



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Louie Elwell

SPECIES
Feline

History: Acute onset severe mucous diarrhea, fever and severe dehydration. Was on Convenia, changed to Veriflox yesterday. Fever down today, much brighter. On IVF in hospital. Indoor cat, but did get outside recently.

Abnormal PE/Chem/CBC/UA Results: PE: Severe dehydration and T 105.4 yesterday. Congenital deformity of RF leg. RADS: possible nephrolith; SI normal yesterday, bunched today. WBC 36.5k, Neut 33k, Hct 54%. ALT 112, BUN 70, Creat 3.1, TP 8.6, Alb 4.4. USG 1.040, cocci and few RBC.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic Shorthair

Urinary System

SEX

Neutered male

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

AGE

3 ½ years

The **kidneys** are relatively normal in structure with uniform swelling. This is consistent with acute insult. The left kidney measured 4.57 cm. The right kidney measured 4.48 cm.

WEIGHT

12 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Dr. Ebersole

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

Scanvet

Liver

REFERRING VET

Dr. Barengo

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 and common bile duct were unremarkable.

INVOICE

96887

Gastrointestinal

DATE

3/16/22

The small intestine was unremarkable as was the stomach. The colonic wall was diffusely thickened and measured up to 0.71 cm with areas of muscularis hypertrophy. The colonic thickening continued into the deep pelvic inlet and occupied the majority of the descending colon. The submucosa appears to be intact. The colic lymph node was mildly enlarged. Regional free fluid was present.



PATIENT

Pancreas

Louie Elwell

The **pancreas** revealed hypoechoic, irregular parenchymal changes.

SPECIES

Free Abdomen

Feline

Minor areas of free fluid were noted with enhanced surrounding mesentery. Regional free fluid was present.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Colonic infiltrative pattern with regional free fluid.

Neutered male

Irregular pancreas.

Reactive mesentery was noted associated with the colon.

AGE

3 ½ years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The colonic pathology is non-resectable. I am concerned for colonic lymphoma. FIP, mast cell disease, or severe colitis are all differentials. A colonoscopy would be ideal. The azotemia is likely prerenal. Ultrasound-guided abdominocentesis of the free fluid with cytospin is recommended. Ultrasound-guided FNA of the colonic wall can be considered; however, it may be difficult to exfoliate adequately. Coverage for infectious agents such as Salmonella would be warranted. Enrofloxacin and Clindamycin combination or similar is recommended. There was no evidence of a foreign body. Otherwise, surgical biopsies would be necessary for a definitive diagnosis. Urine culture and sensitivity as well as 72 hour IV fluid protocol and recheck sonogram is indicated if only empirical measures are taken without sampling.

