



PATIENT

Pepper Barkus

PRESENTING CLINICAL SIGNS

Chronic diarrhea and hyperthyroid. Owners were overdosing the methimazole. P is still eating and drinking well

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The apical dorsal **urinary bladder** wall revealed polypoid mucosal thickening measuring 1.6 cm in length x 0.60 cm in width. This appears to be mucosal and resectable.

SEX

Spayed Female

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 and no evidence of pelvic dilation was present. The left kidney measured 3.5 cm. The right kidney measured 3.1 cm.

AGE

12 Years

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

WEIGHT

3.7 kg

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

INTERPRETED BY

Eric Lindquist, DMV

Liver

DABVP, Cert. IVUSS

The **liver** presented coarse architecture and hyperechoic nodular changes measuring up to 1.0 cm. Increased portal markings also noted. The gallbladder and common bile duct were unremarkable.

IMAGING PERFORMED BY

Dr. Taylor Parker

Gastrointestinal

HOSPITAL NAME

Lone Mountain AH

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.

REFERRING VET

Dr. Taylor Parker

Pancreas

INVOICE

42723

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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

DATE

11/15/22



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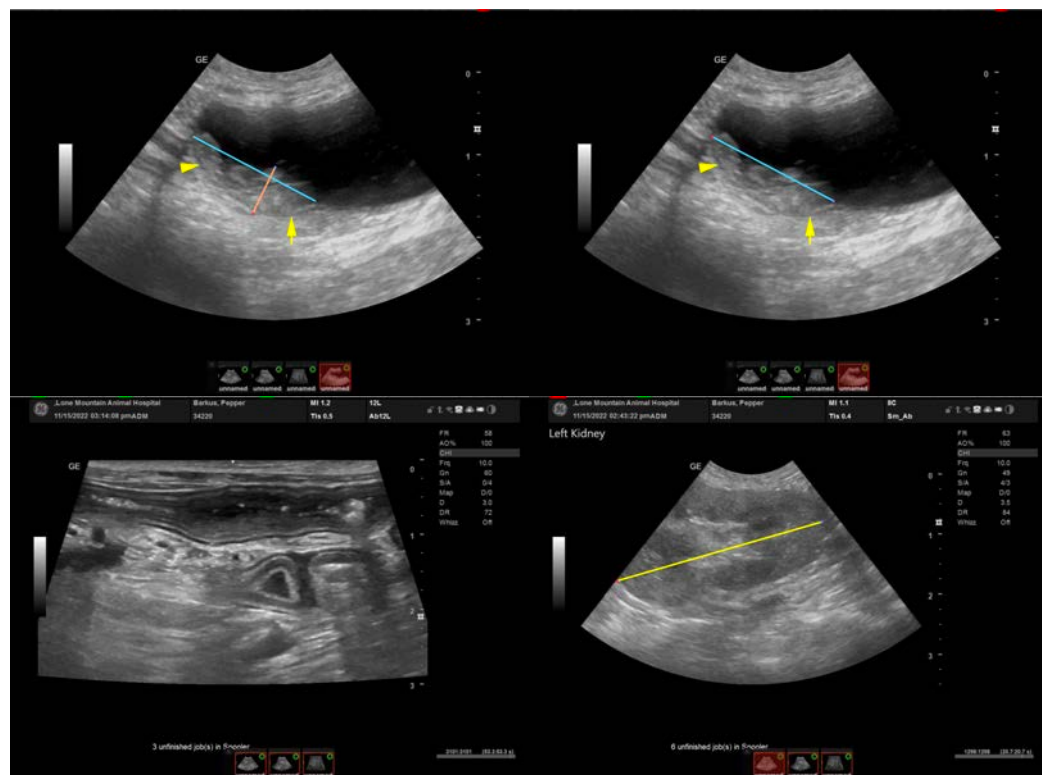
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ULTRASONOGRAPHIC FINDINGS

- Variable intestinal thickening - inflammatory bowel likely.
- Minor splenic enlargement – likely reactive.
- Mild hepatic remodeling with nodular changes
- Apical dorsal bladder polyps – emerging carcinoma versus polypoid hyperplasia.
- Age related renal changes
- Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness intestinal biopsies with apical bladder wall resection could be justified in this patient. Screening FNA of the spleen could be considered with cytology and culture. However, chronic inflammatory bowel likely. Assessment for parasites, diet change to hydrolyzed geriatric diet may prove effective. If no surgical intervention is to be taken, recheck sonogram recommended in one month, primary for the bladder and GI presentation.





