



PATIENT PRESENTING CLINICAL SIGNS

Solomon Stein

History: Owner says patient is not eating or drinking for 24 hrs. Patient is trying to vomit after eating
 Abnormal PE/Chem/CBC/UA Results: Limited exam due to temperament CBC: MCH 16.9, Lymphocytes 0.8, eosinophils 0.088; however CBC WNL CHEM: Glucose 172 mg/dL, ALT 169 mg/dL, ALKP < 10, GGT 9, Tbili 1.1 SDMA: WNL T4: WNL

SPECIES

Feline

BREED

Bengal

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

11 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys each measured 3.5 cm.

WEIGHT

9 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

Spleen

The **spleen** was slightly enlarged. This is likely reactive hyperplasia with a potential for emerging round cell neoplasia.

HOSPITAL NAME

Northside VC

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.

REFERRING VET

Dr. Griffin

INVOICE

92350

DATE

10/12/21

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.



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The gastric lumen was mildly fluid filled. 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.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SEX

Neutered male

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

Minor intestinal thickening.

Mild to moderate chronic renal changes.

WEIGHT

9 lbs

Slight, splenic enlargement. Likely reactive with a minor potential for emerging round cell neoplasia.

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DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of significant disease. This is likely underlying inflammatory bowel/triaditis. Structurally the liver appears unremarkable. I recommend reassessing the bilirubin value to ensure that it is not artifactual. If the liver enzyme elevations are persistently present then FNA is indicated. If weight loss is an issue FNA of the spleen and liver would be appropriate.

IMAGING PERFORMED BY

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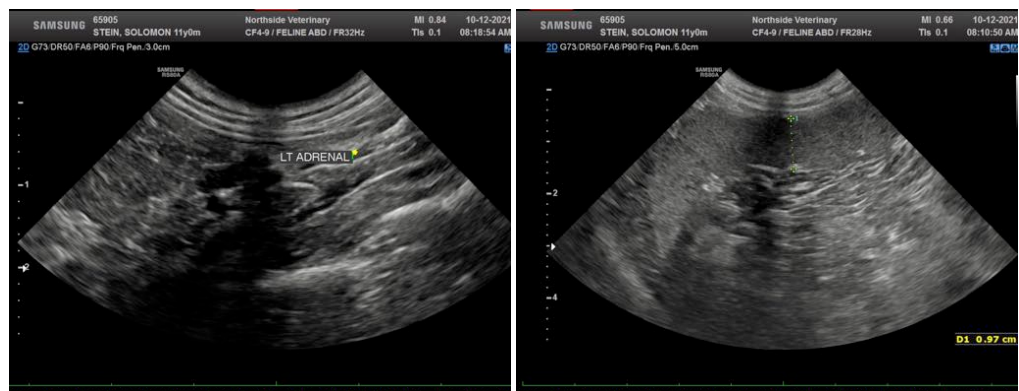
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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