

**DATE**

12/14/21

**PRESENTING CLINICAL SIGNS**

History: Presenting Complaint: Not Eating; Vomiting; Losing Weight. Date: 12-13-2021 Notes: Noted to vomit almost every time he eats - last night not really interested in eating - owner woke up to vomited food and some clear foam. Some of the vomit had grass in it - owners keep cat grass in the house. Was at the rdvm last week for same issue - wasn't passing stool last week, was noted to have some firm stool in colon - unsure if defecating due to multiple cats in the household. Not a known eater of things. Known hairball issues - owners give laxatone. Indoor cat - will eat plants if there is access. On urinary c/d. Last rdvm visit 12/7/21: - Rads: large amount of apparent stool, no obvious obstruction. Gave Cerenia injection, SQ fluids, 1/2 PetEma. Assessment: Vomiting; Hyporexia; Weight loss. Plan: Reviewed history and physical exam. Discussed ddx: gastroenteritis vs pancreatitis vs obstruction vs kidney disease vs liver disease. Recommended hospitalization, full bw +t4/sdma, abdominal xrays, +/- U/S, fluids, supportive care as needed - explained to the owner that we may have a better idea once we have dx back as to what is causing ransoms issues - owner agreed to plan.

**PATIENT**

Ransom Lawson

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

7/18/17

**WEIGHT**

7.4 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Nacke Horney

**INVOICE**

94611

Current Medications: Gabapentin, Unasyn, Potassium Chloride, Cerenia, Pantoprazole.

Lab Results: Attached separately.

Radiographs: Feces and gas in the colon - firm feces in the descending colon Gas in stomach, mild gassy changes in the intestines No obvious obstruction.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**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.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.31 cm. The right kidney measured 4.33 cm.

**Adrenal Glands**

The right **adrenal** gland was slightly enlarged and measured 0.72 cm. The left adrenal gland measured 0.47 cm.

**Spleen**

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

**Liver**

The **liver** revealed slightly increased portal markings with minor coarse architecture. Increased portal markings were present. 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***

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Diffuse intestinal thickening was noted with areas of increased muscularis thickness and some loss of submucosal layering. There were areas of free fluid present. Reactive mesentery was noted.

### ***Pancreas***

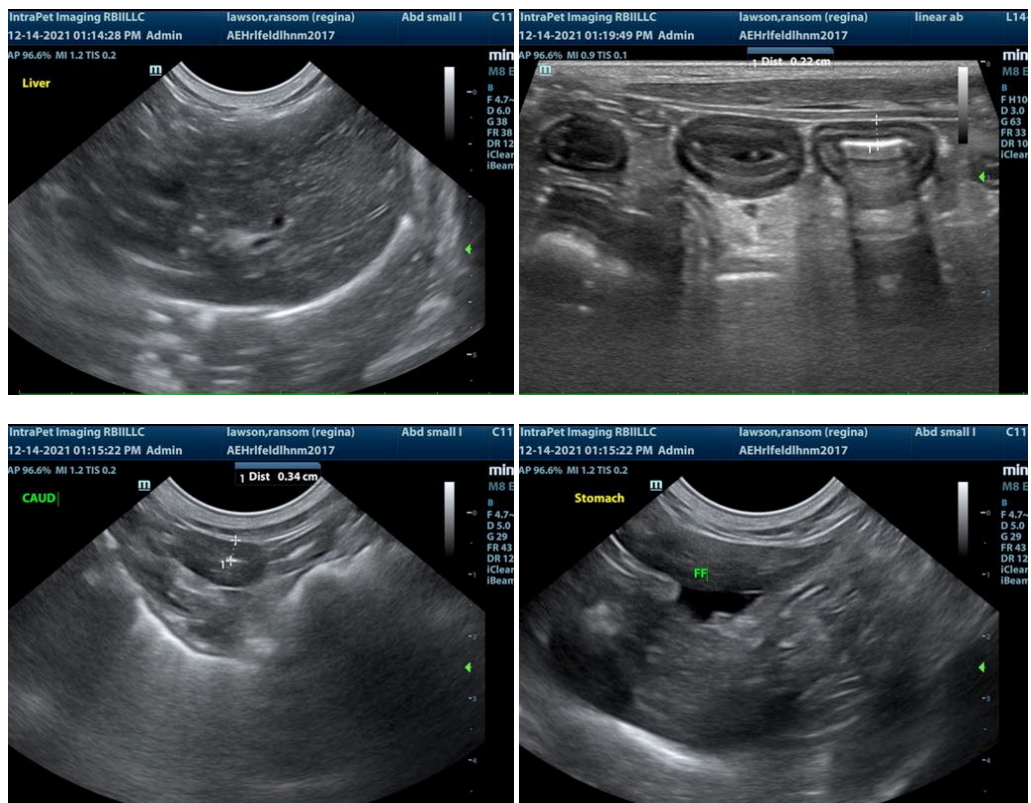
The **pancreas** revealed slight duct dilation that measured 0.13 cm and the right limb measured 0.85 cm. The pancreas revealed irregular contour. Mild, hyperechoic enhanced mesentery was noted.