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Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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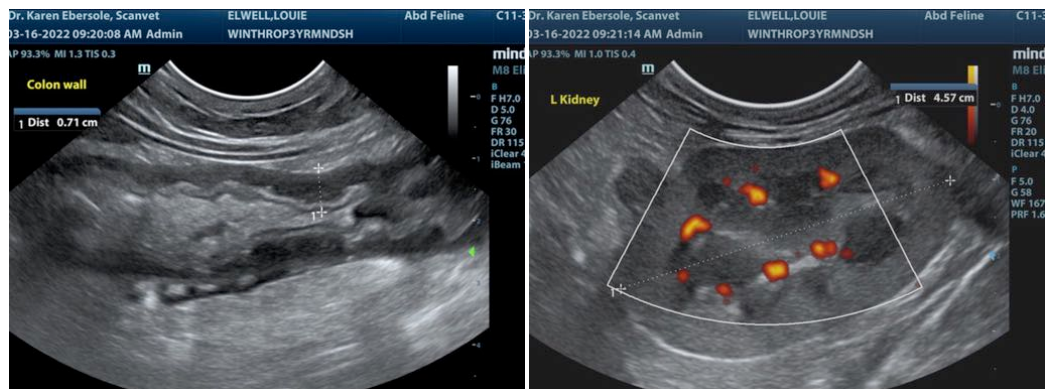
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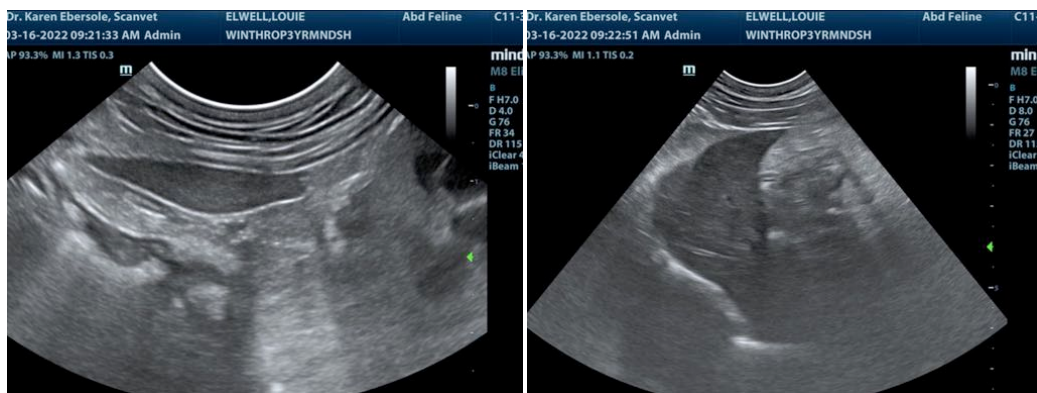
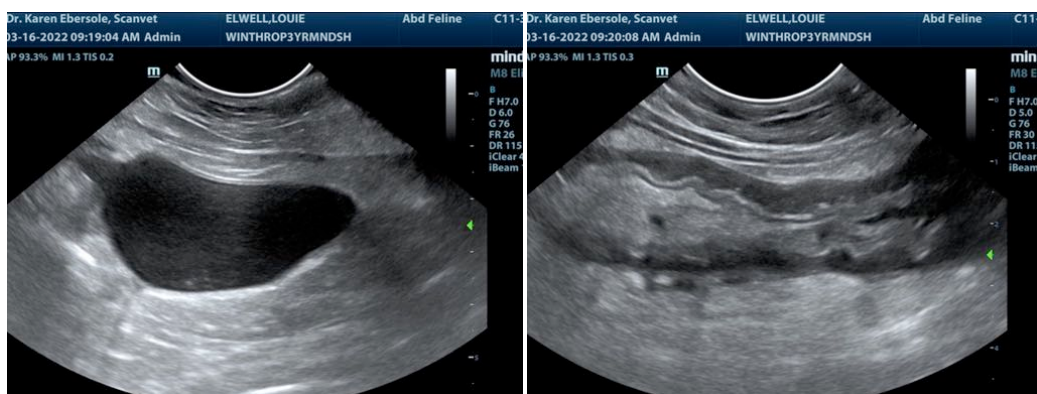
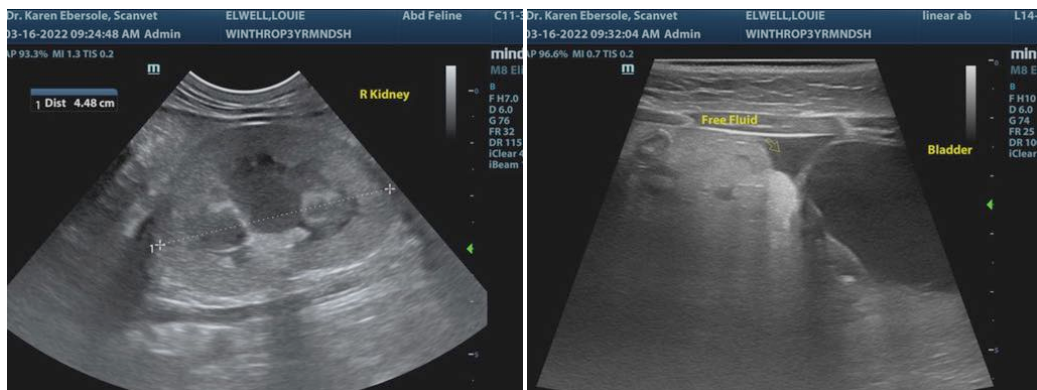
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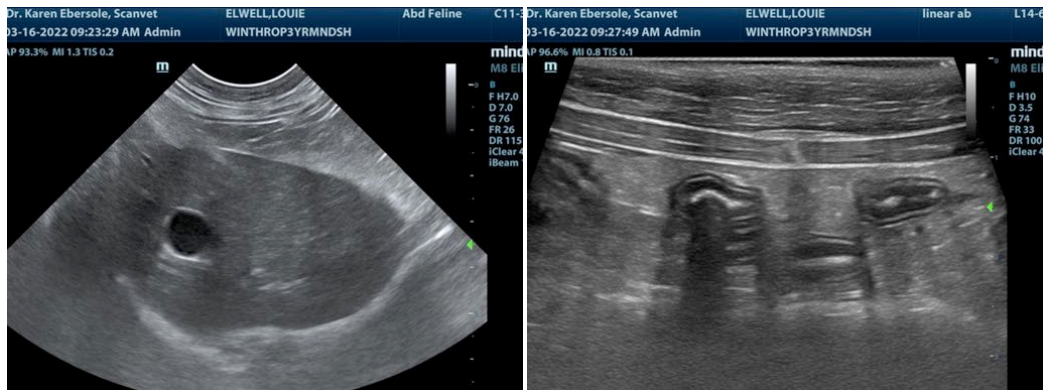
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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