

IMAGING PERFORMED BY

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**SonoPath**

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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**DATE PRESENTING CLINICAL SIGNS**

2/24/22 Vomiting since Monday, decrease in eating. Still drinking fine.

**PATIENT**

Current Medications: Clindamycin- 0.2 IM Ampicillin-0.7 SQ

Cash Canby

Lab Results: Elevated WBC >44,000 Neut > 40,000

**SPECIES**

Radiographs: Attached.

Feline

Date of Previous IntraPet Ultrasound:

Sedation: Sedation utilized.

Stat Report: STAT Requested.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Male

**AGE**

The right kidney is normal in size (3.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

2021

**WEIGHT**

The left kidney is normal in size (3.75 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

6 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Adrenal Glands**

The right adrenal gland is normal in size (0.28 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

The left adrenal gland is normal in size (0.40 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

White Marsh AH

**Spleen**

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/motheaten appearance/heterogeneous in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

**REFERRING VET**

Dr. Danna

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

**INVOICE**

35834

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### ***Gastrointestinal***

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease. The ileum is overall thick, measuring 0.43 cm thick with normal layering present.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Strong acoustic shadow noted, likely secondary to the reported barium study.

### ***Pancreas***

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### ***Free Abdomen***

There is no evidence of peritoneal effusion. Diffuse lymphadenopathy is noted throughout the abdomen with mesenteric lymph nodes being the most prominent, hypoechoic with normal, elongated shape.

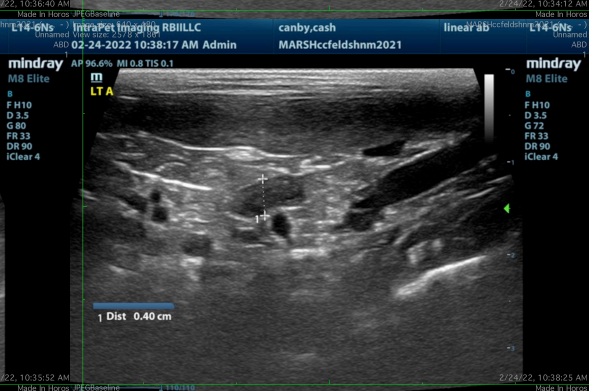
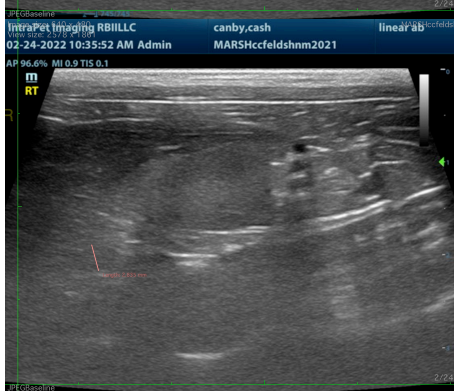
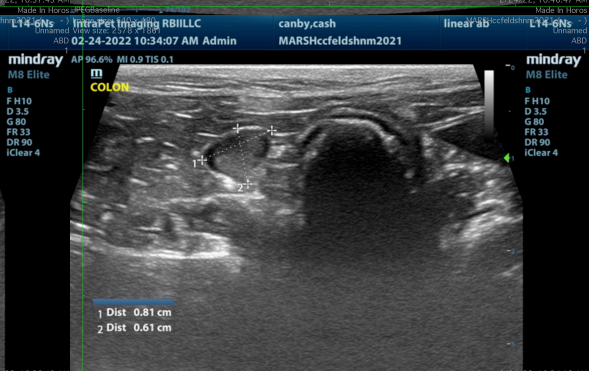
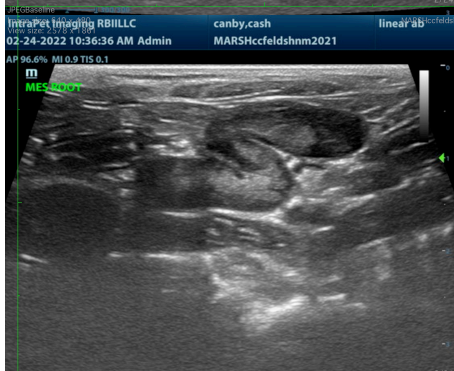
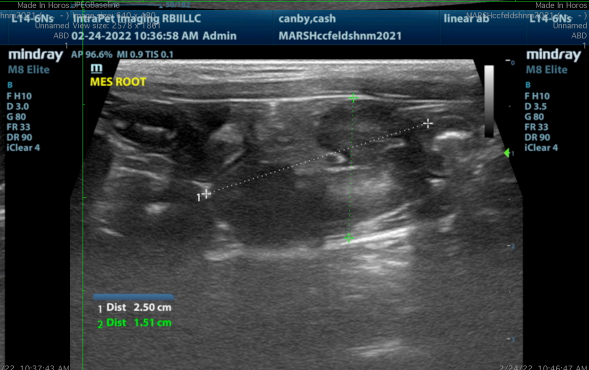
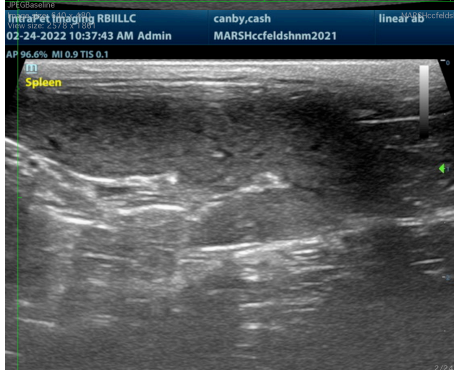
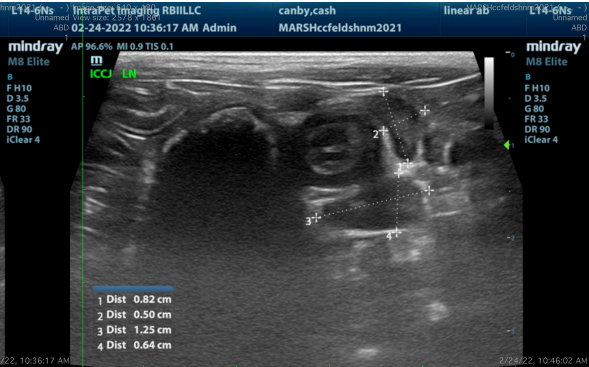
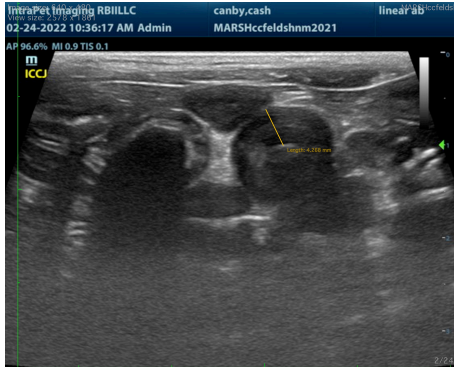
## **ULTRASONOGRAPHIC FINDINGS**

