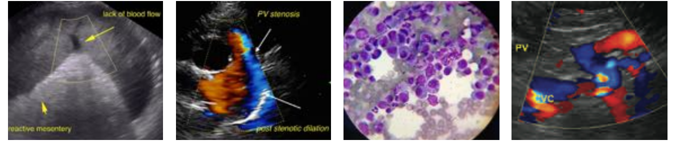
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Sgt Tibbs Macblane

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

5.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Nelson

INVOICE

96476

DATE

3/1/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for hospitalization/supportive care. Patient was seen at rDVM last Monday for vomiting, not eating. She was sent home with Cerenia (?) and Metro (?). No improvement so was taken back to rDVM yesterday, hospitalized for the day. O took home las night, he drank a whole bowl of water, still not eating, vomited large amount of green/black liquid this am.
Abnormal PE/Chem/CBC/UA Results: 1) CBC/Chem/Lytes from reg vet – elevated ALT, bilirubin 2) PLI from reg vet – abnormal PLI 3) Rads from reg vet- mild gas in stomach, no gas dilation of SI, no obstructive pattern, no ingesta or FB seen in GI tract

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.

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 kidneys both measured 3.0 cm.

Adrenal Glands

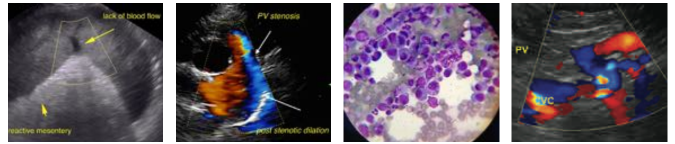
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Both adrenal gland measured 0.4 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 was 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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The upper **gastrointestinal tract** revealed gastric stasis with mildly thickened duodenum and variable intestinal thickening with reactive mesentery. There was no neoplastic criteria met. However, this is a partial obstructive pattern owing to dysfunctional bowel. No obvious foreign matter was noted. However, significant gastric stasis was noted. Hypertrophied muscularis and 1:1 muscujlaris to mucosal ratio was noted.

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

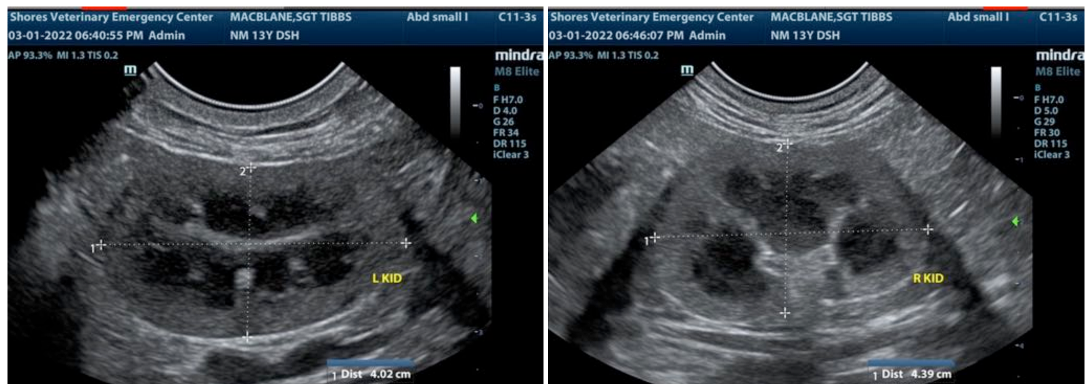
Gastric stasis.

Variable intestinal thickening with reactive mesentery.

Concurrent inflammatory hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend 24 hour IV fluid support, broad spectrum antibiotics and any pain management in case of low-grade pancreatitis. Recheck sonogram is recommended. If the patient is not eating GI protectants are warranted. Full thickness intestinal biopsies may be the best option in this patient depending upon the response to therapy. Emerging intestinal neoplasia such as lymphoma, mast cell disease or FIP are all potentials in this case, yet acute on chronic inflammatory bowel is suspected.



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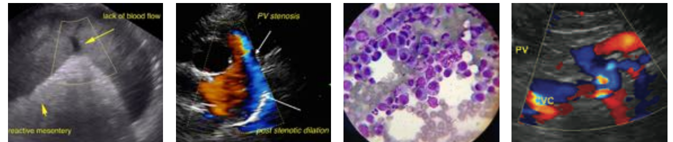

