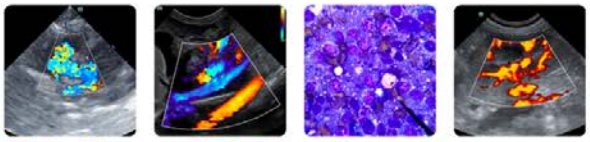

PATIENT

Max Clavadetscher

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

4.0 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. McKay

INVOICE

73175

DATE

2/22/26

PRESENTING CLINICAL SIGNS

Vomiting, ADR. ProBNP is normal. Concern for potential pulmonary edema - normal respiratory rate and normal spo2.

Abnormal PE/Chem/CBC/UA Results: Mild dehydration Mild anemia

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 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. Slight cortical infarcts noted, stable. No evidence of active inflammation. Left kidney measured 4.0 cm. Right kidney measured 4.12 cm.

Adrenal Glands

The **left adrenal gland** was 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. Left measured 0.30 cm.

The region of the **right adrenal gland** was unremarkable.

Spleen

The **spleen** measured at upper limits of normal at 0.96 cm. Slight scalloping contour 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 upper **gastrointestinal tract** was unremarkable. Intestinal wall thickness measured up to 0.21 cm. The distal jejunum revealed variable thickening for an extension of approximately 10-15 cm with loss of mural detail and reactive surrounding mesentery with trace free fluid. The remainder of the gastrointestinal tract was unremarkable.

Some reactive mesenteric lymph nodes were noted in the mesenteric root measuring 1.26 cm x 0.26 cm. A colic lymph node was slightly enlarged at 0.50 cm.

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Pancreas

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. Left limb measured 0.50 cm.

Other

Rapid view of the heart revealed normal contractility and volumes. No evidence of primary cardiac disease noted.

ULTRASONOGRAPHIC FINDINGS

- Section of jejunal thickening with diffuse loss of mural detail and reactive mesentery – Differentials include emerging round cell neoplasia such as lymphoma or mast cell disease, complicated inflammatory bowel, intestinal necrosis, dry form FIP.
- Minor reactive spleen.
- Age related renal changes.
- Age related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The affected section of jejunum appears resectable, ideally guided by intraoperative ultrasound with biopsies. Lymph node biopsy and culture would be indicated as well. Screening FNA of the spleen could be considered to ensure an occult neoplasia is not present, though not suspected.

