



DATE PRESENTING CLINICAL SIGNS

5/13/26 Patient History: Mish Mish presents for acute vomiting and elevated liver and pancreatic enzymes

PATIENT

Current Medications: Buprenorphine, Gabapentin, Cerenia, Ondansetron.
Labwork Results: Labwork attached.

Mish Mish DiSabato

Date of Previous IntraPet Ultrasound: No previous.
Sedation: IM Ket/Ace required to complete full diagnostic ultrasound.
Stat Report: STAT requested.

SPECIES

Imaging Performed by: Rachel Brillhart, RDMS.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

Urinary bladder is adequately 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.

SEX

Neutered Male

Left kidney is normal in size (3.59 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.

AGE

5/12/2024

Right kidney is normal in size (4.03 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.

WEIGHT

9.12 Pounds

Adrenal Glands

INTERPRETED BY

Left adrenal gland is normal in size (0.44 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Beth Johnson, DVM
DACVIM

Right adrenal gland is normal in size (0.37 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Animal Emergency
Hospital

Spleen

Spleen is subjectively large in size (1.2 cm thick at the hilus) with normal smooth margins. Parenchyma is normal in echogenicity with a diffusely coarse/heterogenous echotexture. No discrete sizable focal nodules or masses are observed. Splenic vasculature appears normal. Additionally, just medial to the spleen, is an approximately 0.7 cm x 0.8 cm homogenous isoechoic density that could represent a lymph node or other pathologic finding, but I believe is a normal/incidental accessory spleen.

REFERRING VET

Dr. Shannahan

INVOICE

Liver

37106

Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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 visible stomach wall is normal in thickness 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 intestine demonstrates areas of moderate to severely thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted.

Free Abdomen

There is a mild amount of anechoic free fluid present in these images.

The mesenteric and cranial abdominal lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- The liver changes are nonspecific but visibly significant and likely represent a microscopic hepatopathy with both benign differentials such as bacterial lymphoplasmacytic, other infectious or inflammatory hepatopathy, hepatic lipidosis, etc., being differentials, as well as infiltrative neoplasia, such as round cell neoplasia i.e., lymphoma versus other.
- Coarse 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, and lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Moderate inflammatory bowel disease pattern- Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling.
- Concurrent chronic low-grade smoldering pancreatitis is suspected.
- Mildly reactive cranial abdominal and mesenteric lymphadenopathy- infiltrative neoplastic disease

cannot be ruled out but is considered less likely.

- A mild amount of free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

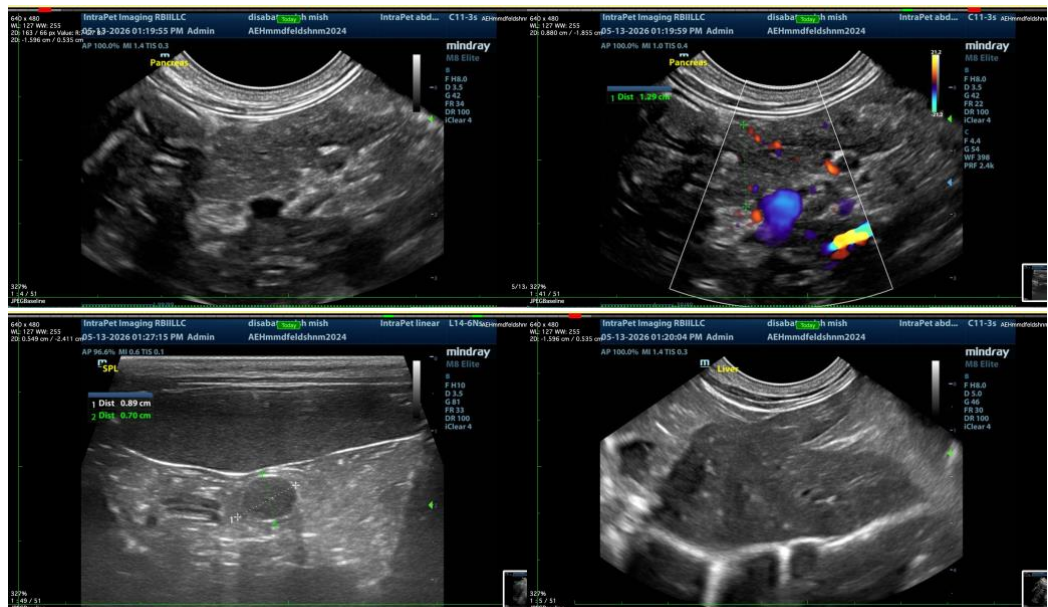
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

