**

8/9/23

**PRESENTING CLINICAL SIGNS**

History: One week history of poor appetite, lethargy, and painful when picked up.  
Abnormal PE/Chem/CBC/UA Results: PE: Exam done once sedate. Teeth and nails before that. Mild periodontal disease only. UA: SG >1.050, pH 6.5, clear sediment Full panel pending.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no visible sediment or uroliths. The ureters were not visible, which is normal. The trigone was normal. The pelvic urethra was visualized to a depth of 2.2 cm and was normal in thickness and tone.

Both kidneys were of a normal size and shape. The capsule contour was smooth. Normal corticomedullary distinction was present with a normal 1:3 cortex to medulla ratio. The cortex was normal in echogenicity. There was no pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 cm in length.

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 5.0 mm in width. The right adrenal gland measured 4.0 mm in width.

**Spleen**

The spleen was mildly enlarged in size with a smooth capsule contour. The parenchyma was finely textured with no evidence of nodules or masses. The spleen measured 1.0 cm in width at the splenic hilus.

**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.



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**Gastrointestinal**

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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 visible masses or focal lesions.

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**Pancreas**

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The left pancreas was isoechoic to the surrounding mesentery with no visible inflammation and a smooth capsular contour. The right pancreatic limb was enlarged and moderately hypoechoic. The capsule was mildly irregular and the duct was tortuous. The right pancreatic limb measured 1.3 cm in width.

**AGE**

1 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

11 lbs

- Right limb pancreatic inflammation
- Mild splenomegaly – ddx secondary to sedation or reactive splenitis most likely
- Structurally normal abdomen otherwise

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Supportive care for suspected right limb pancreatitis is recommended. The spleen is mildly thickened with a normal capsule contour and parenchyma. This is most consistent with congestion from the sedation. There was no other visible pathology in the abdomen.

**IMAGING PERFORMED BY**

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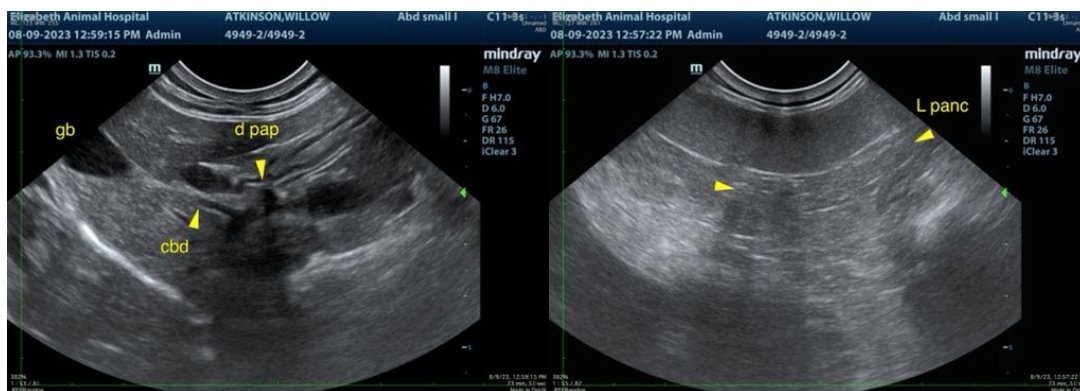
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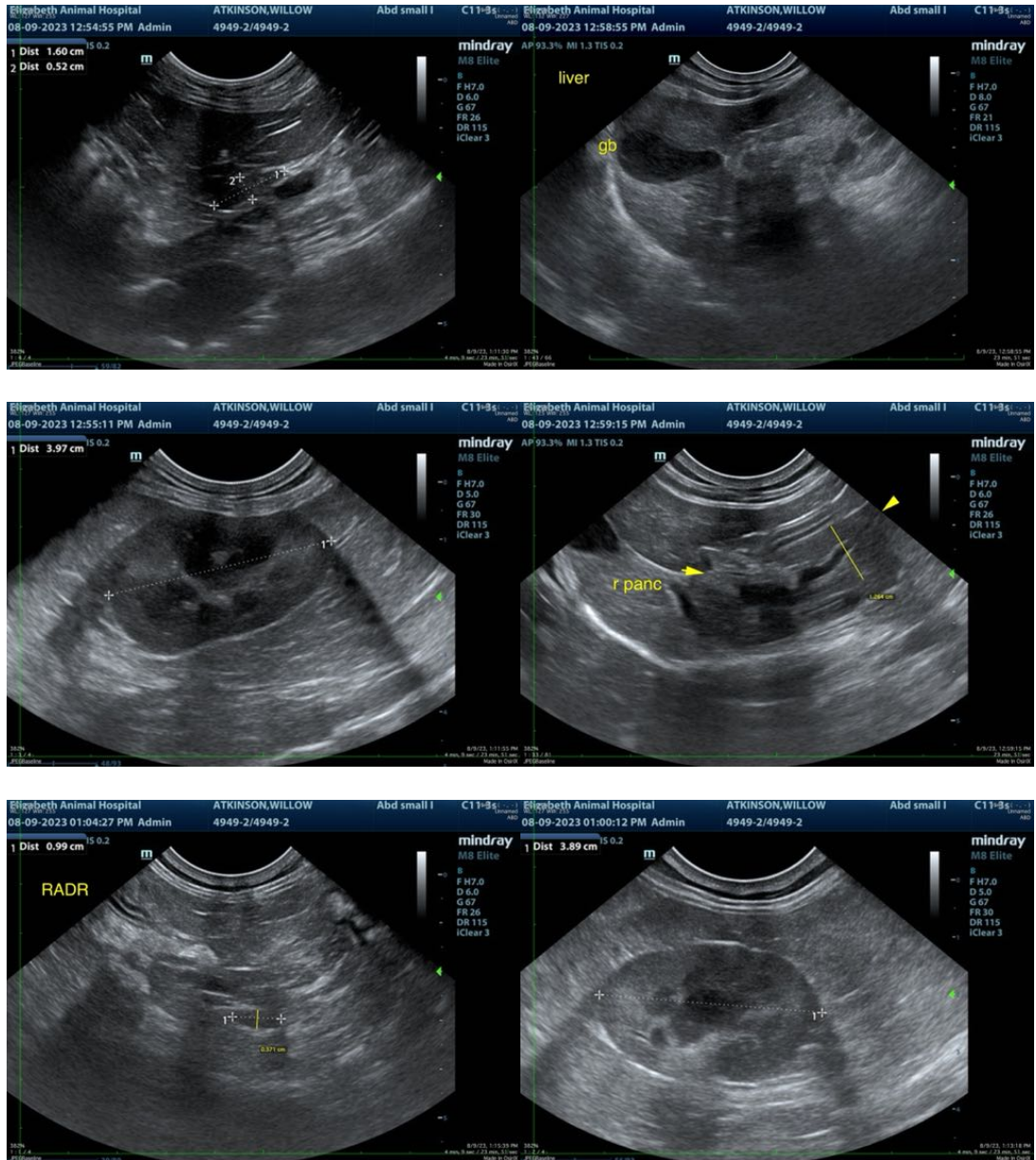
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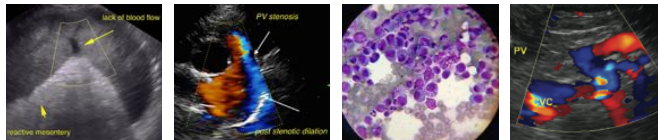
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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