

**DATE PRESENTING CLINICAL SIGNS**

10/21/22

PATIENT

Sarge Dodson

History: Acute onset of anorexia and diarrhea- owner feels there is darkening of the stool but also thinks she sees fresh blood and mucous. No vomiting per owner Indoor only. Any time outdoors is on desk and supervised

No diet change or indiscretion, MM = pink CRT < 2 seconds, Heart and lungs = wnl, Abdominal palpation = doughy, Otic and ophthalmic = nsf

SPECIES

Feline

Current Medications: Metronidazole 100mg/ml Give 1 ML by mouth every 12 hours for 7 days.

Lab Results: NSF.

Date of Previous IntraPet Ultrasound: No previous.

BREED

DSH

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

11/13/11

Urinary System

The **urinary bladder** revealed sand and debris with sand up to 1.0 cm.

WEIGHT

14.9 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Blood flow to the kidneys was subnormal on color flow assessment. The right kidney measured 4.38 cm. The left kidney measured 4.3 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 0.52 cm. The left adrenal gland measured 0.38. m.

HOSPITAL NAME

Festival VC

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

REFERRING VET

Dr. Lomax

Liver

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 cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

INVOICE

17866

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. 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. The colonic wall was mildly thickened as well.

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.

Free Abdomen

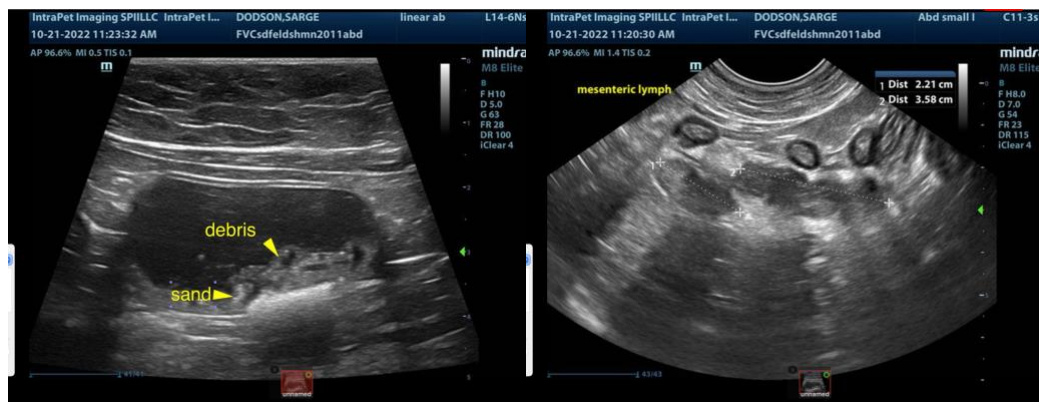
The mesenteric **lymph nodes** were enlarged, irregular, hypoechoic and nodular up to 3.58 cm. Some reactive mesentery was noted around the mesenteric lymph nodes.

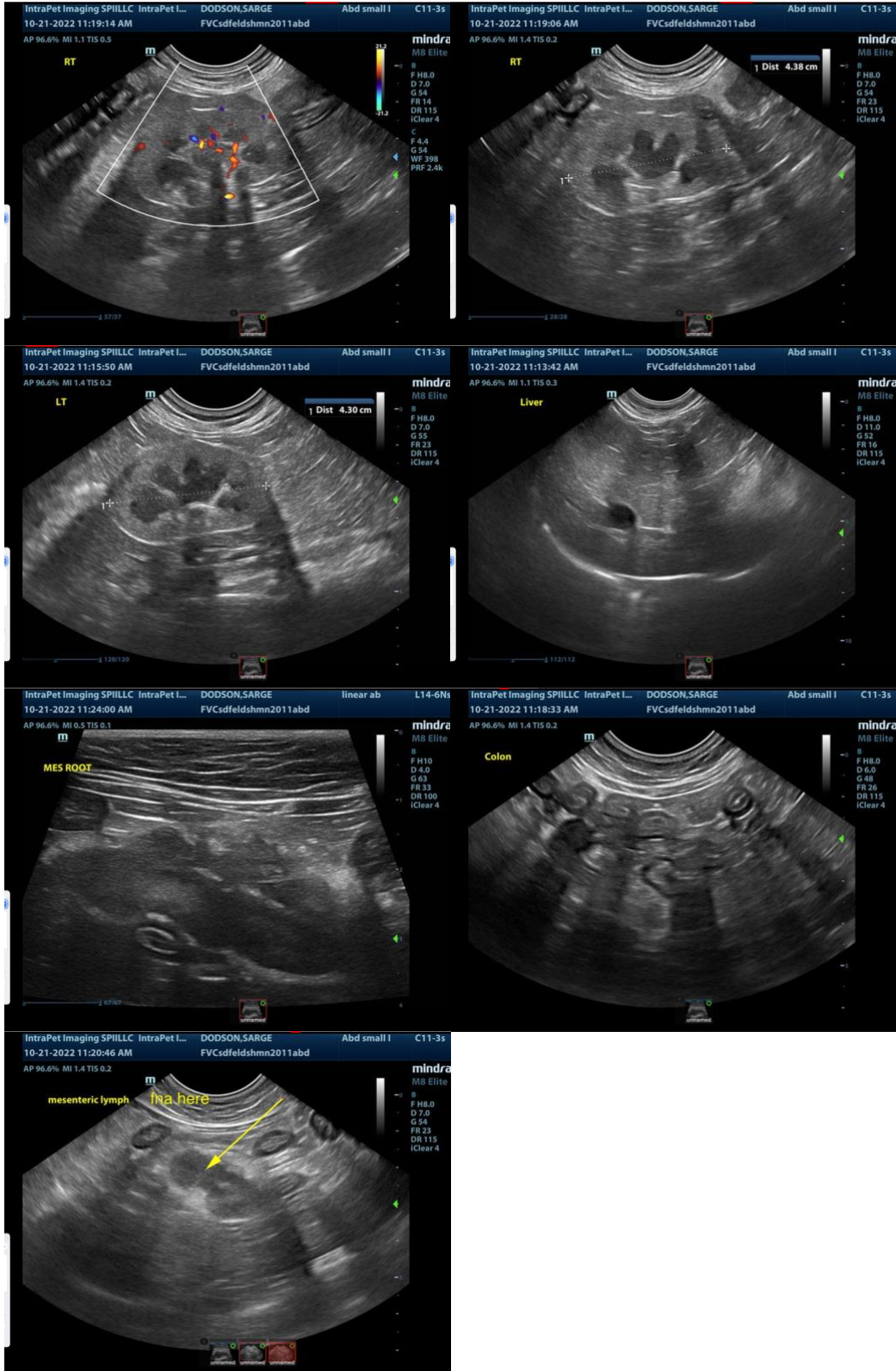
ULTRASONOGRAPHIC FINDINGS

- Minor intestinal thickening
- Mesenteric lymphadenopathy, likely lymphadenitis, potential emerging round cell neoplasia
- Reactive mesentery
- Bladder sand
- Age-related hepatic and renal changes
- Volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness intestinal biopsies and bladder lavage. Sand analysis would be ideal in this patient, as well as lymph node biopsies and culture. Ultrasound guided FNA cytology and culture of the mesenteric lymph nodes could also be considered, as well as full urinalysis work up as a cursory evaluation. Inflammatory bowel with lymphadenitis is likely. Emerging round cell neoplasia is possible. Dry form FIP is a remote potential.





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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