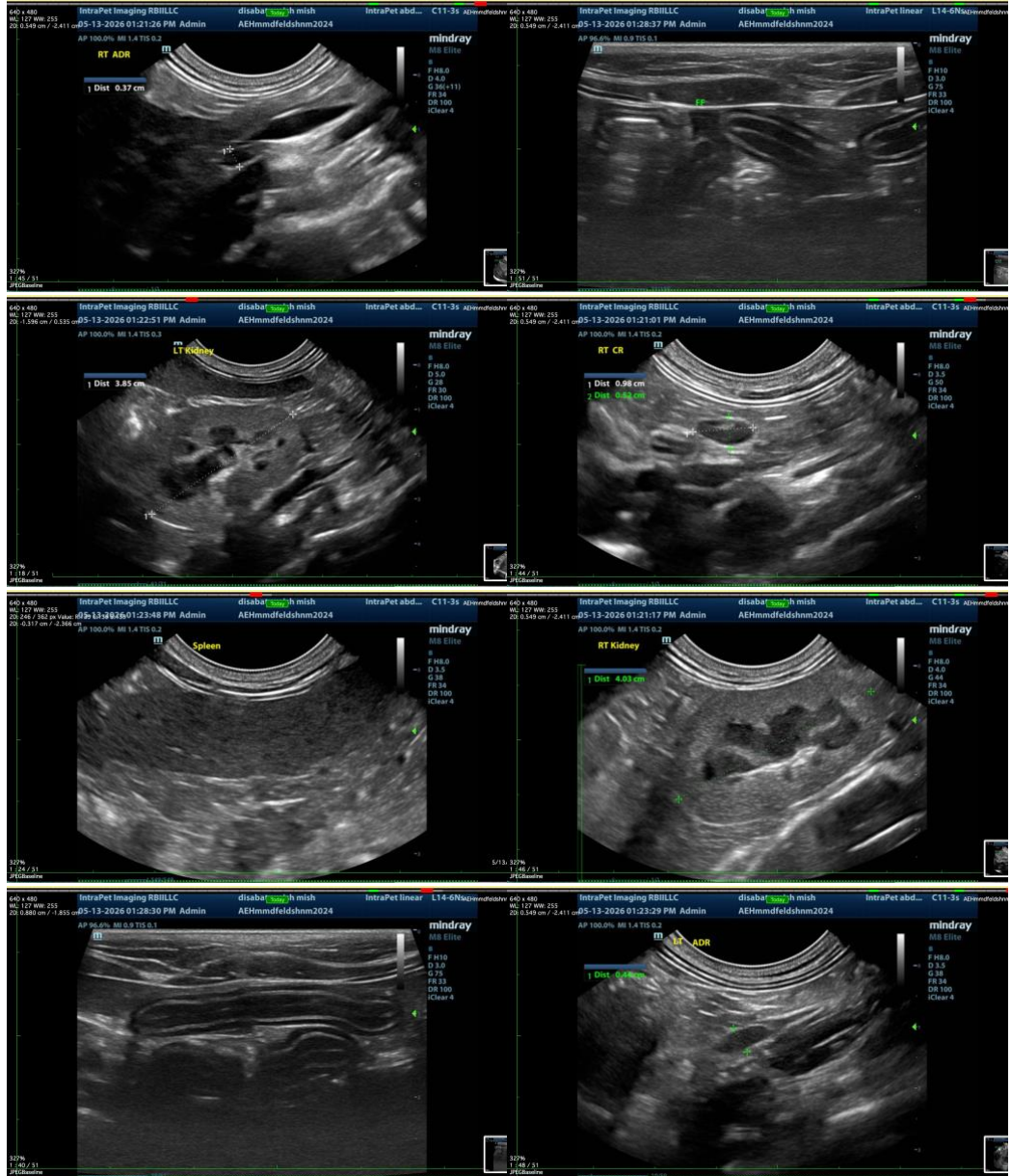
Fine needle aspirates of the liver and spleen +/- pancreas are recommended if patient's coagulation status is appropriate.

If a cytologic diagnosis is unable to be obtained, however, ultimately biopsies of the GI tract being sure to include ileum, if possible, may be indicated.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.





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

info@sonopath.com