

**DATE**

10/19/22

**PRESENTING CLINICAL SIGNS**

Diarrhea 6-7 times a day, did not respond to metronidazole, fortiflora or Hills ID diet  
 Current Medications: metronidazole 125ml/ml 0.5ml every 12 hours, proviable past and capsules  
 Lab Results: ^t4, anemia, abnormal fpl

**PATIENT**

Simon Smith

Radiographs: gas and ingesta (food texture) in stomach. gas and food in colon, no obvious signs of foreign body

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Feline

**BREED**

Siamese

**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.

**SEX**

Neutered male

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. The left kidney measured 3.47 cm with pyelectasia that measured 0.4 cm. The right kidney revealed pyelectasia that measured 0.39 cm. The right kidney measured 3.43 cm.

**AGE**

1/1/02

**WEIGHT**

9.5 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 left adrenal gland measured 0.51 cm. The right adrenal gland measured 0.4 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**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.

**HOSPITAL NAME**

Mt Airy AH

**REFERRING VET**

Dr. Riley

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The common bile duct was at the upper limits of normal to slightly dilated at 0.5 cm.

**INVOICE**

40159

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A 1.5 cm shadowing structure was noted in the upper intestinal lumen. This may be transiting medication or foreign body. This was partially

obstructive. The colonic wall was slightly thickened with increased submucosal echogenicity in thickness measuring 0.4 cm.

### **Pancreas**

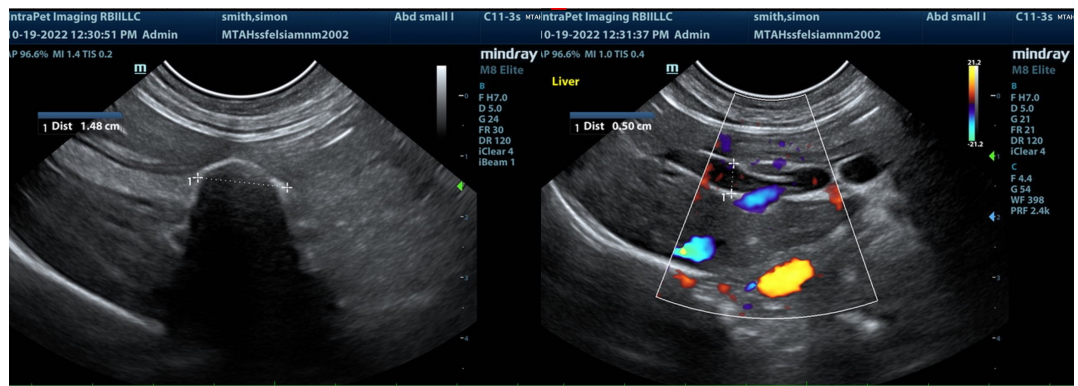
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. The pancreatic duct was dilated at 0.4 cm. The left pancreatic limb measured 1.0 cm.

