



**PATIENT**

Jinxy Vidal

**PRESENTING CLINICAL SIGNS**

Vomiting, concern for abdominal effusion on recheck rads. Current meds: Cerenia  
Abnormal PE/Chem/CBC/UA Results: Glucose 250 (130 L)

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DLH

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.

**SEX**

Spayed Female

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. The left kidney measured 3.7 cm. The right kidney measured 3.85 cm.

**AGE**

12 Years

**Adrenal Glands**

**WEIGHT**

12.4 Pounds

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 0.47 cm. The left adrenal gland measured 0.34 cm.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen measured 0.87 cm. 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.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**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.

**HOSPITAL NAME**

Newton Vet Hospital

**REFERRING VET**

Dr. Kim

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed variable distal small intestinal thickening with hypertrophied muscularis and loss of mural detail. The stomach and upper duodenum were unremarkable. A portion of intestinal wall thickening was just prior to the urinary bladder, most consistent with jejunal thickening. Some soft luminal material was present in that thickening, likely ingesta or hair accumulation. Slight free fluid noted. A 5.0 mm structure was present in the lumen with acoustic shadowing. This may be underlying foreign matter. Reactive surrounding mesentery noted.

**INVOICE**

35929

**DATE**

3/4/22



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**Pancreas**

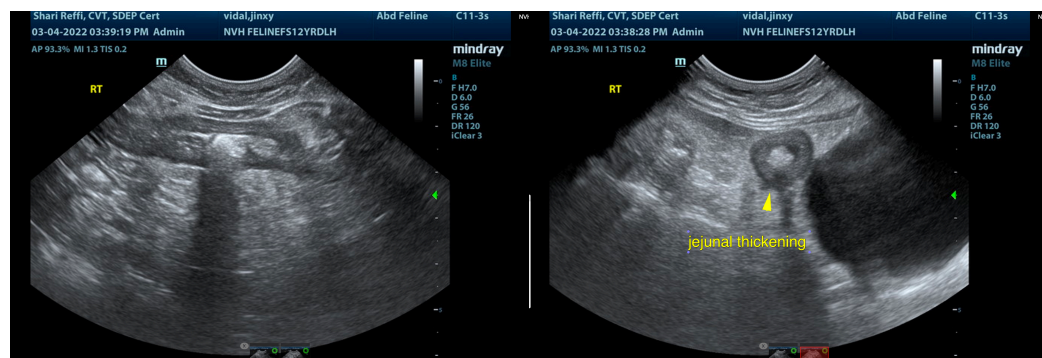
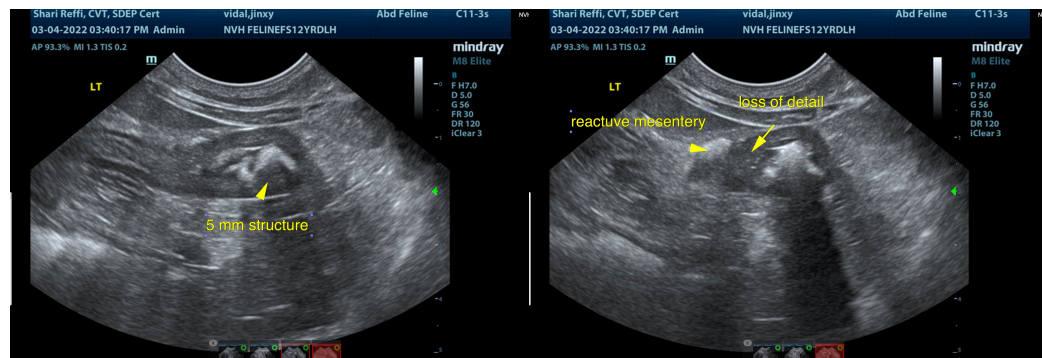
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Regional jejunal thickening with reactive surrounding mesentery
- Thickened intestine just cranial to the urinary bladder with reactive mesentery and loss of mural detail and 5.0 mm shadowing structure

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If medical management is not helping, recommend surgical intervention in this patient with expectation towards bowel resection and anastomosis, ideally guided by intraoperative ultrasound. If medical management only is utilized, then recheck sonogram in 24-48 hours, primarily in the caudal abdomen to assess if the material has passed, and if the inflammation has quiesced. IV fluid support, pain management, broad-spectrum antibiotics all indicated. No evidence of abdominal effusion. However, reactive peritoneum is present. Acute on chronic enteritis, inflammatory bowel, emerging intestinal neoplasia, or dry form FIP all potentials regarding the intestinal thickening.





