

**DATE PRESENTING CLINICAL SIGNS**

3/30/23

Presented on 3/21/2023 for chronic vomiting. usually once a day and usually around 2am. Sometimes just water and sometimes food present. previously seen in nov 2022 for wellness and vomiting noted at that time. Nsf on exam.

PATIENT

Sushi Buccholz

Current Medications: Cerenia 16mg 3/21/23.

Lab Results: mar 2023: bun 37, creat 1.7, platelets 99k but typically low on in-house cbc machine. nov 2022: bun 43, creat 2.2, na 161, k 6.5,

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV: Torb.

BREED

DSH

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

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.

AGE

9/4/08

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. The right kidney measured 3.88 cm. The left kidney measured 3.59 cm. Slight cortical infarcts were noted in the left kidney. Slight pyelectasia was noted in the right kidney, measuring 0.23 cm.

WEIGHT

8.15 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.5 cm. The left adrenal gland measured 0.51 cm.

HOSPITAL NAME

Everhart VH

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.

REFERRING VET

Dr. Betta

INVOICE

21856

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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 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. The gastric wall revealed a 1.3 cm x 0.64 cm hypoechoic nodule.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild 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.

Free Abdomen

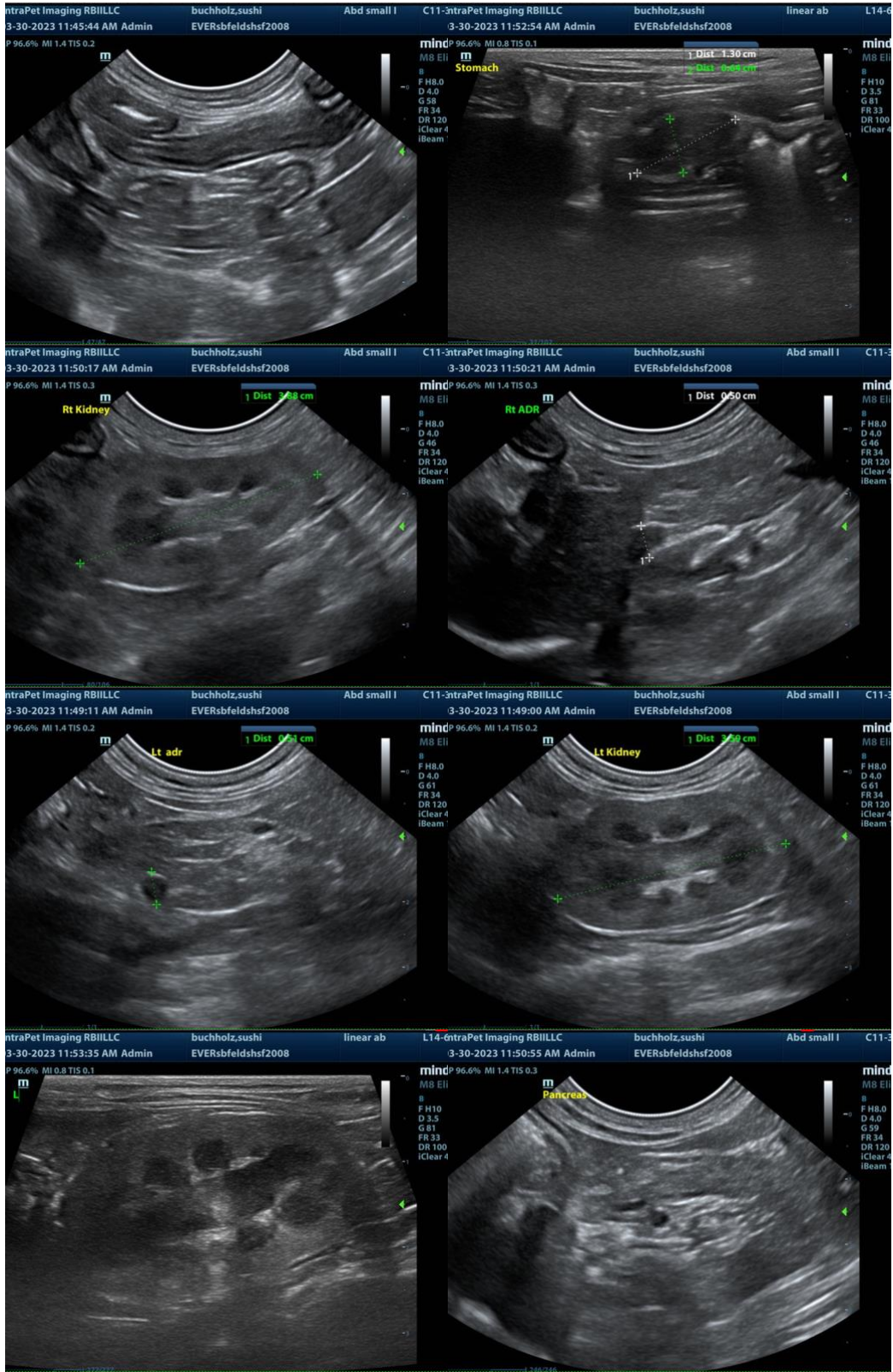
The epigastric **lymph nodes** were slightly enlarged and rounded; an example measured 5.0 mm.

