

**DATE PRESENTING CLINICAL SIGNS**

11/12/21

History: Not Eating

**PATIENT**

Date: 11-07-2021 Notes: several resorptive lesions, dental 10/28 with 3 extractions acting normal prior to sx - post-OP would not eat, even the dry he was accustomed to prior recheck 11/4 rDVM found heart murmur, normal BW and rads tried meds: mirtaz, Cerenia,

Camo Baum

sucralfate - liquid meds very difficult, not tolerating syringe feeding sent with gaba, unable to give at home but when administered in

**SPECIES**

hospital, adv owner that he became very sedate very sensitive to stressful situations, eg. multiple car rides to vets seems hungry, crying for food. will sniff but not eat

Feline

**BREED**

Current Medications: Gabapentin Tablets 25mg, Ondansetron Tablets 4mg, Mirtazapine 1mg (per cap), Maropitant Citrate (Cerenia) Tablets 16mg, Oral Buprenorphine 0.3mg/ml, Clindamycin Drops, Convenia &lt;40 lbs [80 mg/ml] Inj.

DMH

Lab Results: Attached.

**SEX**

Date of Previous IntraPet Ultrasound: No previous.

Neutered Male

Sedation: Not required for scan.

Stat Report: Not requested.

**AGE****ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

2008

**Urinary System****WEIGHT**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.

11.62 lbs

**INTERPRETED BY**The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 left kidney measured 3.94 cm. Trace pyelectasia (0.12 cm) was noted in the left kidney. The right kidney measured 4.2 cm.Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY****Adrenal Glands**

Rachel Brillhart RDMS

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 0.48 cm.**HOSPITAL NAME****Spleen**Animal Emergency  
HospitalThe **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****Liver**

Dr. Jones

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**INVOICE**

12500

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.

### ***Gastrointestinal***

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" 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. This is a minor change.

### ***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***

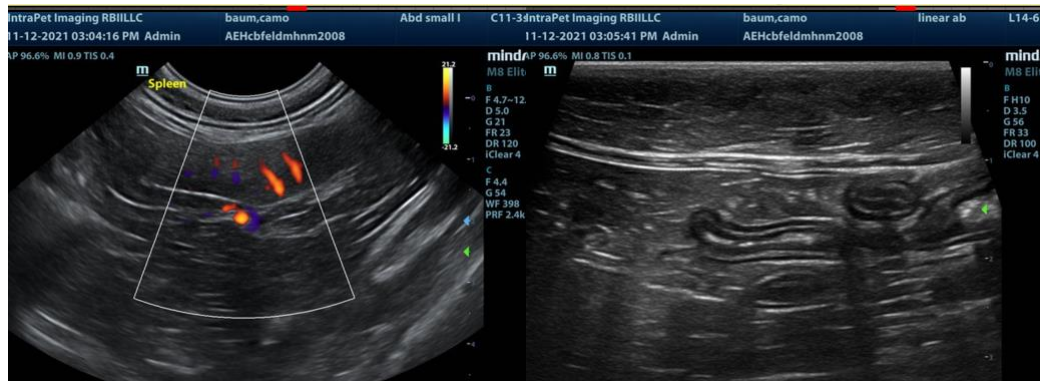
The mesenteric **lymph nodes** (0.77 cm, 1.44 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with minor reactive lymphadenitis or lymphatic hyperplasia.

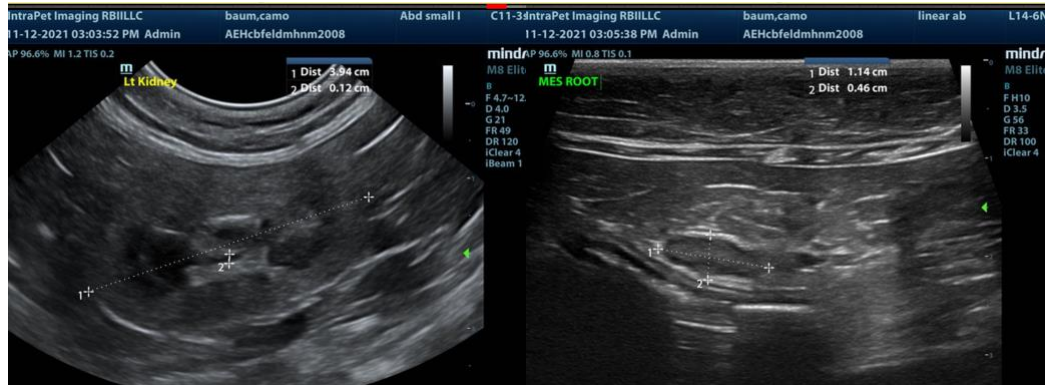
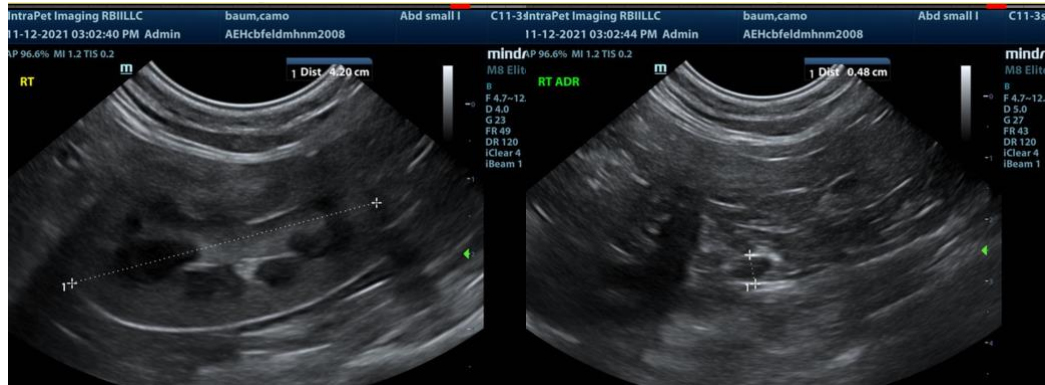
## **ULTRASONOGRAPHIC FINDINGS**

- Minor intestinal thickening
- Age-related renal changes
- Slight mesenteric lymphadenopathy

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

No evidence of significant disease.





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