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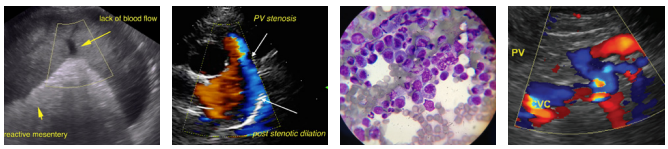


PATIENT

Ritchie Pickthorne

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Months

WEIGHT

10.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Magguili

INVOICE

35810

DATE

2/23/22

PRESENTING CLINICAL SIGNS

Presented 2/21 for 12-24hr hx vomiting/diarrhea, concern for GI FB. Initial radiograph report- Decreased serosal detail in cranial abdomen, suspect pancreatitis. A small 11 x 6 mm radiopaque nonobstructive foreign object appears present within the lumen of the small intestines. In addition emerging mild plication may be present. This could reflect the result of enteritis although a linear soft tissue opaque foreign object causing emerging mechanical ileus is not entirely excluded. 12hr Fasted recheck abdominal rad report- Progressive abdominal effusion could indicate pancreatitis as a cause of this patient's diarrhea, though a passing foreign object is also strongly considered for the heterogenous soft tissue and gas opacity object in the caudoventral abdomen on the lateral projections. Definitive mechanical obstruction is not suspected at this point in time, nor is any plication suspected. Progressive mild effusion from the described above maintenance intravenous fluid therapy could also be possible for the progressive abdominal effusion.
Abnormal PE/Chem/CBC/UA Results: CBC: hct 35.7%, wbc 21.47, neu 16.22, mono 0.81 k, eos 0.01 Chem 10: glu 268 EPOC: HCT 39%, Ca 1.15, glu 264, Na 143, po2 51.7, BE -6.5, sO2 85.9 (K+3.6-low normal) U/A: >1.050, pH 7.0, glu 50, wbc <1 hpf, rbc <1hpf, non-squam <1/hpf, no bacteria seen FPL - NORMAL BIONOTE BNP - 55- NORMAL Lactate normal on recheck EPOC Pt BAR, friendly, persistently febrile last 24hr, on IVF, cerenia, buprenorphine, pantoprazole, enrofloxacin, no v+/d+ in last 24hr

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 3.0 cm.

Adrenal Glands

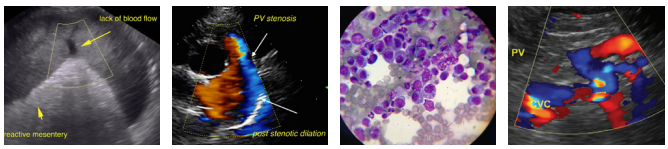
The regions of the **adrenal glands** were unremarkable.

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. Trace free fluid noted between the liver lobes.



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Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. However, the descending colon was diffusely thickened all the way into the pelvic inlet with wall thickness up to 6.0 mm with hypertrophied muscularis and thickened submucosal layer. This is most consistent with colitis.

Pancreas

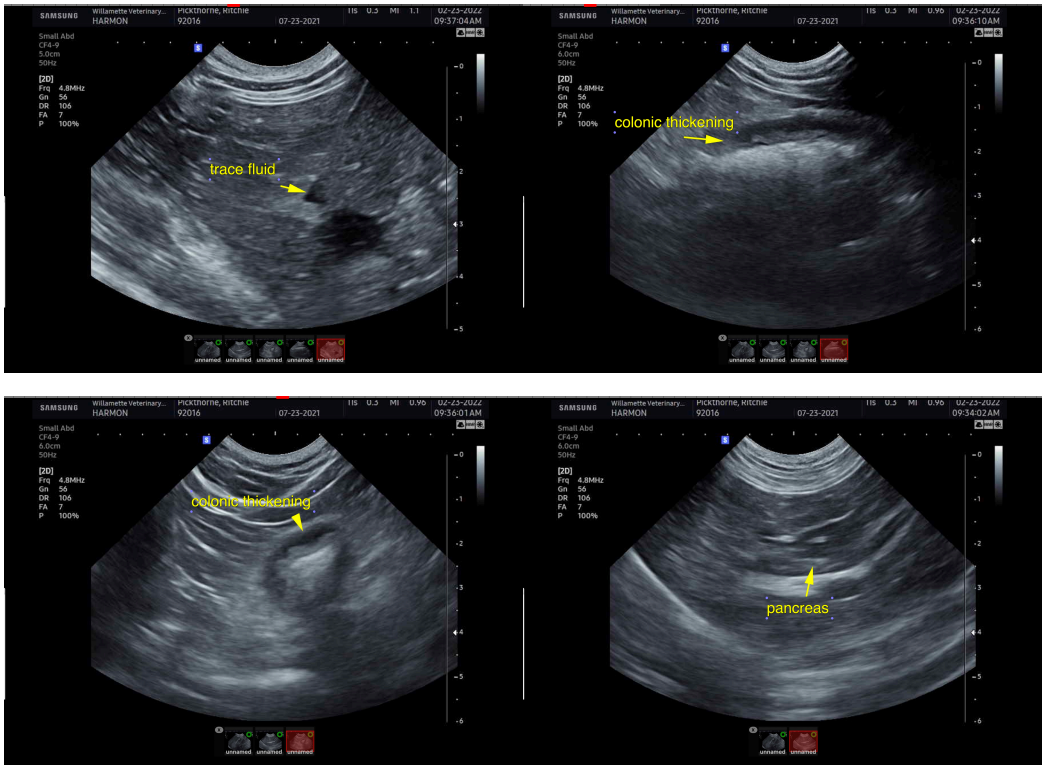
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Colitis pattern, possible emerging round cell neoplasia, granulomatous disease/FIP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Colonoscopy would be ideal to obtain descending colonic biopsies. Ultrasound guided FNA of the colonic wall could be considered as well. Anti-parasitic protocol indicated. Clindamycin could be considered to treat for infectious agents. Recheck sonogram in 3-5 days to ensure adequate colonic resolution.