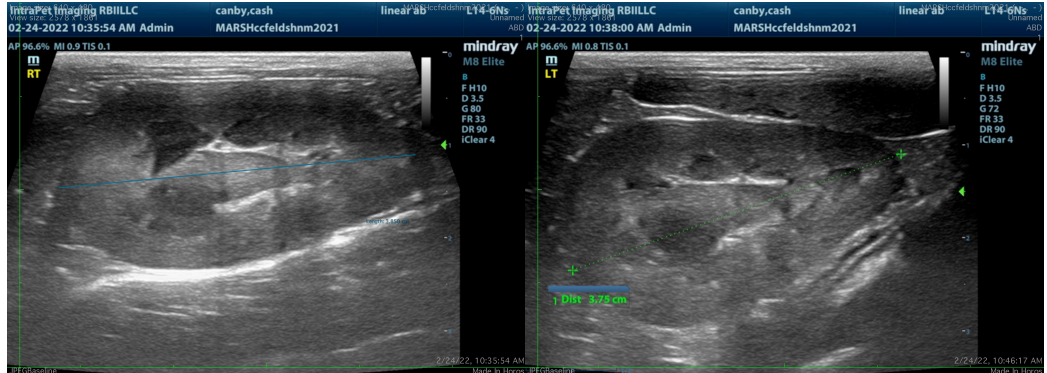
- Coarse/motheaten splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Diffuse mesenteric lymphadenopathy – Likely reactive. However, neoplastic infiltration cannot be ruled out, especially given the concurrent splenic parenchymal changes.
- Thick ileum – Differentials include infiltrative infectious disease, inflammatory disease, and/or infiltrative neoplasia.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include infectious disease testing including viral, fungal such as histoplasma, and vector borne disease. Other recommendations include a fine needle aspirate of the spleen and mesenteric lymph nodes if patient's coagulation status is appropriate. There is no obstructive pattern, bowel plication, and/or visible foreign material to suggest a foreign body or obstruction in this patient.

In the meantime, empirical therapeutic recommendations include IV fluids, antiemetics, gastroprotectants, and broad-spectrum antibiotics.





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.

**Beth Johnson, DVM, DACVIM**  
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