

**DATE**

3/8/22

**PATIENT**

Ocala Martinoli

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male

**AGE**

10/26/21

**WEIGHT**

6.52 Pounds

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

Rachel Brilhart RDMS

**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Martinoli

**INVOICE**

35988

**PRESENTING CLINICAL SIGNS**

One of the cats had vomited multiple times yesterday throughout house; watery with small specks of undigested food. Wasn't sure which cat since multiple in household. This morning, Ocala ate partial small can of food then within 60 minutes had vomited 5-6 times. Stayed on IVF, Ondansetron. Ate well for >24 hrs, then vomited again-- repeat rads after vomiting-- still not obvious fb, uniform fluidy guts. Gave enema since had moderate stool- defecated good bit of normal stool, then softer.

Current Medications: Ondansetron.

Lab Results: WNL.

Radiographs: Small, suspicious gas, repeat after IVF—better.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**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 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 left kidney measured 3.62 cm. The right kidney measured 3.7 cm.

**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 left adrenal gland measured 0.38 cm.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. It measured at the upper limits of normal at 8.0 mm. 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 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.

**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. Enlarged, hypoechoic, irregular mesenteric lymph nodes were noted, a grouping of which measured 2.44 cm x 1.39 cm.

### **Pancreas**

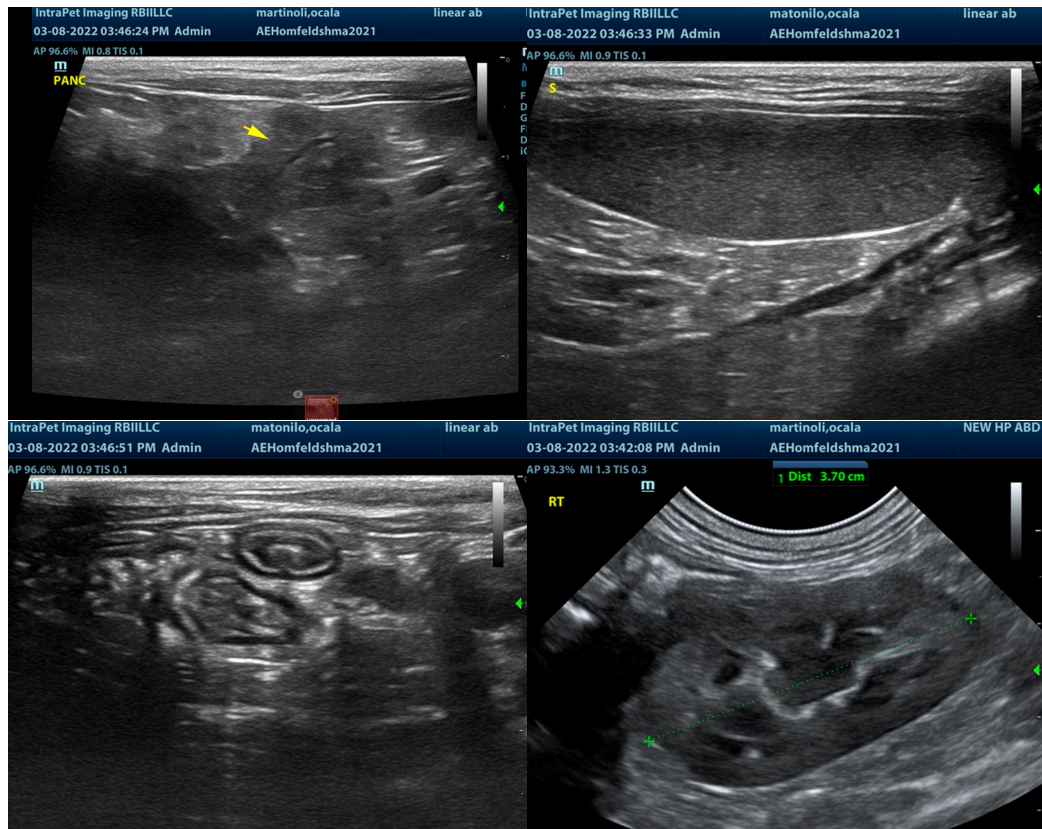
The **pancreas** was prominent and hypoechoic with undulating contour, measuring 0.90 cm with areas of enhanced mesentery.

