



PATIENT

Cuddles Newton

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

20 Years

WEIGHT

2.8 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Ave Vet Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

46243

DATE

3/29/23

PRESENTING CLINICAL SIGNS

Vomiting for the last 6 months did have diarrhea with blood sometimes, vomiting nearly daily, can be hours after undigested food, reportedly has 40-50% weight loss over the last 2 years. SDMA + T4-Normal *RO GI infiltrative disease

Abnormal PE/Chem/CBC/UA Results: AMY: 1314 U/L BUN; 46 mg/dL NEU: 14.8 10⁹/l PLT: 908 10⁹/l

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 were 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralizations noted. The left kidney measured 3.0 cm. The right kidney measured 3.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with 1:1 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Some stasis of chyme noted in this patient, which would suggest possible hair transit. The soft shadowing material appeared to be in the jejunum.

Reactive mesenteric lymph nodes noted.



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Pancreas

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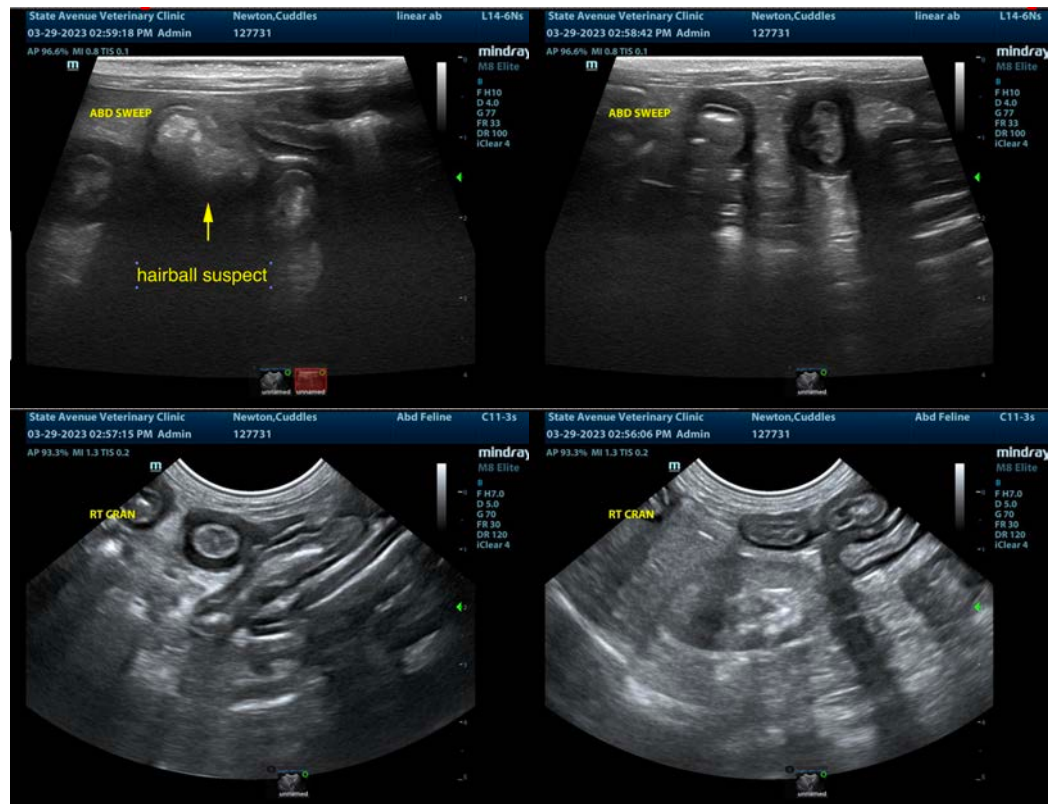
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening with hypertrophied muscularis and stasis in the small intestine
- Age related renal, hepatic, and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt neoplastic criteria. However, I cannot rule out an emerging intestinal neoplastic event. Surgical intervention with liberation of the intestinal content with the primary objective of full thickness biopsies recommended. Otherwise, IV fluid support and GI lubricants indicated with recheck sonogram in 24-48 hours to assess if the material is transiting. However, ideally full thickness intestinal biopsies would be performed for long-term management.





