

**DATE**

2/25/22

**PRESENTING CLINICAL SIGNS**

Recheck AUS per recommendations from previous on 2/22.

Current Medications: Metoclopramide, Clavamox, Mirtazapine, Metronidazole, Clavamox, Sucralfate, Buprenorphine, Ondansetron.

**PATIENT**

Date of Previous IntraPet Ultrasound: 2/22/22.

Midnight Anderson

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Feline

**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.

**BREED**

Domestic Shorthair

**SEX**

Neutered male

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.82 cm. The right kidney measured 4.31 cm.

**AGE**

2/2/10

**Adrenal Glands****WEIGHT**

12.2 lbs

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 0.5 cm. The left adrenal gland measured 0.52 cm.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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 was noted.

**HOSPITAL NAME**Animal Emergency  
Hospital**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.

**REFERRING VET**

Dr. Nacke-Horney

**INVOICE**

96353

**Gastrointestinal**

The gastric wall appears to have largely normalized with mild residual thickening, yet curvilinear details were more recognizable. Maximal wall thickness in the pyloric outflow is 0.67 cm.

## Pancreas

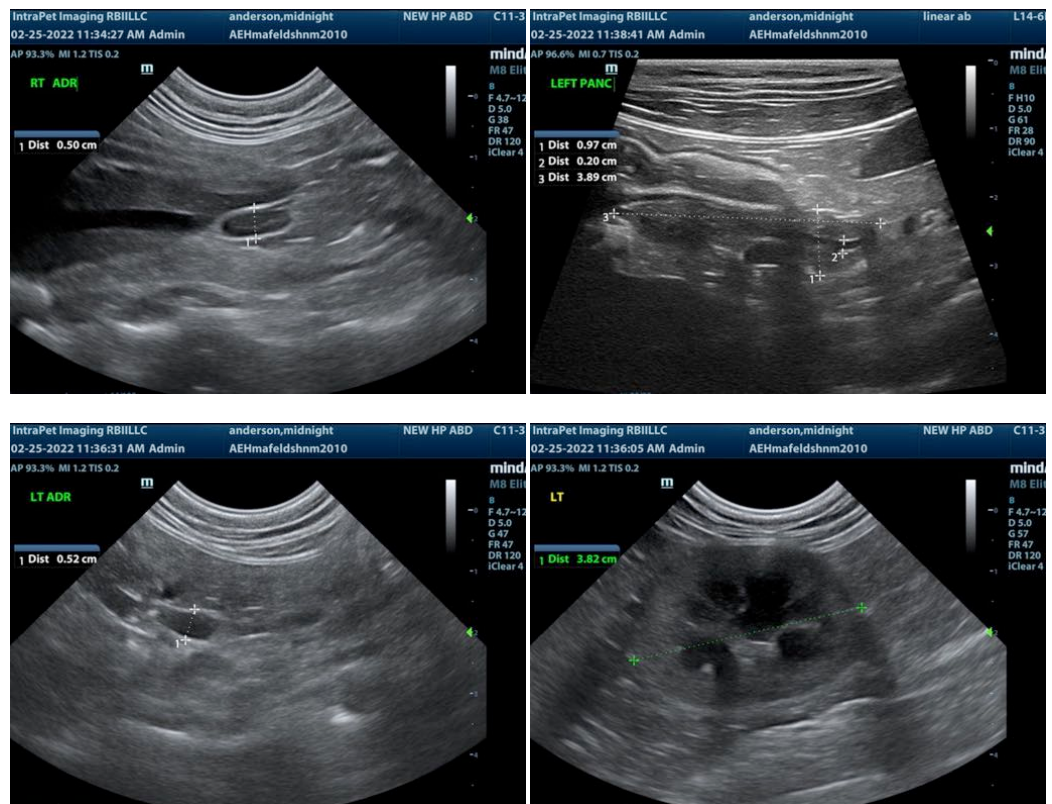
The pancreas was mildly enlarged at 0.97 cm in the left limb with undulating contour.

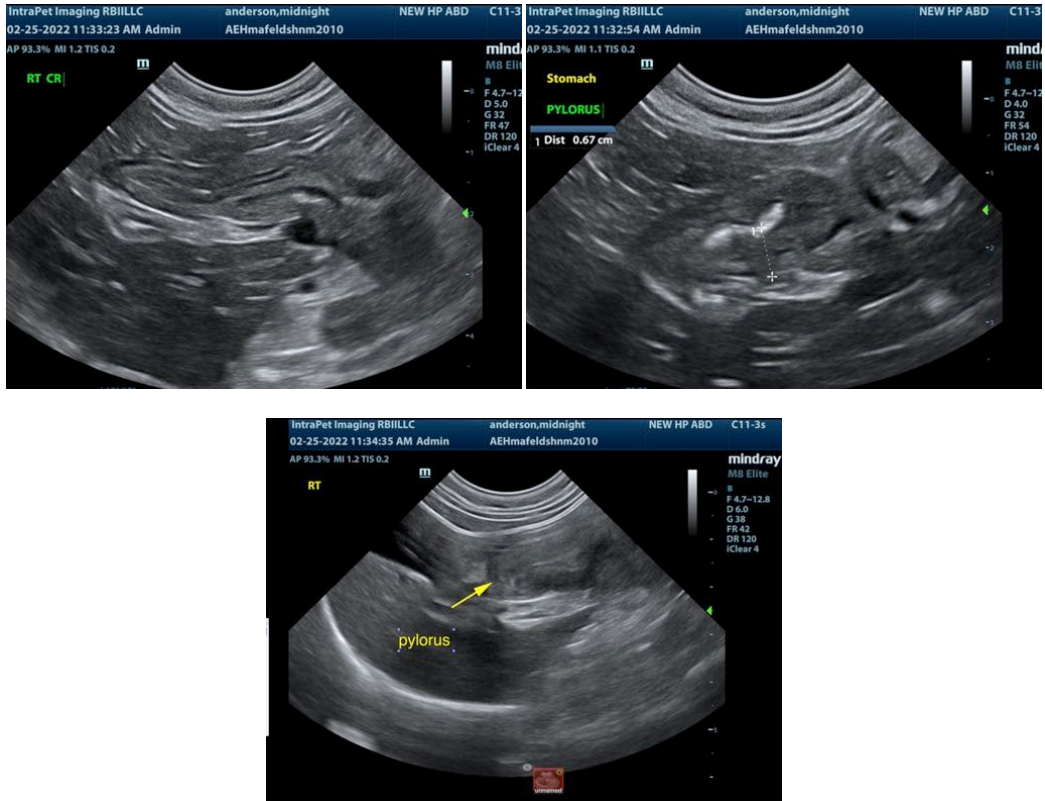
## ULTRASONOGRAPHIC FINDINGS

Improved gastric and pancreatic presentation with mild residual gastric thickening.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If supportive care is proving effective then I recommend continuation of the current protocol. However, if any weight loss or residual clinical signs occur then a recheck sonogram is indicated. I cannot rule out a transitional state between gastritis/inflammatory bowel and emerging lymphoma. This patient should be monitored carefully.





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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