



PATIENT

Brexit Cormick

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

7 ½ years

WEIGHT

7.15 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes

INVOICE

42016

DATE

1/10/23

PRESENTING CLINICAL SIGNS

History: Had Ex Lap for FB 10 days ago. Was doing well then started vomiting 3 days ago. Previous scan was done by associate DVM

Abnormal PE/Chem/CBC/UA Results: Vomiting, Suspect FB again. Biopsies at last surgery indicated marked diffuse chronic lymphoplasmacytic enteritis, suggestive of marked chronic inflammatory bowel disease (IBD) Some concern for lymphoma

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.33 cm. The right kidney measured 3.93 cm.

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.

Spleen

The **spleen** was slightly enlarged with mild scalloping contour. The spleen measured approximately 1.1 cm.

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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Gastrointestinal

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The **gastrointestinal tract** in this patient revealed an empty stomach, yet minor fluid filled portions of intestine were noted with intestinal thickening. Regional soft shadowing luminal foreign matter was noted and measured approximately 3.0 cm in the mid jejunum. There was no overt loss of detail noted in the intestinal tract; however, chronic disease is suspected. Reactive mesentery was noted. This is consistent with chronic inflammatory bowel; however, acutization of the inflammatory process is likely given the reactive mesentery noted.

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Pancreas

The **pancreas** revealed minor heterogenous changes with a focal 0.4 cm nodule or abscess in the left pancreatic limb.

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ULTRASONOGRAPHIC FINDINGS

AGE

7 ½ years

Acute on chronic enteritis pattern with reactive mesentery and soft foreign matter such as hairball transit.

Enlarged spleen with scalloping contour.

WEIGHT

7.15 kg

Heterogenous pancreas with a nodule or abscess in the left pancreatic limb.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
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FNA of the spleen and pancreatic nodule could be considered or exploratory surgery with enterotomy. However, IV fluid support, GI protectants, plasma expanders, broad spectrum antibiotics and a recheck sonogram is recommended in 12-18 hours as the material may pass into the colon and biopsies have already been obtained.