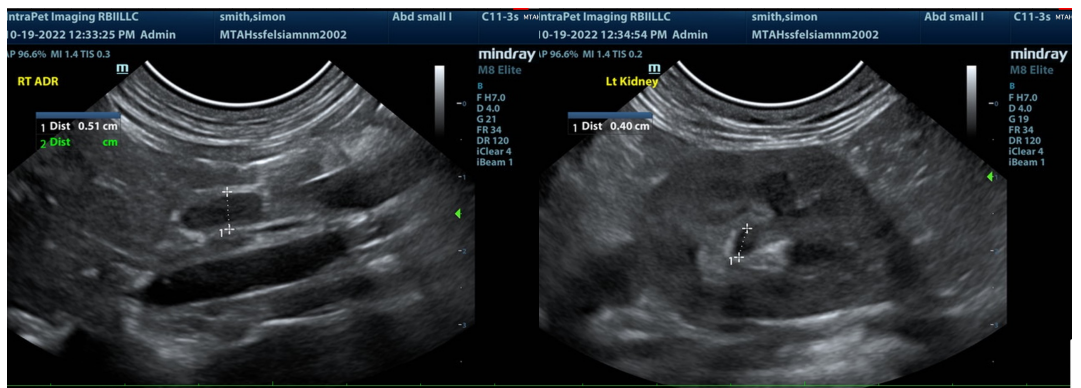
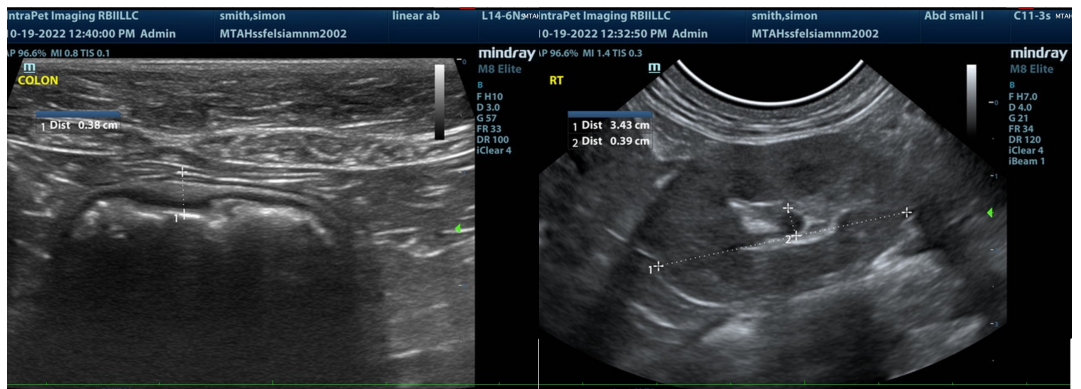
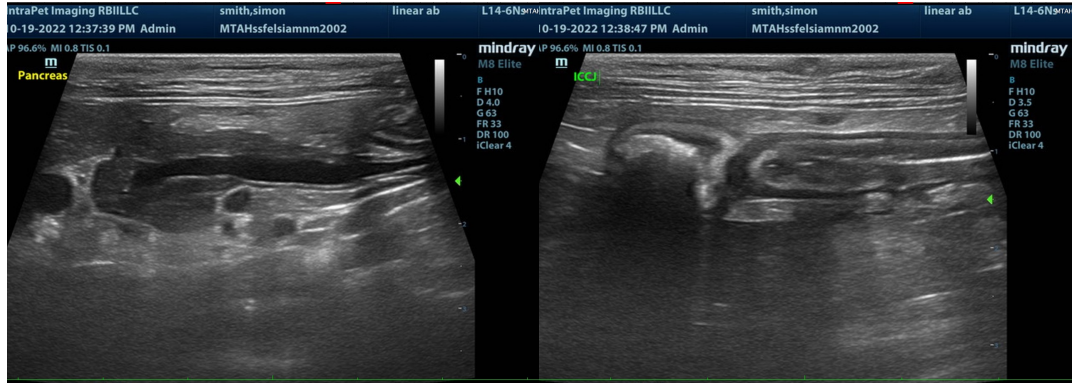
### **ULTRASONOGRAPHIC FINDINGS**

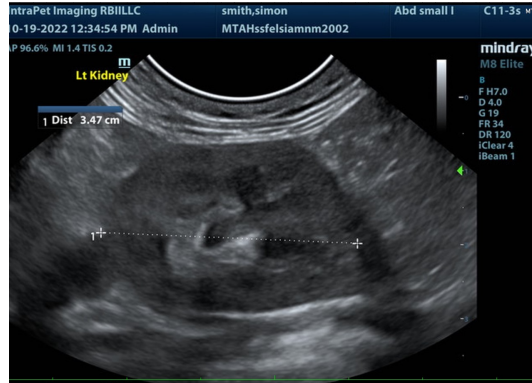
- Geriatric abdomen with prominent, irregular pancreas. Chronic active pancreatitis is likely playing a role.
- Scalloping spleen.
- Transiting foreign body. Otherwise, chronic IBD GI pattern.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Medical management is recommended in this patient. A recheck sonogram is recommended in 24-48 hours to ensure that the structure has transited through the small intestine. This is likely a passing, undigested oral medication. Subxiphoid palpation is recommended to assess for discomfort. FNA of the spleen and pancreas would be ideal in this patient. Cortical infarcts were noted in both kidneys. Full urinary work up is warranted if not already performed. Emerging round cell neoplasia cannot be completely ruled out. Reactive spleen or splenitis with chronic active pancreatitis and inflammatory bowel is likely.







**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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