**DATE**

1/4/23

PRESENTING CLINICAL SIGNS

Vomiting.

Current Medications: None listed.

Lab Results: See attached.

PATIENT

Pistol Garber

Radiographs: The stomach contains a small volume of heterogenous soft tissue opacity. The small intestine is mildly, diffusely increased in diameter with multiple loops that contain a mild volume of gas. The colon contains gas and semiformal fecal material with small admixed mineral opacities. The visible hepatic, splenic, renal and urinary bladder silhouettes are normal in size and margination. Abdominal detail is adequate.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

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.

AGE

8/06

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.26 cm. The left kidney measured 3.84 cm.

WEIGHT

16 lbs

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. The right adrenal gland measured 0.38 cm. The left adrenal gland measured 0.35 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Maryland Mobile VC

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.

REFERRING VET

Dr. Hahn

Liver

The **liver** was diffusely hyperechoic to falciform fat. The left cranial liver revealed mixed, echogenic, 1.63 cm target nodule. A separate hypoechoic, nodule was noted in the left caudal liver measuring 0.69 cm. The gallbladder and common bile duct were unremarkable.

INVOICE

42509

Gastrointestinal

The **gastrointestinal** presentation revealed mild 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. Intestinal wall thickness measured up to 0.31 cm. 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 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.

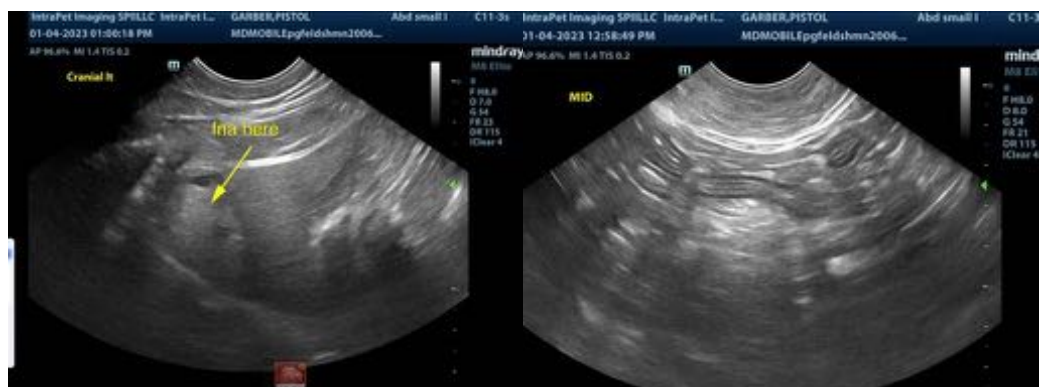
ULTRASONOGRAPHIC FINDINGS

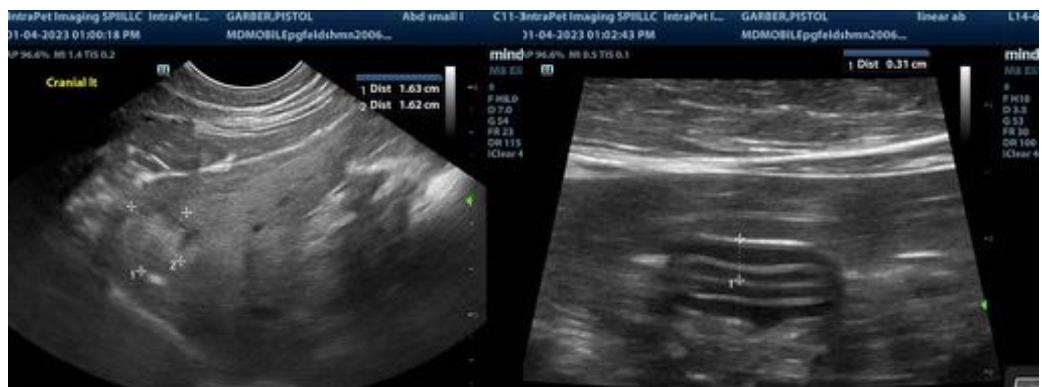
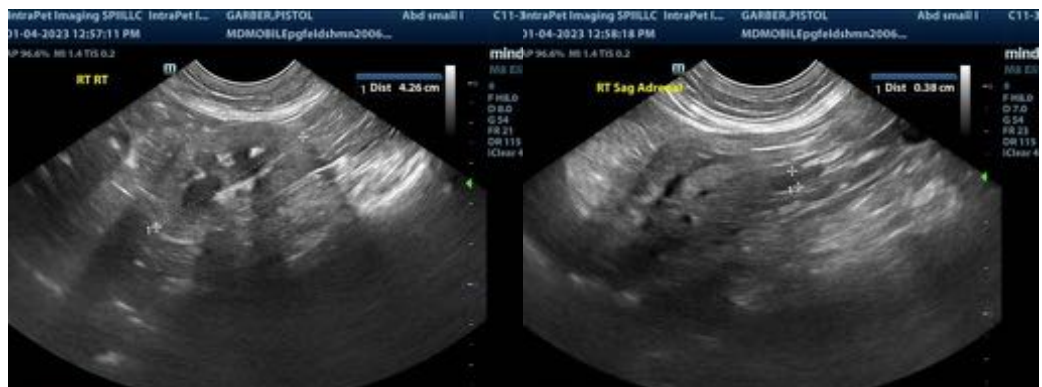
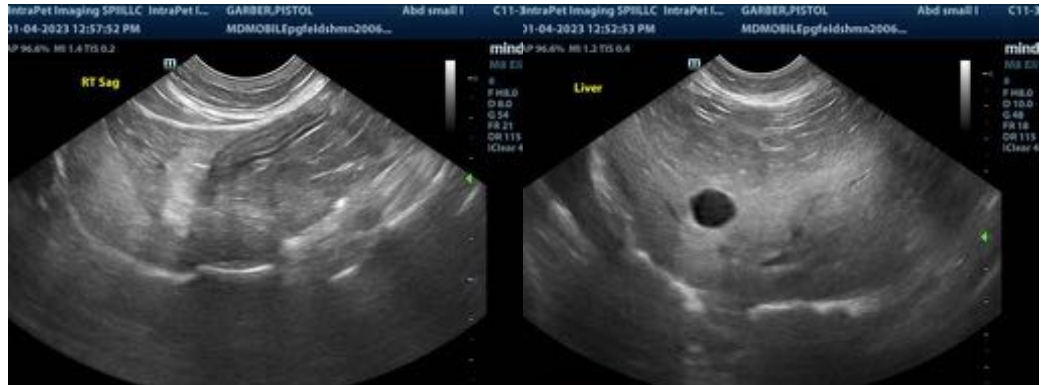
Hepatic lipidosis pattern with undefined nodules.

Minor intestinal thickening with hypertrophied muscularis without neoplastic criteria.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and FNA of the general liver and nodular changes are recommended. Guarded prognosis depending upon cytology results. The vomiting is likely owing to inflammatory bowel, food intolerance or occult parasitism. Hepatic differentials include lipidosis with nodular hyperplasia and the possibility of round cell neoplasia or abscessation. There is a minor potential for cystadenoma of the left liver.







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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com