



**DATE PRESENTING CLINICAL SIGNS**

2/6/26

Patient History: Chronic diarrhea for about 4 weeks. Patient vomits intermittently- once every 2-3 weeks. Blood work from 1/23 WNL and fecal panel was negative. Patient has dental disease but otherwise physical exam was unremarkable. Tried treating with a course of metronidazole- patient did not tolerate well so discontinued. Patient currently on Hills Z/D and fortiflora. Appetite mildly decreased and has lost about a pound since last year.

**PATIENT**

Keke Perkins

**SPECIES**

Feline

Current Medications: Fortiflora- started on 2/3, Hydrolyzed protein diet started on 2/3  
Labwork Results: Labwork attached, reported as: Fecal 1/23 negative. BW 1/23- stress hyperglycemia otherwise WNL

**BREED**

Sphynx

Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed by: Stephanie Warga RDCS, RVT.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

8/28/2014

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Minor urinary debris was noted. Ureteral papillae were normal.

**WEIGHT**

9.69 Pounds

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 right kidney measured 4.5 cm. The left kidney measured 4.26 cm.

**INTERPRETED BY**

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**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 0.39 cm. The left adrenal gland measured 0.32 cm.

**HOSPITAL NAME**

Chadwell AH

**Spleen**

**REFERRING VET**

Dr. Copes

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.

**INVOICE**

35738

**Liver**

The **liver** revealed mild enlargement and slight heterogenous parenchymal changes. Slight increased portal markings were noted. The gallbladder and common bile duct were unremarkable.

**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. Wall thickness measured 0.16 cm.

### ***Pancreas***

The **pancreas** was prominent and hypoechoic with undulating contour with minor duct dilation.

### ***Free Abdomen***

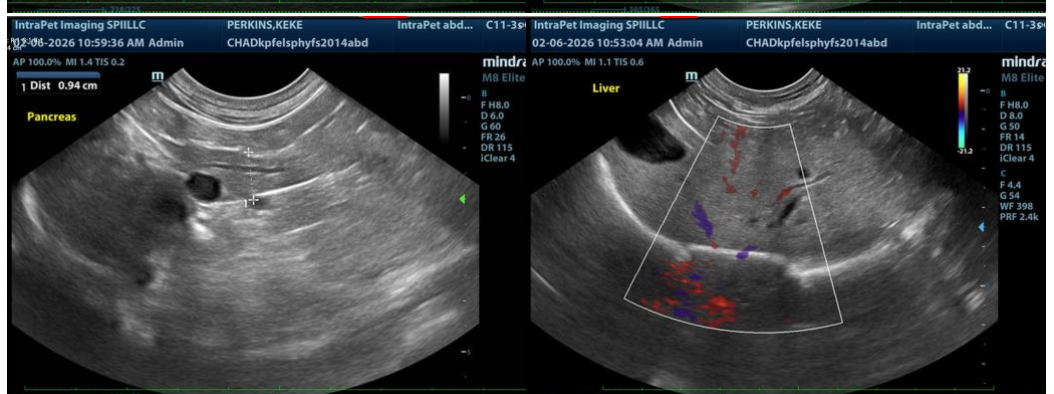
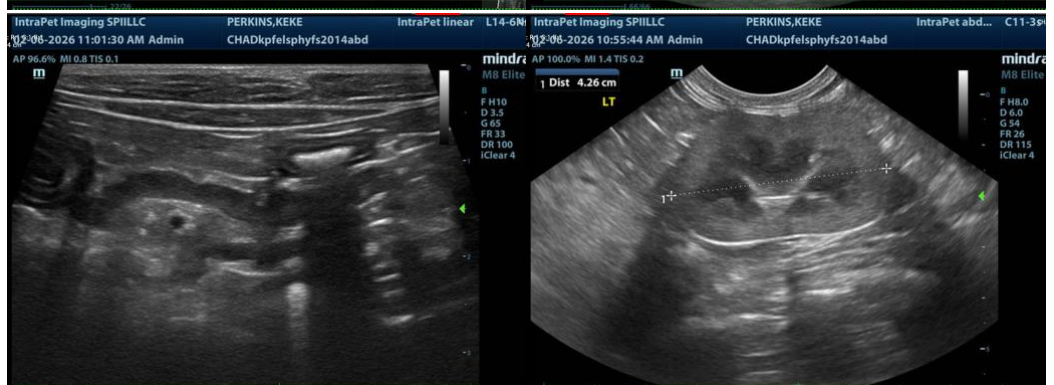
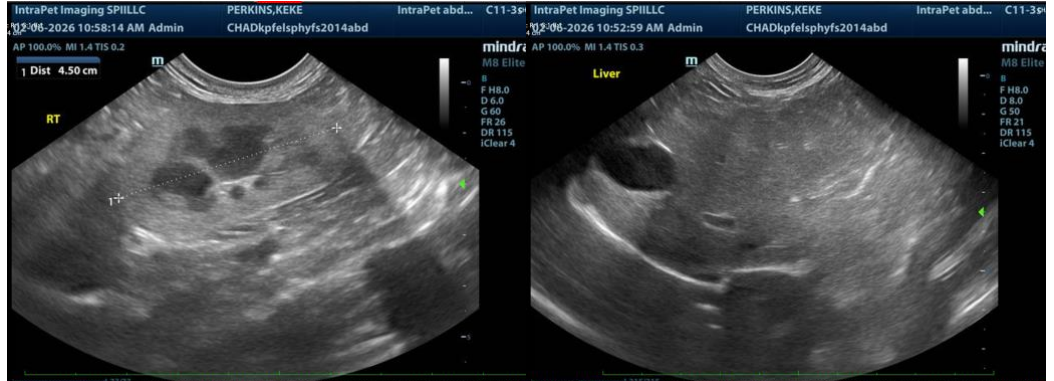
The mesenteric **lymph nodes** (up to 2.0 cm x 0.5 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

## **ULTRASONOGRAPHIC FINDINGS**

- Minor intestinal thickening with reactive mesenteric lymph nodes
- Heterogenous liver with nonspecific mild hepatomegaly
- Prominent pancreas
- Minor urinary bladder debris

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This is likely inflammatory bowel with potential history of pancreatitis. Emerging hepatic lipidosis is suspected. Management for inflammatory bowel with hydrolyzed diet and parasite management are indicated. Low dose prednisolone trial could be considered, unless full thickness surgical biopsies are an option. If liver enzymes are elevated, then FNA of the liver is indicated for further definition. No overt neoplastic criteria of any organs.





**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.

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