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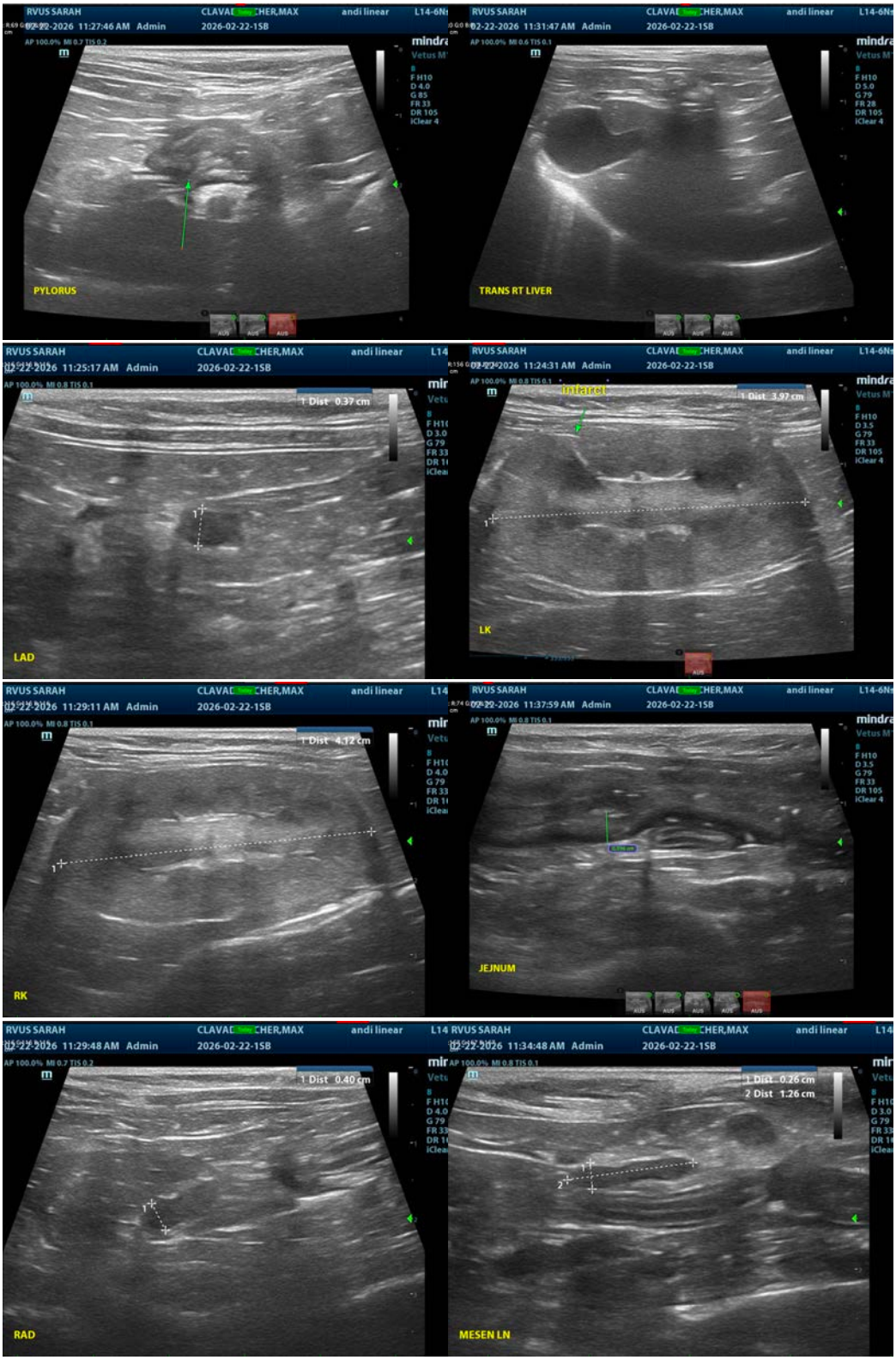

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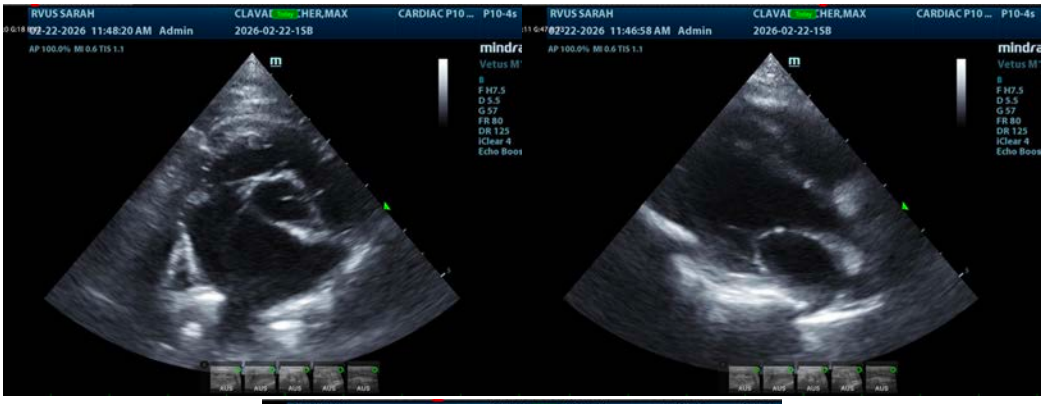

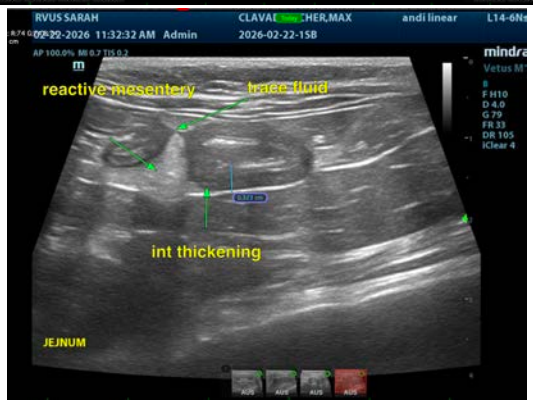

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com