

**DATE PRESENTING CLINICAL SIGNS**

1/8/22

Patient has been vomiting intermittently since before Christmas. Started a few times a week. Saw RDVM on 12/28/21, was instructed to change to predominantly wet food and give Catlax TID X 3 days. Didn't vomit for 2 days, but then vomiting began again Monday. Tuesday went back to RDVM and had xrays- NSF per owner. Was told to feed only wet food, no dry at all. Patient continued to vomit. Went back on 1/6 and had blood work- NSF per owner. Vomiting has increased in frequency to multiple times daily and owner is concerned patient is dehydrated.

PATIENT

Gingersnap Simms

SPECIES

Feline

Current Medications: Maropitant Citrate, Pantoprazole, Acepromazine, Buprenorphine.

Lab Results: PCV= 39 (30-45), TS= 7.4 (5.0-8.0).

Radiographs: Lat and V/D abdomen- very large bladder, moderate amount of firm stool in colon. No obvious FB/ obstruction, stomach empty.

BREED

DSH

Date of Previous IntraPet Ultrasound:

Sedation: Patient sedated with Propofol.

Stat Report: DVM requested.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****AGE**

5/11/21

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 were noted. Ureteral papillae were normal.

WEIGHT

6.7 Pounds

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 right kidney measured 3.72 cm. The left kidney measured 3.25 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**The regions of the **adrenal glands** were unremarkable.**IMAGING PERFORMED BY**

Andi Parkinson RDMS

Spleen**HOSPITAL NAME**Animal Emergency
Hospital

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. Goessling

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.

INVOICE

34098

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 evidence of foreign body. Minor hyperperistalsis noted. 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. A reactive mesenteric lymph node measured 1.23 cm x 0.42 cm.

Pancreas

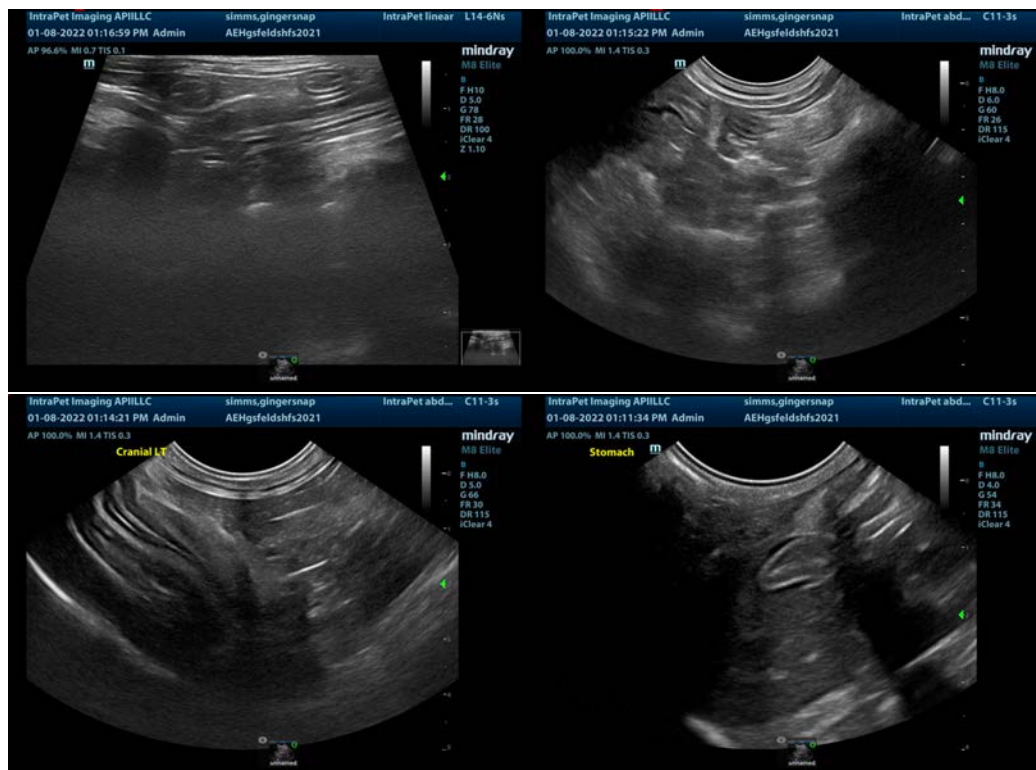
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