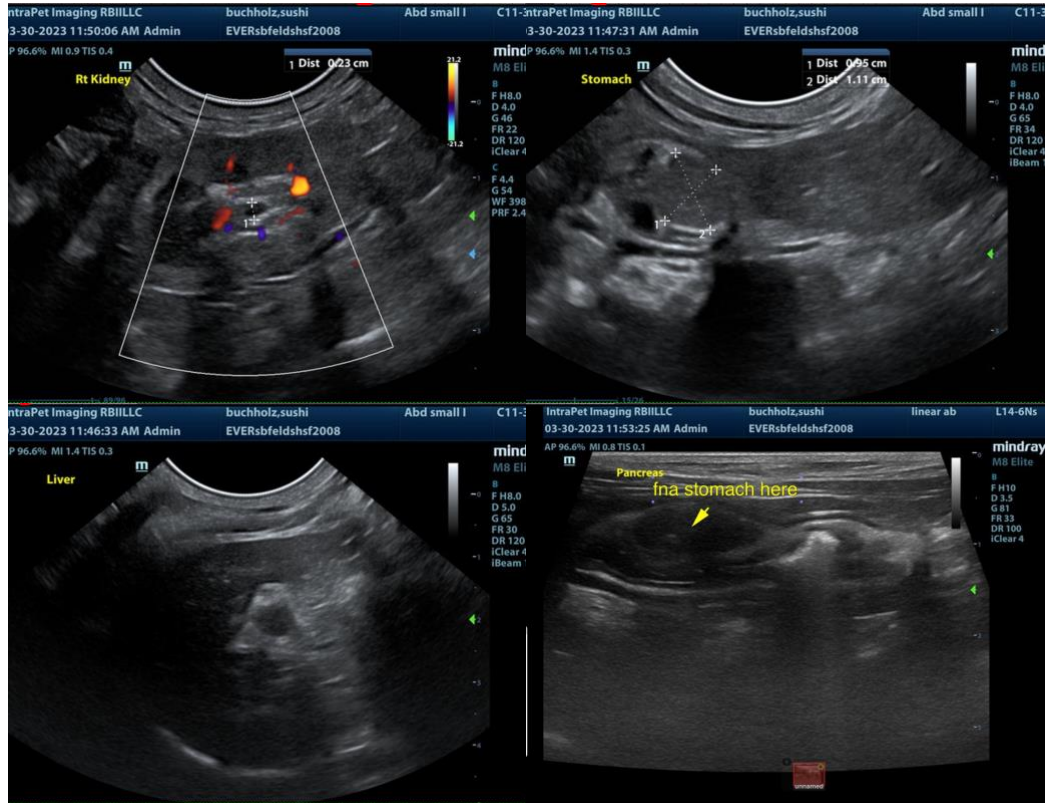
ULTRASONOGRAPHIC FINDINGS

- Gastric polyp- concern for emerging round cell neoplasia
- Slight epigastric lymphadenopathy
- Diffuse intestinal thickening without neoplastic criteria
- Age-related renal changes with slight cortical infarcts and slight pyelectasia
- Age-related pancreatic and hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy is indicated with mucosal biopsies, or full thickness biopsies and resection of the polyp with gastrointestinal biopsies (Intraoperative ultrasound may assist). Ultrasound guided FNA of the mural lesion could be considered, however, it may be difficult to exfoliate this type of lesion for an adequate diagnosis.





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.

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