

**DATE PRESENTING CLINICAL SIGNS**

1/27/23

History: Not eating or drinking. No vomiting but is getting his medications.

PATIENT

Wilson Stummer

Current Medications: Elura, Convenia, Gabapentin, Buprenorphine, Protonix, Cerenia.

Lab Results: See attached.

Radiographs: No obvious FB or obstructive pattern, lungs clear.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary SystemThe **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 were noted. Ureteral papillae were normal.

AGE

4/20/16

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. The capsules were acceptably uniform without significant irregularities. Slight pyelectasia (0.4 cm) was noted in the left kidney. The left kidney was structurally unremarkable otherwise, measuring 4.74 cm. Slight pyelectasia (0.4 cm) was noted in the right kidney. The right kidney measured 4.36 cm.**WEIGHT**

14.75 Pounds

Adrenal GlandsThe **right adrenal gland** was 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. The right adrenal gland measured 0.52 cm.The region of the **left adrenal gland** revealed no evidence of pathology.**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**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 were noted.**REFERRING VET**

Dr. Ruby

LiverThe **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.**INVOICE**

20796

Gastrointestinal

The **gastrointestinal** presentation revealed minor uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

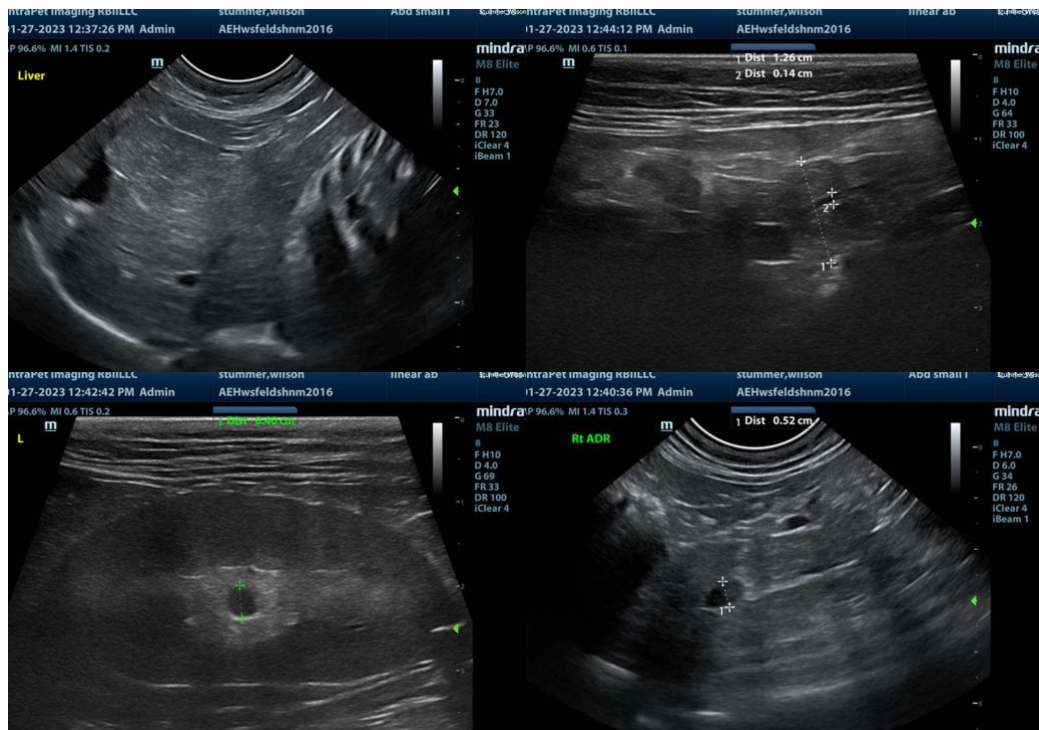
The **pancreas** was enlarged and irregular with undulating contour. Dilated duct was noted, measuring 0.14 cm. The left limb measured 1.26 cm.

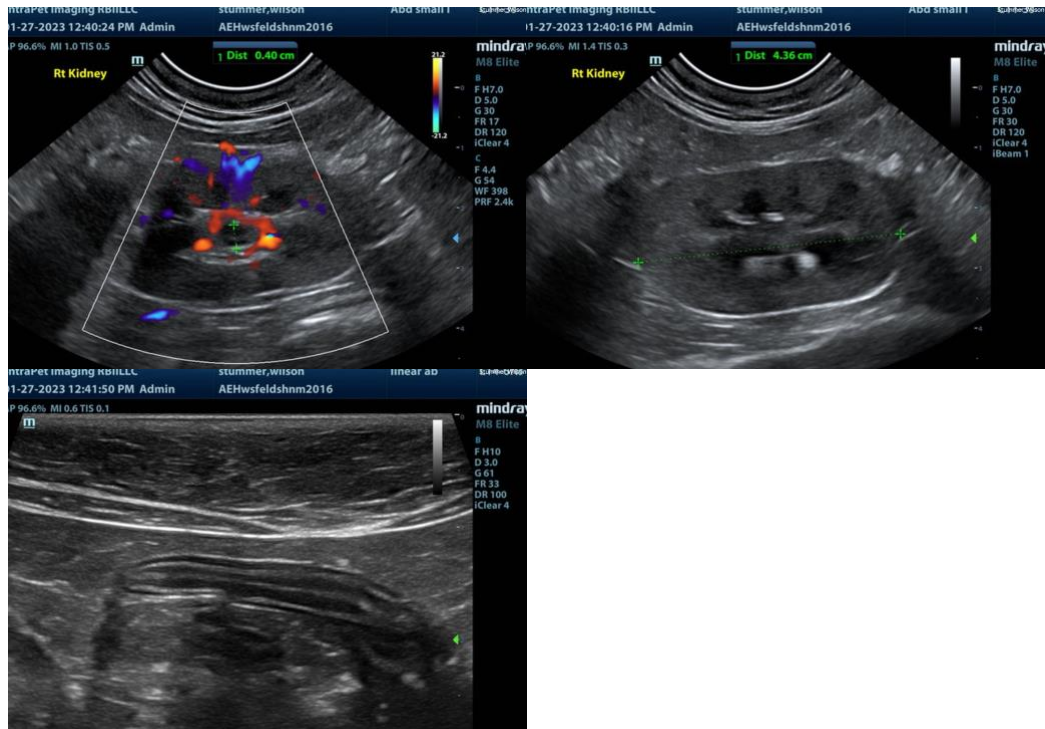
ULTRASONOGRAPHIC FINDINGS

- Mild bilateral renal pyelectasia
- Prominent irregular pancreas- suspect pancreatitis
- Slight intestinal thickening- no evidence of foreign bodies
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work up is warranted. Left subxiphoid palpation is warranted to assess for discomfort. Management for pancreatitis is indicated. Infectious agents should be ruled out as potentials. Pain management, broad spectrum antibiotics, diet change and potential low dose prednisolone trial could all be justified.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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