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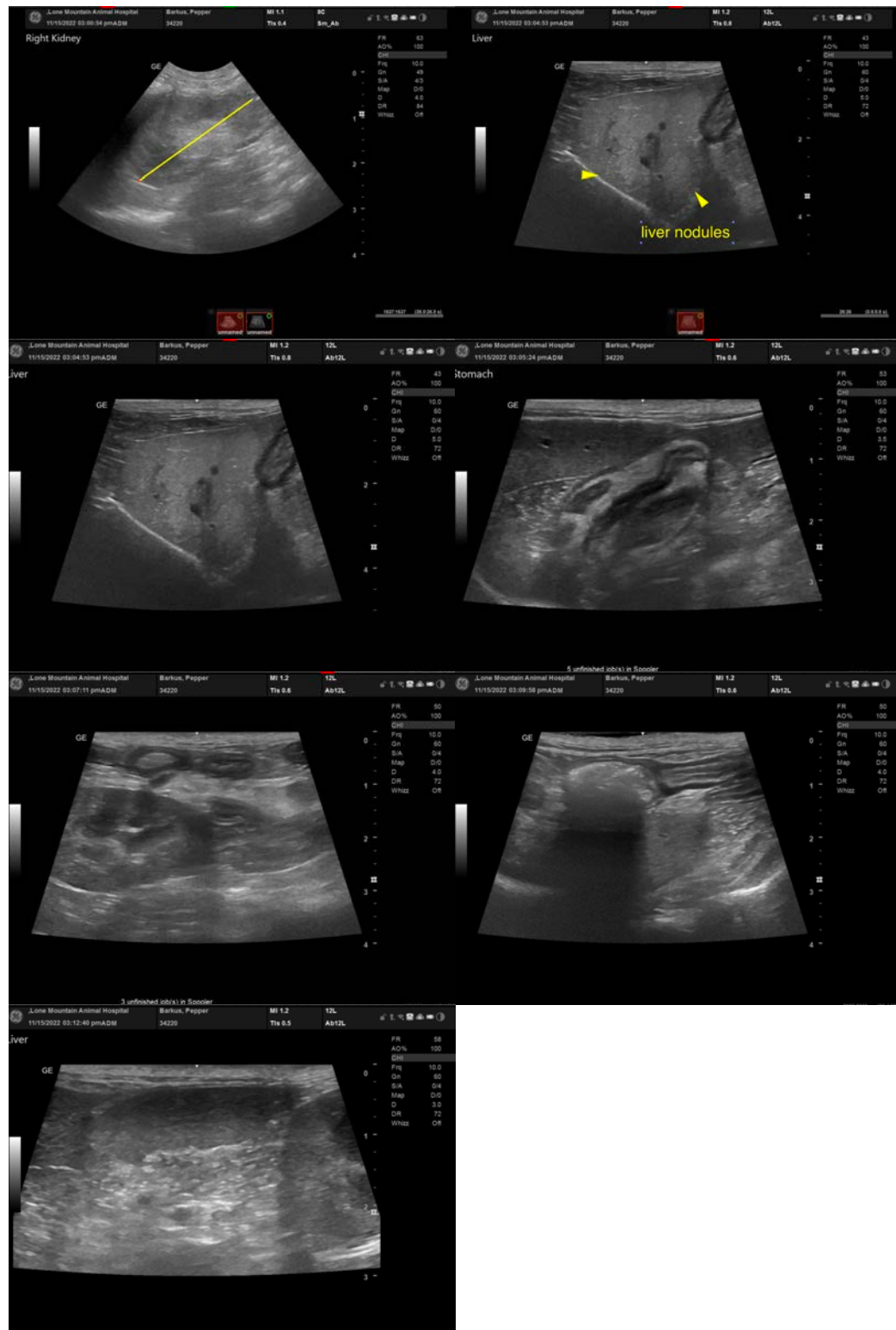
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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

info@SonoPath.com

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