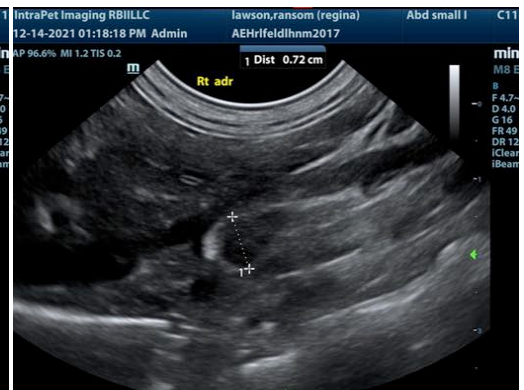
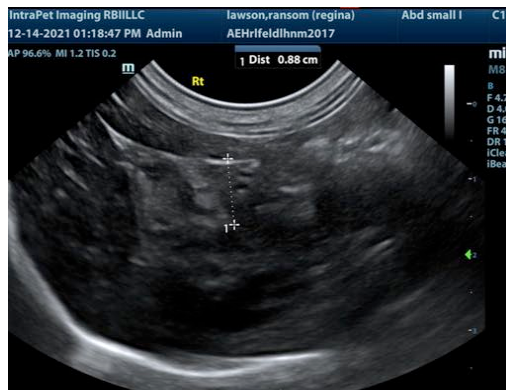
### **ULTRASONOGRAPHIC FINDINGS**

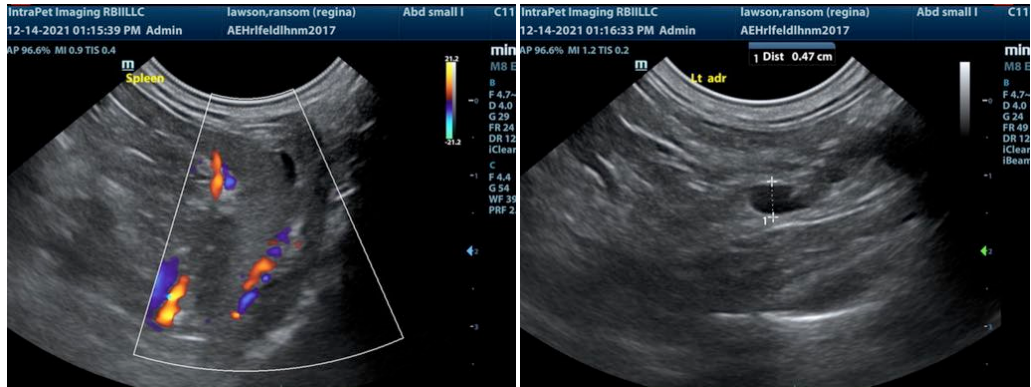
Variable intestinal thickening with mild regional lymphadenopathy and reactive mesentery.

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

I strongly recommend full thickness intraoperative ultrasound guided biopsies of the intestinal tract. Lymphatic obstruction, regional inflammation/peritonitis and paraneoplastic effusion is all possible. Emerging round cell neoplasia/lymphoma versus complicated inflammatory bowel, lymphoma/mast cell disease with a mild potential for dry form FIP. Guarded prognosis. Intraoperative ultrasound-guidance is key in this patient owing to regional areas of loss of mural detail that should be targeted for biopsy.







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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