



PATIENT

Gypsy Csutoras

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years 5 Months

WEIGHT

12.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kevin Moon

HOSPITAL NAME

Shiloh Vet Hospital

REFERRING VET

Dr. Dena Owings

INVOICE

45119

DATE

2/14/23

PRESENTING CLINICAL SIGNS

BCS 6/9 Vomiting partially digested food for 1 week, even despite oral Cerenia. P did vomit a feather 2-3 days ago. P already on a novel protein diet, but may have gotten into something else before this episode started.

Abnormal PE/Chem/CBC/UA Results: SDMA 15 (1-14) TP 4.8, Alb 2.3 (2.2-4) Globulins 2.5 (2.8-5.1)

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** 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 measure 4.35 cm.

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 0.40 cm.

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 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 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 "ropey" small intestinal wall with 1:1 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. 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. Reactive colic lymph node noted measuring 0.46 cm x 1.18 cm.



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Pancreas

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The **pancreas** revealed slight hypoechoic irregular changes without evidence of inflammation.

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ULTRASONOGRAPHIC FINDINGS

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- Diffuse intestinal thickening with hypertrophied muscularis without neoplastic criteria
- Minor colic lymphadenopathy
- Minor irregular pancreas – possible history of pancreatitis yet changes were subtle.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

Underlying inflammatory bowel likely. Full thickness intestinal biopsies necessary for further definition. I cannot rule out a potential pre-neoplastic state in this patient. If weight loss develops, then recheck sonogram indicated +/- maldigestion panel or full thickness intestinal biopsies.

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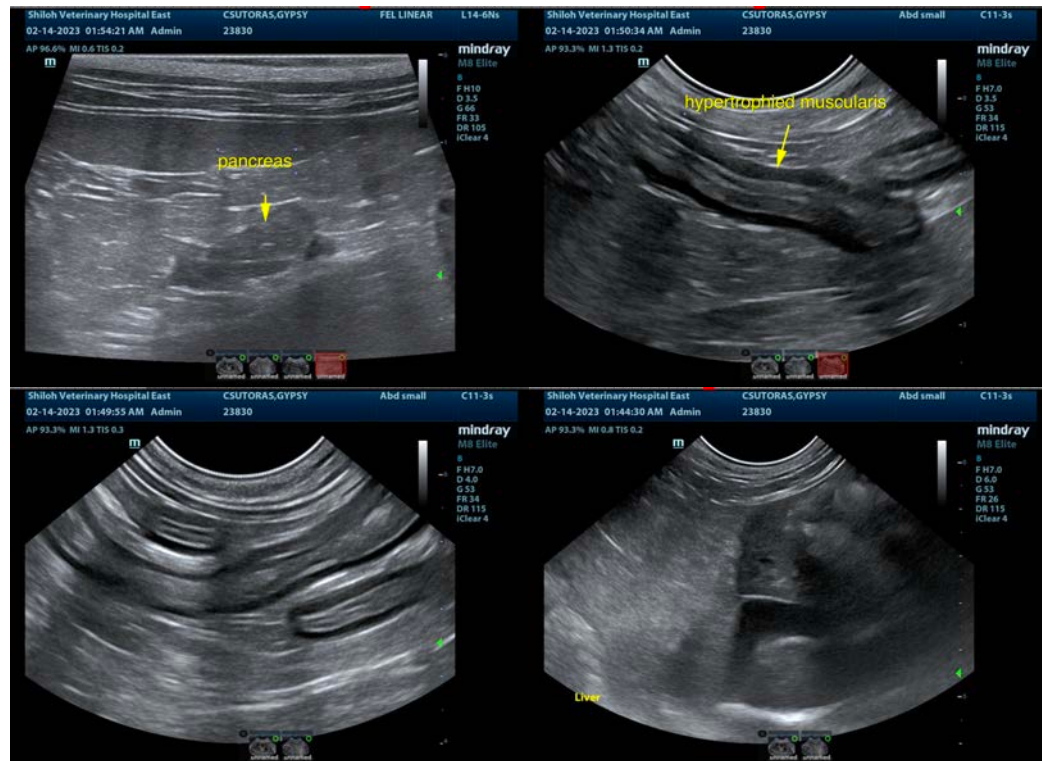
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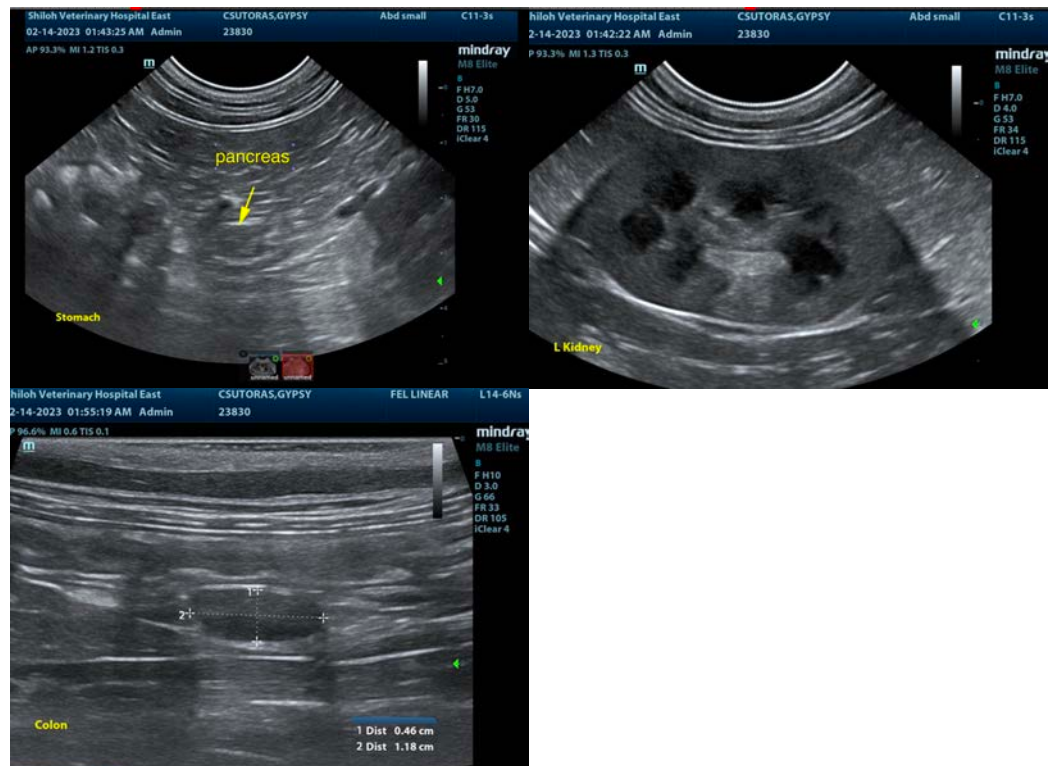
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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