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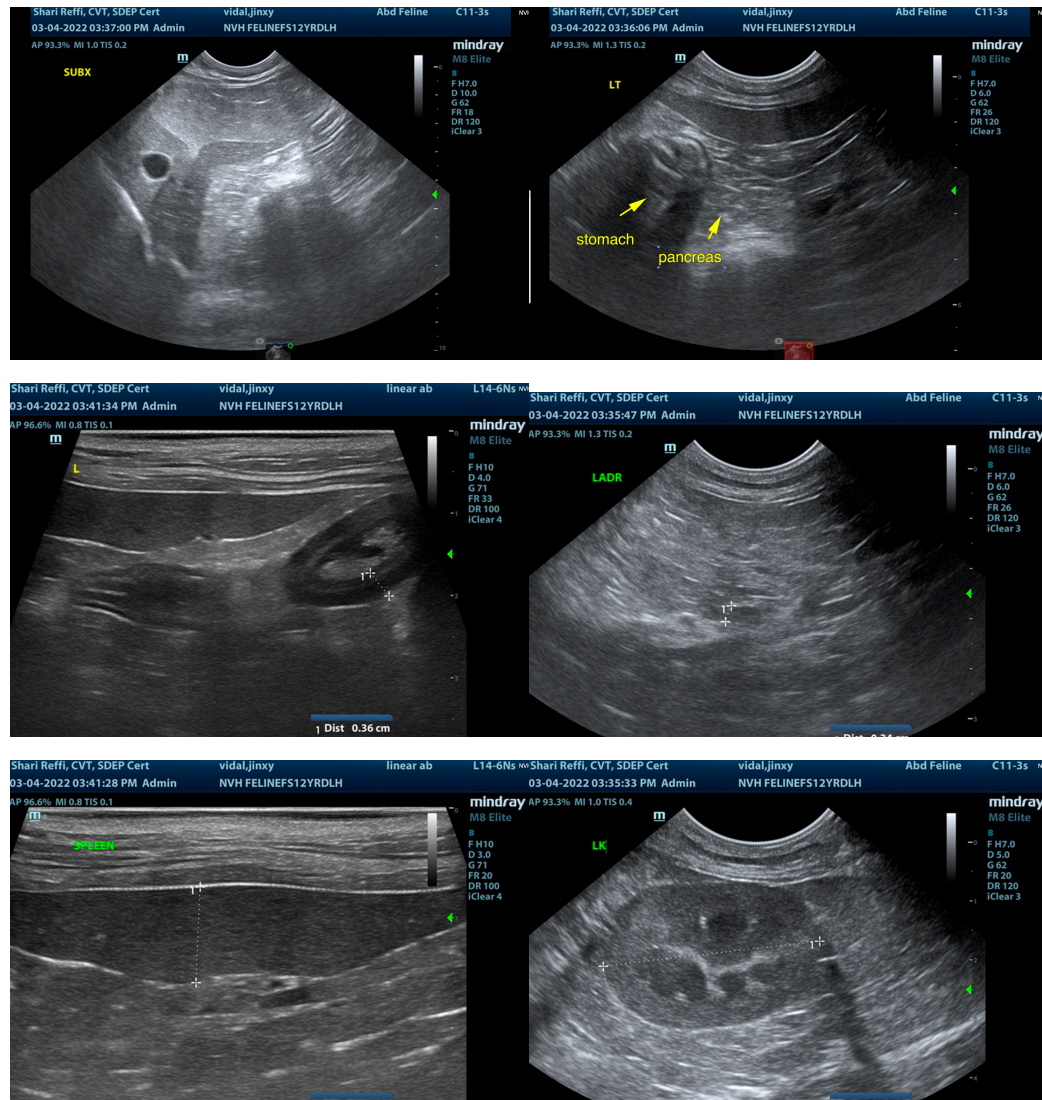
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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