

**DATE**

12/14/21

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Limping; Tremors / Shaking / Trembling; Wound Swollen. Date: 12-13-2021
Notes: P is eating but P is losing weight. P wants table food over her cat food. P has had an increase in urinating and drinking. P got claw caught in bed and had an anxiety attack, this happened tonight. P has had intermittent vomiting for the past couple of months.

PATIENT

Chloe Seidel

Assessment: Problems: -Vomiting -Weight Loss -PU/PD
DDX: Hyperthyroidism, CKD, IBD, Megacolon, Diabetes Mellitus
Plan: Chem 17, CBC, Lytes, PCV/TS, Abdominal radiographs, T4/SDMA.
Current Medications: Omeprazole, Gabapentin, Provable.

SPECIES

Feline

Lab Results: Attached separately.
Radiographs: Colon is dilated with air and fecal material. Attached separately.

BREED

Domestic Shorthair

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SEX

Spayed Female

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. Bladder sand accumulation was noted up to 2.0 cm of a thin layer. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

AGE

12/13/06

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. There were areas of dystrophic mineralization noted. Medullary rim sign was noted in both kidneys. The left kidney measured 3.15 cm. The right kidney measured 3.3 cm.

WEIGHT

6.3 lbs

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 0.4 cm. The left adrenal gland measured 0.4 cm.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

Spleen

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

HOSPITAL NAMEAnimal Emergency
Hospital**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.

REFERRING VET

Dr. Roper

INVOICE

94605

Gastrointestinal

The **gastrointestinal tract** revealed diffuse thickening with increased submucosal echogenicity. Undulating muscularis layer was noted. Intestinal wall thickness measured up to 0.3 cm. The stomach was empty in this patient. A cluster of mesenteric lymph nodes were noted. A grouping of which measured 2.4 x 1.3 cm.

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.

ULTRASONOGRAPHIC FINDINGS

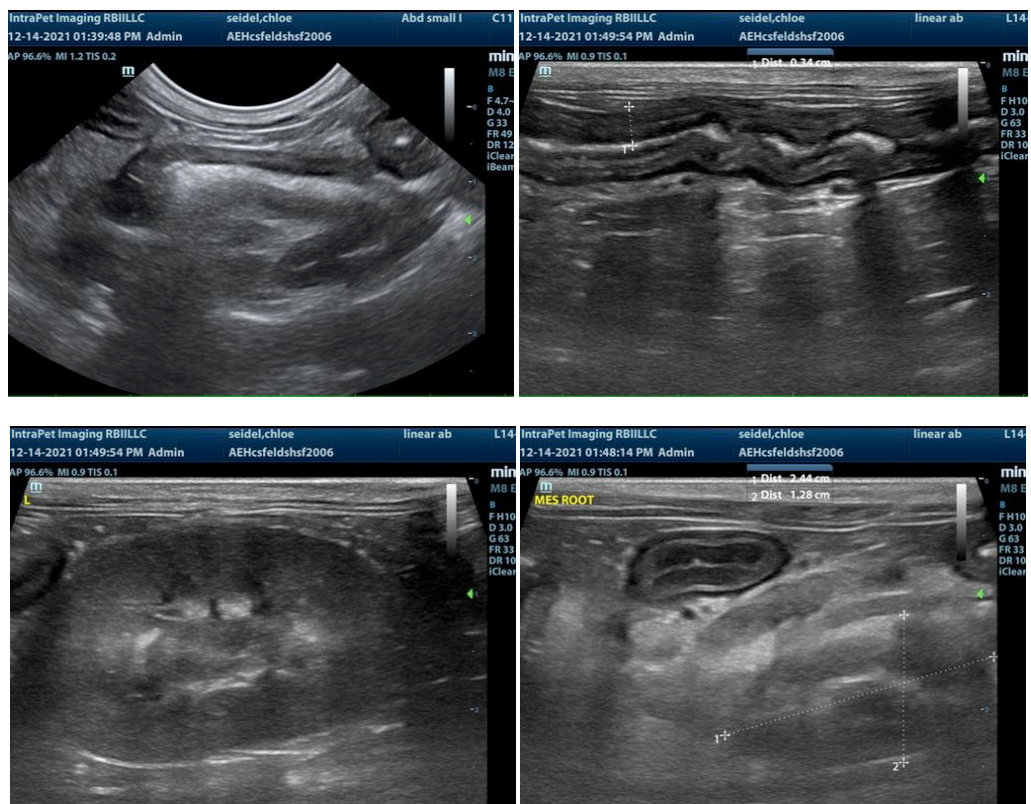
Variable, non-specific intestinal thickening with mesenteric lymphadenopathy, reactive pattern.

Urethral sand.

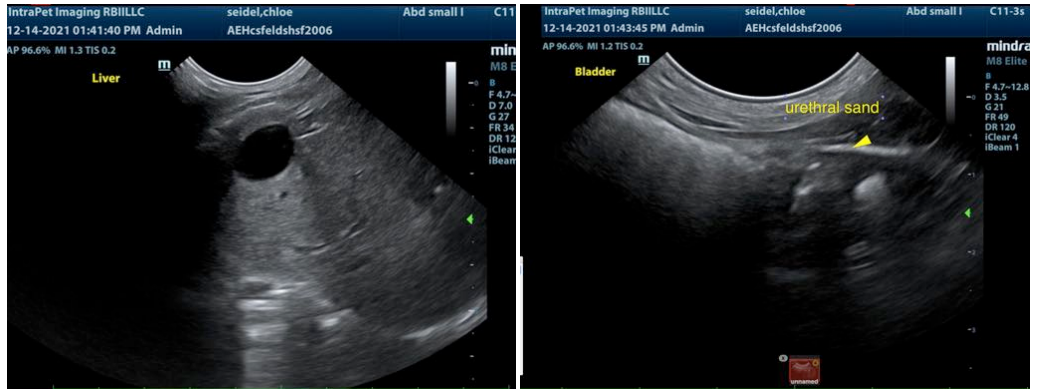
Enlarged mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no obvious neoplastic criteria present with the GI tract; however, given the anemia and lymphocytosis emerging round cell neoplasia is a possibility. Minor, hyperechoic and hypoechoic, non-disruptive liver nodules were noted. The patient is likely evacuating bladder sand periodically. CBC path review and bone marrow aspirate is recommended in this patient. Otherwise, full thickness gastrointestinal and lymph node biopsies would be necessary for a definitive diagnosis.







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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