



PATIENT

Pumpkin Cooper

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

18 months

WEIGHT

3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Christian

INVOICE

42247

DATE

1/19/23

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for AUS. Started with vomiting off and on 1x per week, varied in the level of digestion. This started about 2mo ago. Took to rdvm, took rads, tx with cerenia and tx for parasites, pet cont to decline, took back to rdvm and had bloodwork done. Pet starting to eat less now, rdvm rec AUS. Previous Health Concerns: no Current Medications: no Appetite/When did they eat last: this morning

Abnormal PE/Chem/CBC/UA Results: Abdominal: ~20cm long loop of firm thickened bowel (likely small intestine) , soft, non-painful Rdvm bloodwork: Crea 0.8; TP 10.9; ALB 2.3; Glob 8.6; ALB/GLOB ratio 0.3; HGB 8.6; MCH 12.0; Retic HGB 14.5; feline triple: negative x3; Rdvm Rads: loss of detail mid to caudal abd with abnormal gas pattern throughout GI tract. Kidneys appear round

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** in this patient were mildly enlarged with hyperechoic medullary rim sign. Distinct, hypoechoic cortical changes were noted. The left kidney measured 3.86 cm. The right kidney measured 4.06 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** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** in this patient revealed a tortuous cystic duct and mildly thickened common bile duct with mildly increased portal markings. This is consistent with history of cholangitis. The gallbladder presented acceptably thin walls with primarily anechoic content. The common bile duct was followed to the duodenal papilla. No overt obstruction was noted. The common bile duct was at the upper limits of normal at 0.4 cm.



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Gastrointestinal

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The stomach appeared normal in this patient. An infiltrative, intestinal mass was noted in the jejunum and measured 2.0-2.25 cm in width and extended for at least 6.0 cm. Localized free fluid was present. Variable other areas of intestinal thickening was noted with reactive mesentery.

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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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Spayed female

Free Abdomen

A slight amount of free fluid was noted.

AGE

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ULTRASONOGRAPHIC FINDINGS

Intestinal mass.

WEIGHT

3 kg

Medullary rim kidneys.

Cholangitis liver pattern.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for round cell neoplasia or FIP. FNA of the intestinal mass and kidney is recommended. The prognosis is extremely guarded. Complicated inflammatory bowel is possible, yet less likely.