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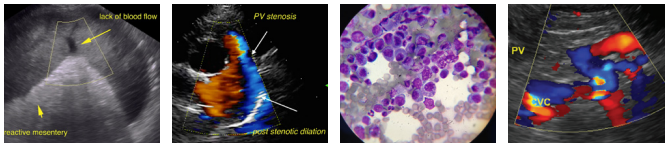

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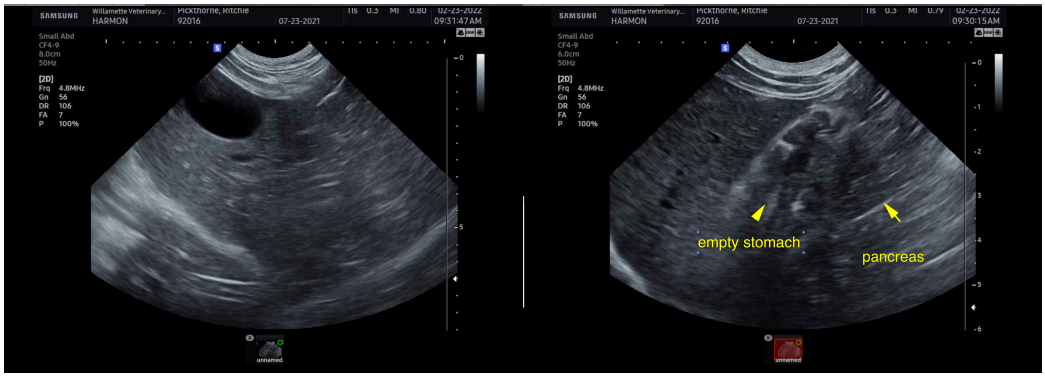

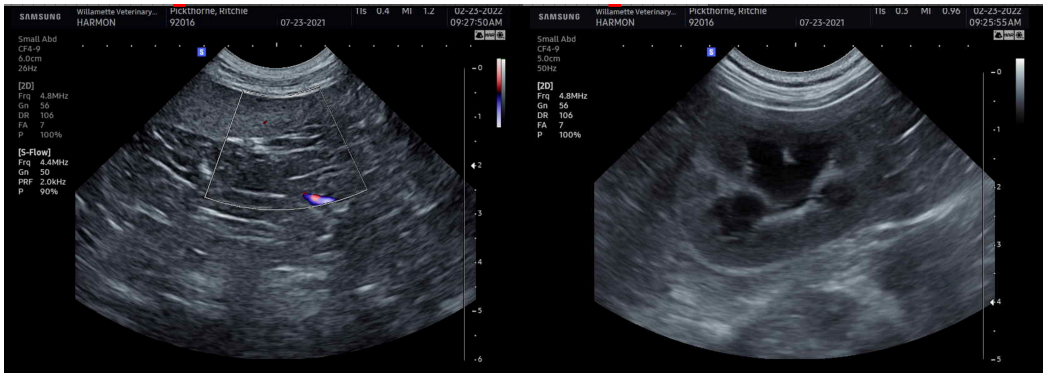

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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