



PATIENT

Bella Drehmer

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

14 Years

WEIGHT

3.39

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brittany Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Brittany Gardner

INVOICE

20192

DATE

12/19/22

PRESENTING CLINICAL SIGNS

History: Patient did not eat last Wednesday or Thursday. She was seen at her vet on Friday. They gave her SQ fluids and sent home an abx/mirtazapine and a anti-nausea med. They also did labs which were normal per owner. They said the rdvm is concerned about poss. cancer. She has been eating well since she got home. Vomited once yesterday. She is worried that she is having a hard time holding up her head. Thickened loops of intestine on palpation. anorexia/vomiting r/o intra GI (Neoplasia vs IBD vs FB vs Gastritis vs infectious) vs extra GI (pancreatitis vs metabolic vs hepatic vs renal vs neoplasia) entropion dermatitis r/o FAD vs environmental SWO: relayed PE findings, and information from rDVM. Concern for infiltrative GI disease and parasites. Recommend repeating bloodwork and doing an AUS. Discussed hospitalization vs outpatient. Bella is eating at home on meds and owner would like her to be at home if cancer.

Abnormal PE/Chem/CBC/UA Results: Diagnostics CBC:HCT 42.1, Leukocytosis 28.2, Neutrophilia 15.16, Monocytosis 0.84, eosinophilia 5.57, basophilia 0.54 EPOC: Hypernatremic (157), Hyperchloremic (128), Azotemic BUN 27, Creat 1.48, Others are WNL Fecal- Owner to collect and submit at home

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 were noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are mild and most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The kidneys measured 3.5 cm each.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **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.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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



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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.

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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. This is a mild change.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening, inflammatory bowel pattern
- Interstitial nephrosis pattern
- Age-related hepatic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No structural evidence of neoplasia/no neoplastic criteria met. Supportive care should prove effective. Unless pathology is present elsewhere in the body, the abdomen appears subjectively benign other than likely inflammatory bowel. Testing and coverage for occult parasitism, diet change to hydrolyzed geriatric diet, and treatment for infectious agents may all be effective in this patient +/- Prednisolone trial.

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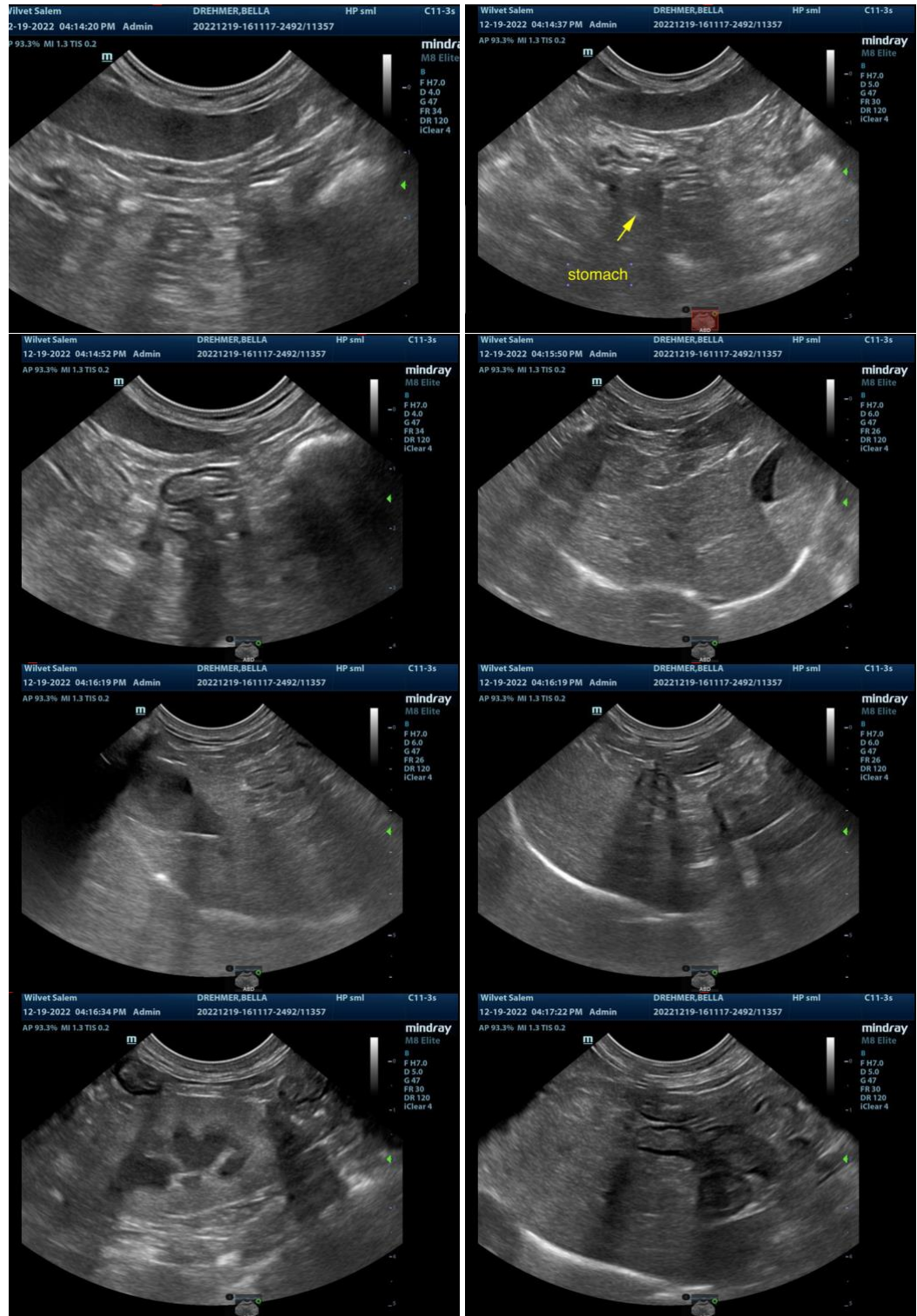
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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