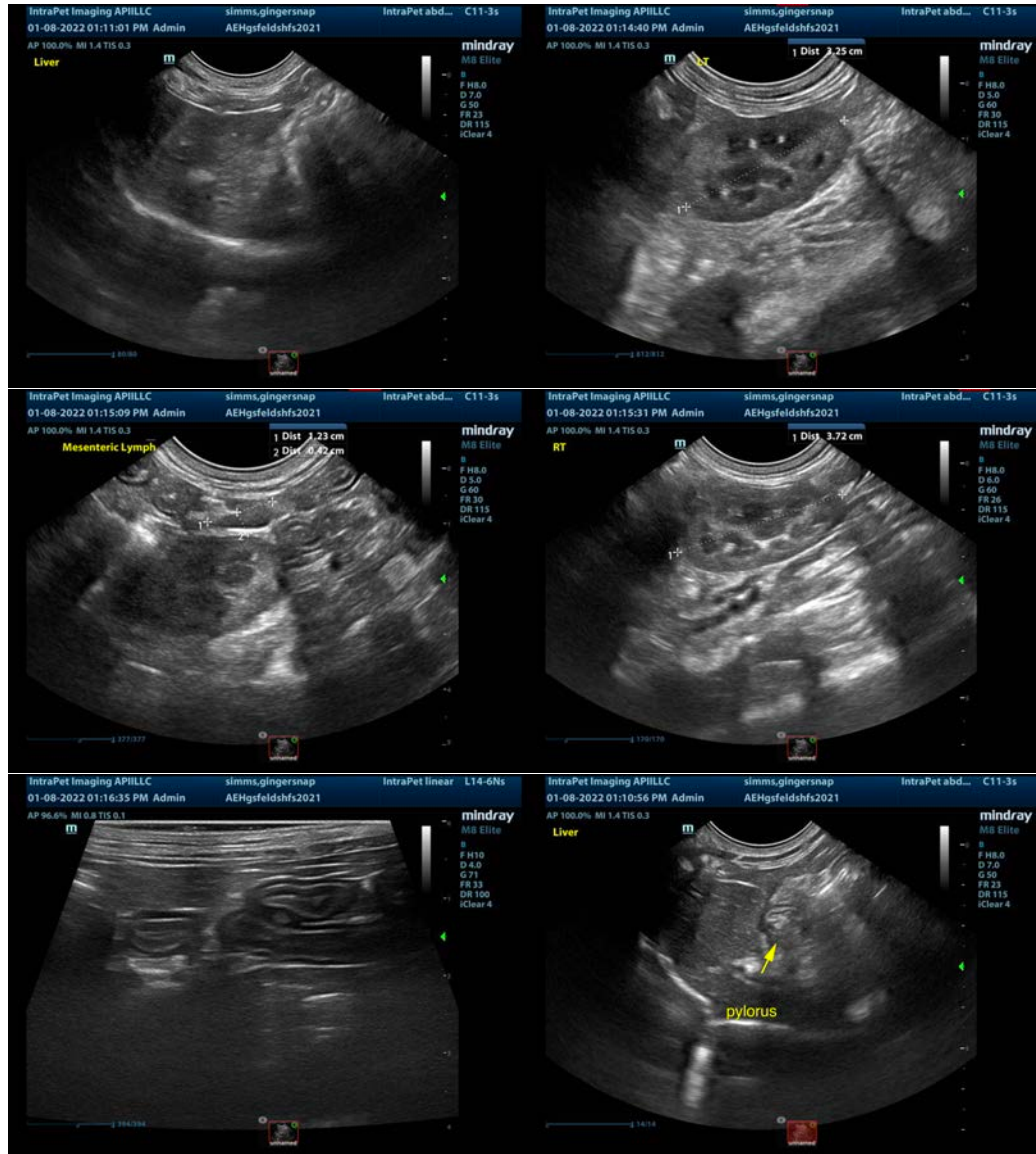
ULTRASONOGRAPHIC FINDINGS

- Mild diffuse intestinal thickening with muscularis hypertrophy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplasia or foreign matter. Underlying food intolerance/inflammatory bowel likely Chronic infectious/GI parasites could also be playing a role in this patient. Hydrolyzed diet likely in this patient's best interest. Broad-spectrum antiparasitic protocol recommended.





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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