



PATIENT

Jethro Collins

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Neuhaus

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Neuhaus

INVOICE

42135

DATE

1/16/23

PRESENTING CLINICAL SIGNS

History: Intermittent chronic (months to years) vomiting especially after eating. Last 3-4 weeks p has had increase in vomiting and persistent diarrhea. rDVM diagnosed with IBD 3wks prior without imaging/sampling performed, pt was placed on antibiotics and triamcinolone. P returned and was administered a depomedrol injection. Vomiting and diarrhea have persisted and p continues to lose weight. Hyporexia progressing to anorexia. Not drinking alot
Abnormal PE/Chem/CBC/UA Results: CBC: neu 11.78k, lym 0.87, nRBC suspected, plt 733k, pct 1.16%

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 **right kidney** 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 right kidney measured 4.0 cm. The left kidney was not visualized.

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** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes are reactive and measured up to 1.5 x 1.0 cm.

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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

Diffuse intestinal thickening with mesenteric lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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There were no overt neoplastic criteria present; however, there is a strong concern for a preneoplastic state or emerging neoplastic state such as lymphoma. The mural detail is maintained within the GI tract. However, diffuse thickening was noted primarily from the muscularis. The lymph nodes are most consistent with reactive lymph nodes. Ideally full thickness intestinal lymph node biopsies and culture are recommended. Further imaging of the left kidney is recommended as only the right kidney was visualized. The left kidney may be small and dystrophic or further dorsal in the abdominal vault. Ultrasound-guided FNA of the mesenteric lymph node, cytology and culture. PARR evaluation can be considered.

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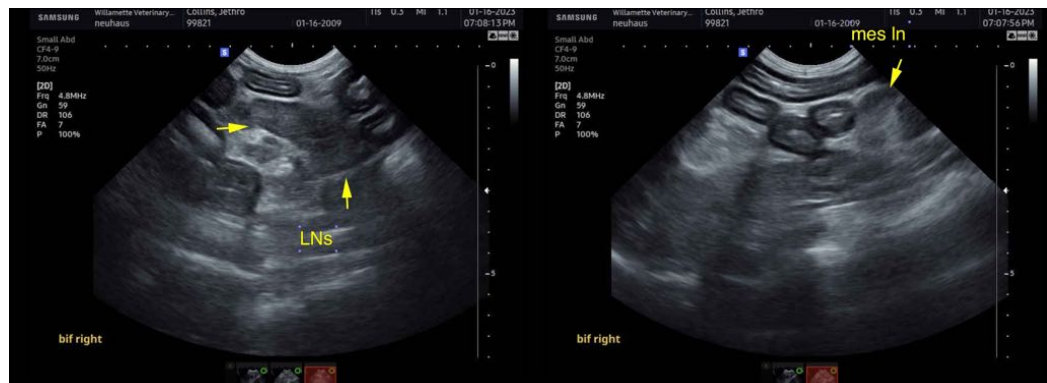
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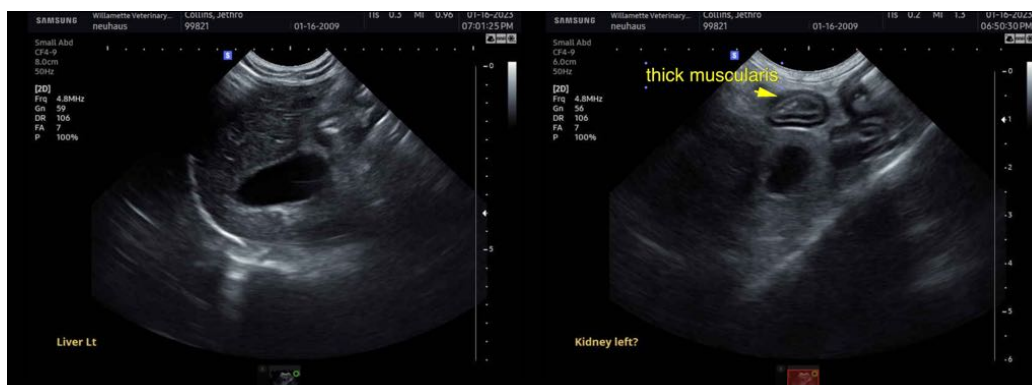
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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