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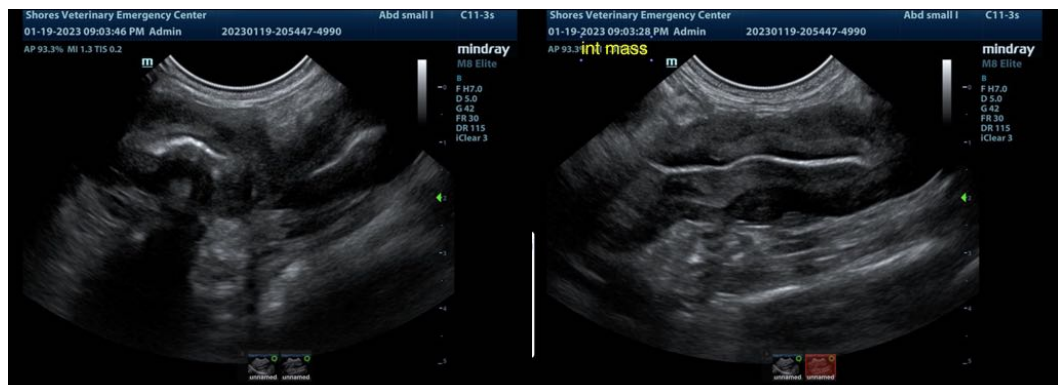
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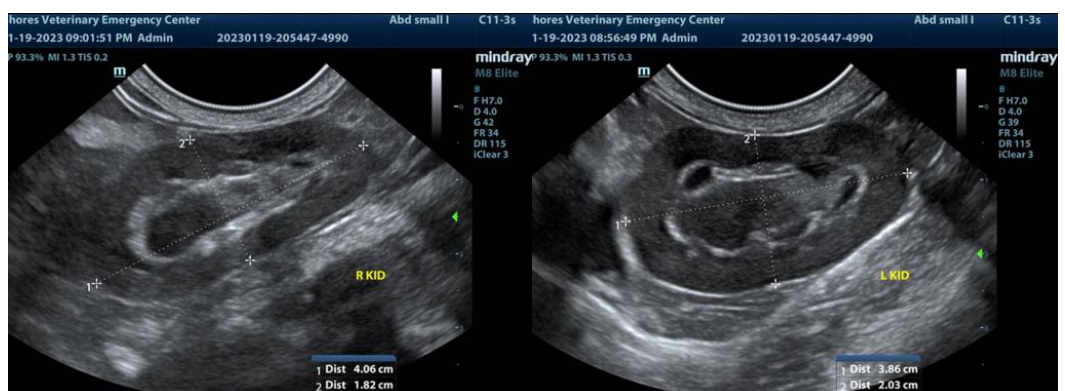
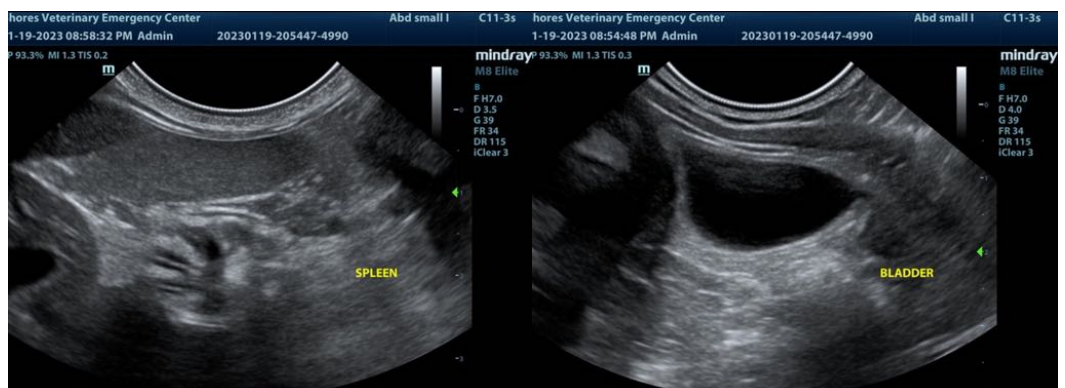
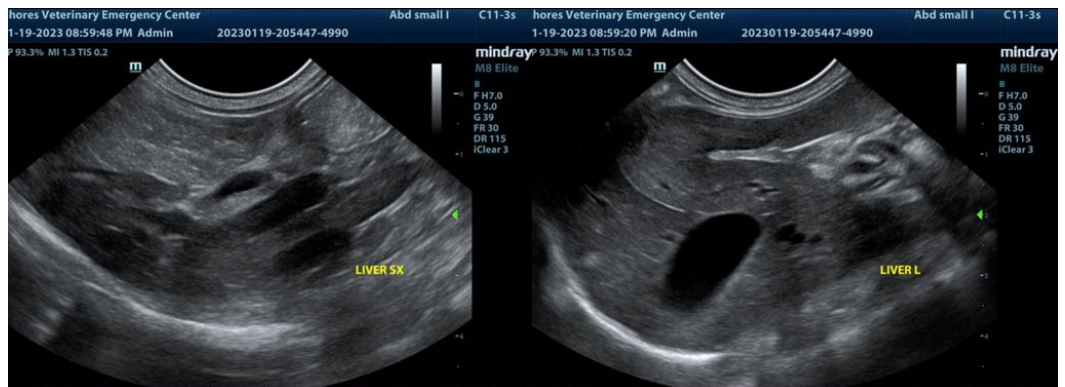
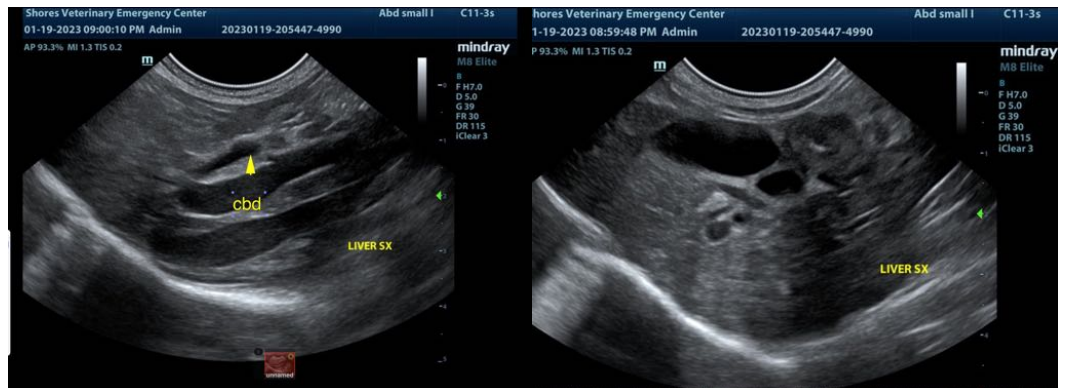
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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