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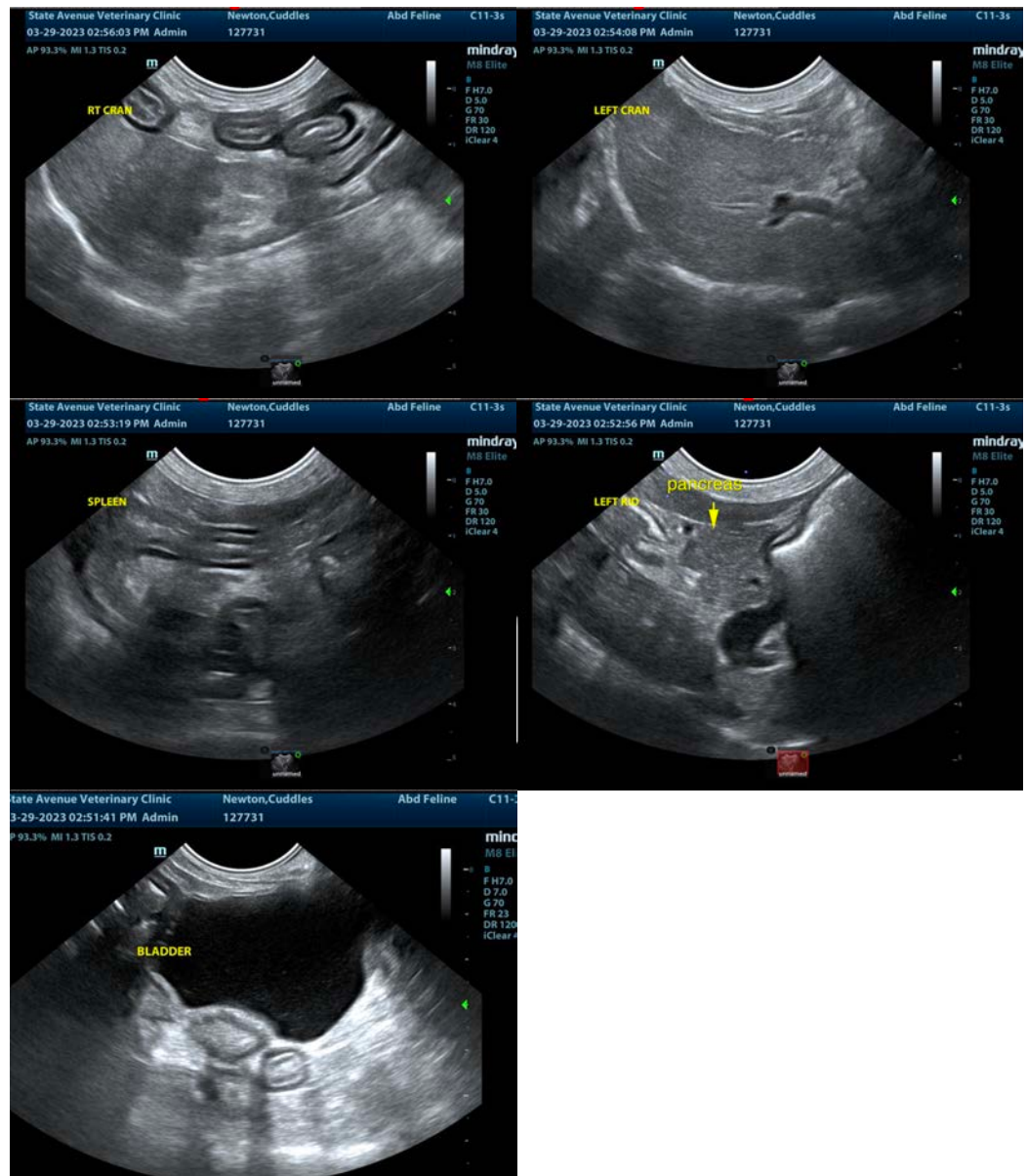
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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