IMAGING PERFORMED BY

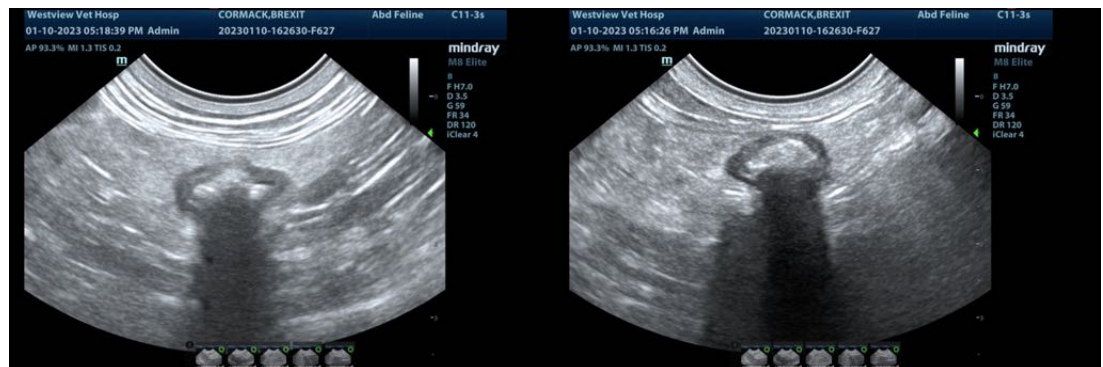
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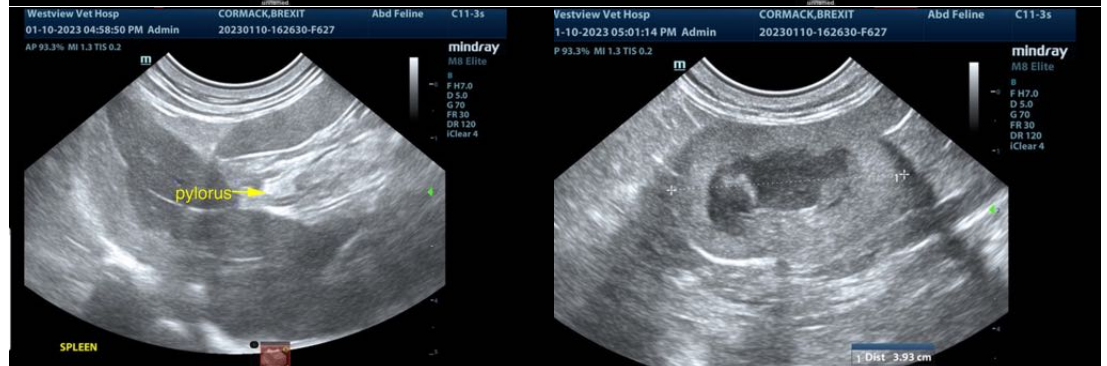
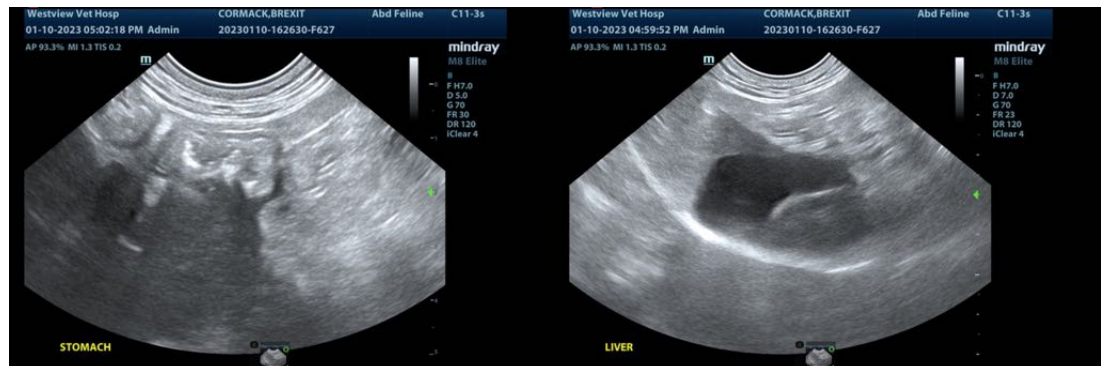
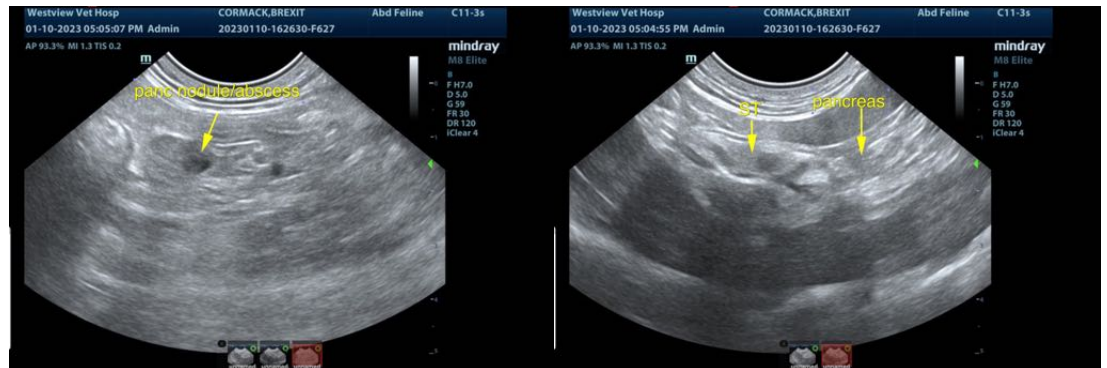
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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