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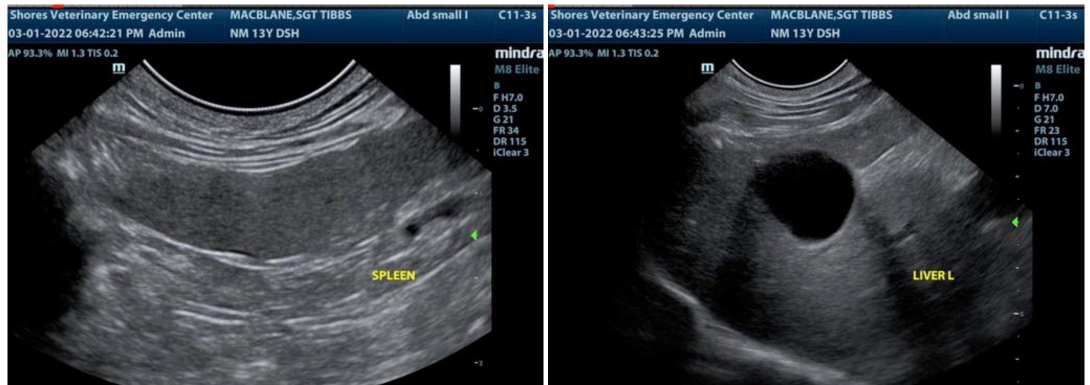

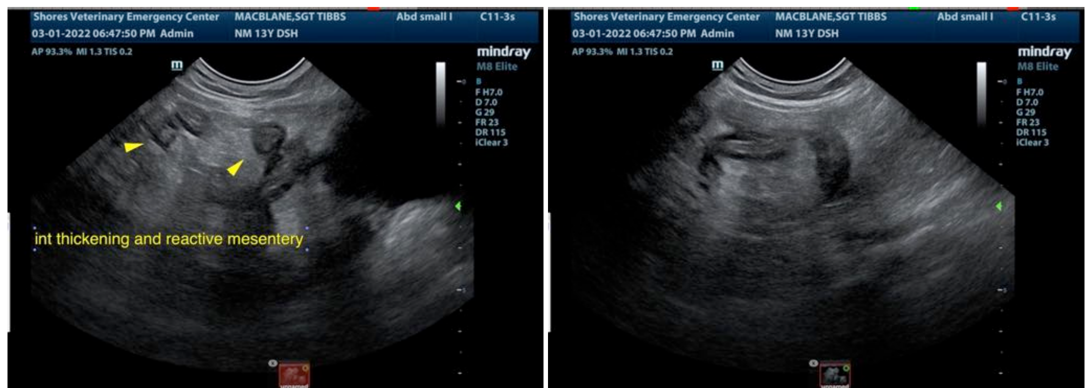

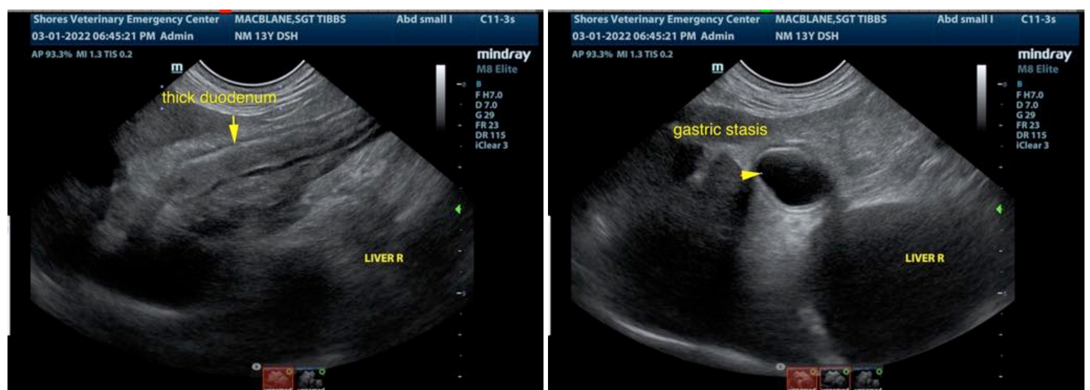

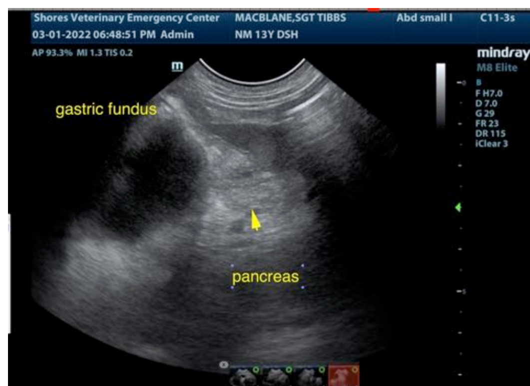

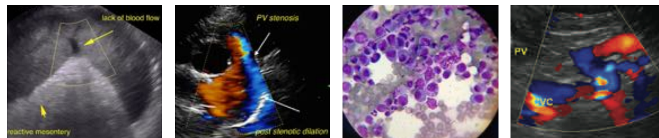

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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