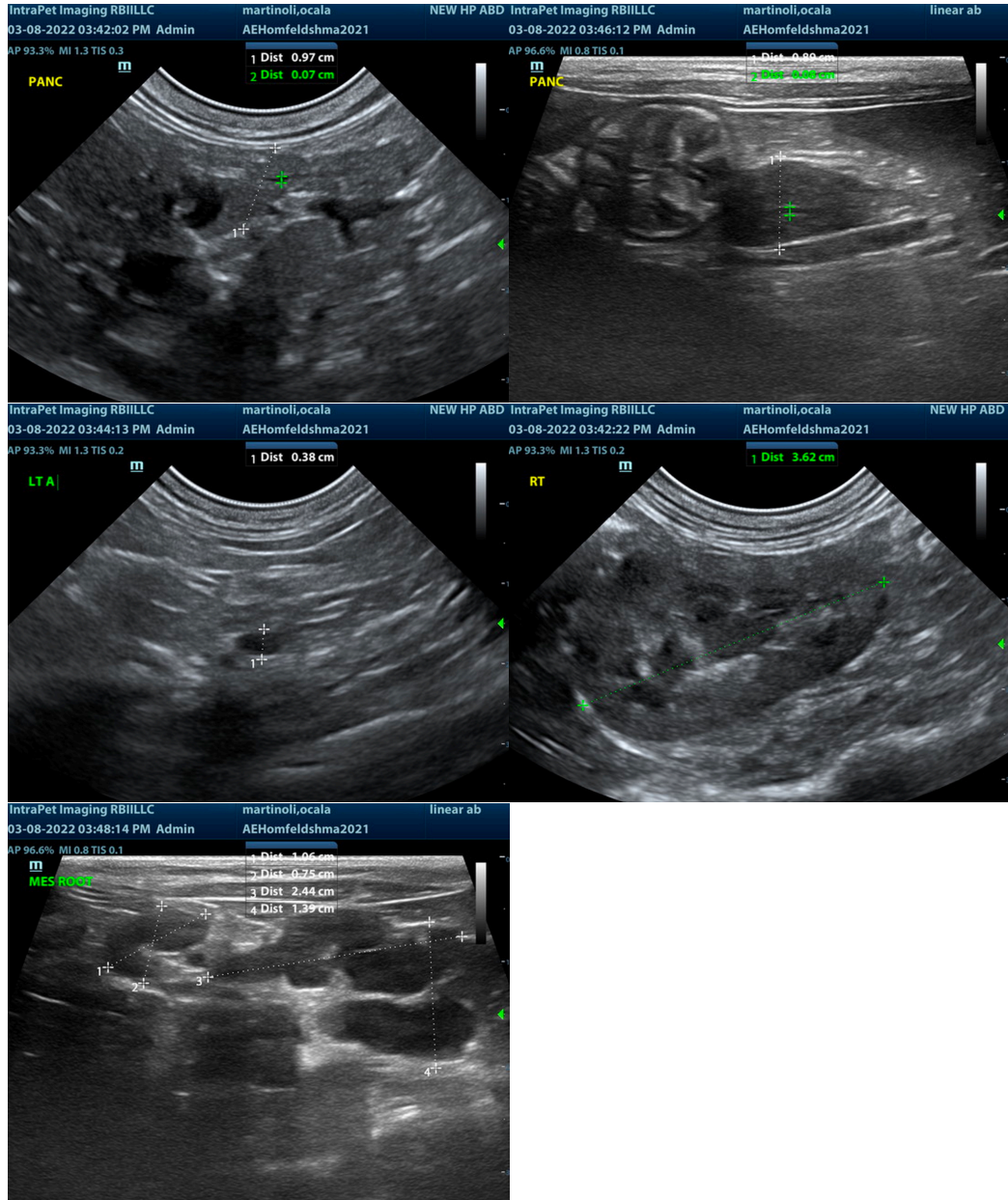
### **ULTRASONOGRAPHIC FINDINGS**

- Mesenteric lymphadenopathy – likely reactive lymph nodes, possible pancreatitis.

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

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. FNA of the mesenteric lymph nodes with cytology and culture indicated. Anti-parasitic protocol and consideration for toxoplasmosis and bartonella recommendation. Pain management, Zithromax/Metronidazole combination recommended empirically. Possible diet change indicated. Likely inflammatory bowel. However, underlying infectious agents may be playing a role. Very minor potential for FIP or emerging round cell neoplasia.





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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