

**DATE**

3/25/22

**PRESENTING CLINICAL SIGNS**

Vomiting, per o going on intermittently for a while. In Dec 2020 it worsened. P improved while on Cerenia but has once again been worse recently.

**PATIENT**

Leonard Hagan

Current Medications: None currently. Previously on Cerenia 8mg SID in Dece 2021.

Lab Results: WNL.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

**SPECIES**

Feline

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered male

**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.

**AGE**

9/2/19

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 4.02 cm. The left kidney measured 4.25 cm.

**WEIGHT**

12.3 lbs

**Adrenal Glands**

The **right adrenal gland** was 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 0.3 cm.

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

The region of the **left adrenal gland** revealed no evident pathology.

**HOSPITAL NAME**

Bel Air VH

**Spleen**

The **spleen** was enlarged, measuring 1.43 cm.

**REFERRING VET**

Dr. Schmidt

**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.

**INVOICE**

14518

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## **Pancreas**

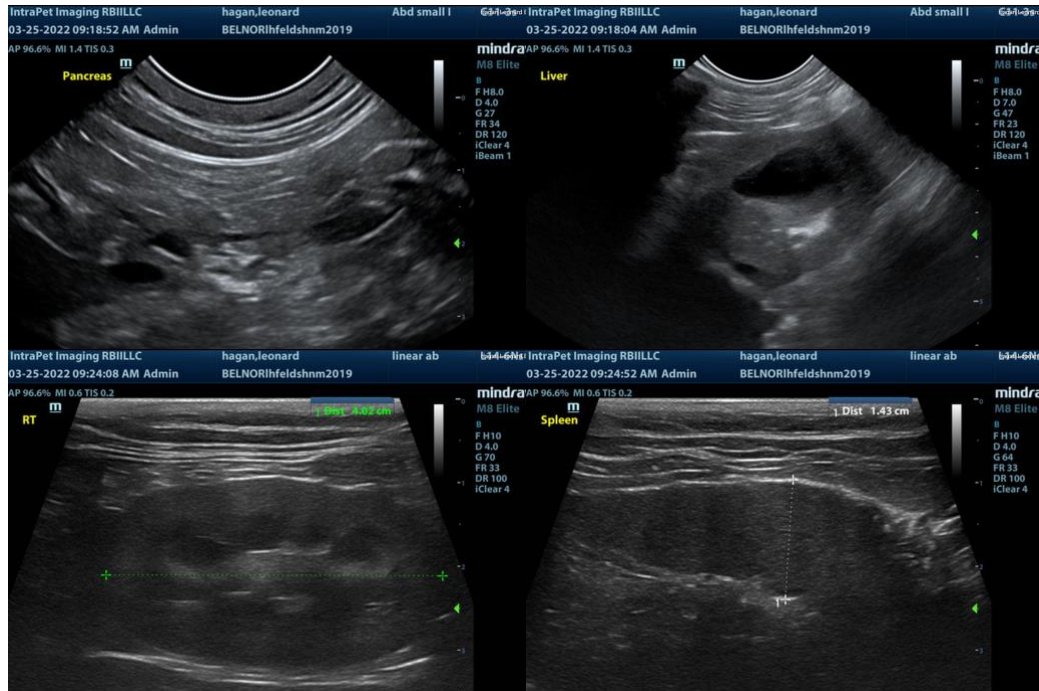
The pancreas was slightly hypoechoic and mildly swollen. The pancreas measured 0.9 cm at the left base. Duct dilation measured 0.14 cm.

## **ULTRASONOGRAPHIC FINDINGS**

- Normal abdomen with slightly prominent pancreas and mildly enlarged spleen.

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

If weight loss is an issue, then FNA of the spleen is indicated. The pancreatic changes were very minor. Underlying food intolerance/inflammatory bowel likely with possible low-grade pancreatitis. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Diet changed to hydrolyzed diet and a clinical trial of Zithromax/metronidazole could be considered. Low-dose prednisolone trial could be considered, yet structurally the abdomen appears unremarkable, other than mild splenic enlargement. Reactive spleen, likely. Mild potential for emerging round cell neoplasia, hence the necessity for FNA.





**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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
Eric.Lindquist@SonoPath.com