



## PATIENT PRESENTING CLINICAL SIGNS

Poly Thompson

History of weight loss and off and on vomiting and anorexia for a few months. Has been treated for pancreatitis in past. Started Metronidazole, Baytril, Buprenorphine and Cerenia for 10 days on Mar 7th and then repeated bloodwork(attached). Pancreatic changes have resolved but liver enzymes have not. Since stopping meds, appetite is declining.

## SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: ALT 582, AST 203, SDMA 14

## BREED

DSH

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

## SEX

Spayed Female

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

13 Years

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 3.9 cm. The right kidney measured 3.89 cm.

## WEIGHT

4 kg

### Adrenal Glands

## INTERPRETED BY

Eric Lindquist, DMV

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 0.46 cm.

DABVP, Cert. IVUSS

### Spleen

## IMAGING PERFORMED BY

Crystal Hill

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.

## HOSPITAL NAME

Hawkins AH

### 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.

## REFERRING VET

Dr. Hawkins

## INVOICE

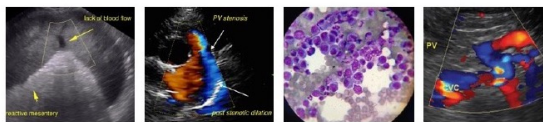
36681

### Gastrointestinal

## DATE

4/1/22

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall 1:1 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



**PATIENT**

Poly Thompson

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.

**Pancreas**

**SPECIES**

Feline

The **pancreas** was enlarged, irregular and hypoechoic, measuring 1.5 cm in width.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

- Chronic pancreatic changes with thickened small intestine
- Non-specific inflammatory hepatopathy

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Suspect pancreatitis and inflammatory bowel. No neoplastic criteria met. However, emerging round cell neoplasia in the small intestine or even dry form FIP are remote potentials. Full thickness intestinal biopsies would be necessary for definitive diagnosis. Likely reactive hepatopathy, given the pancreatic and intestinal changes.

**AGE**

13 Years

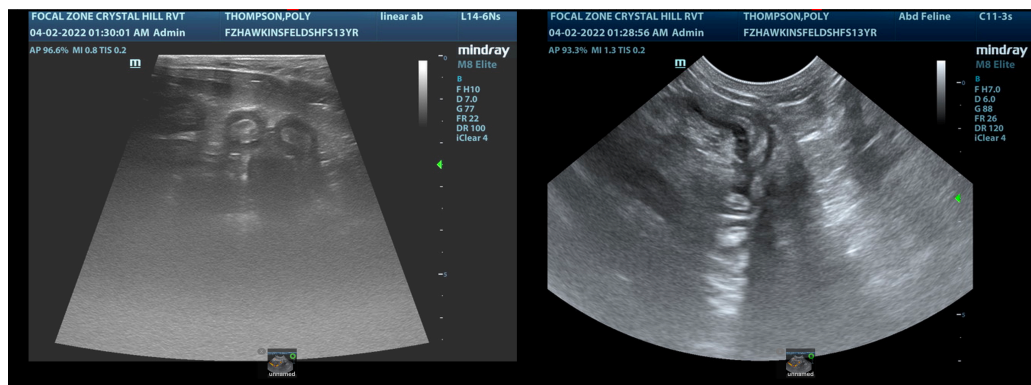
Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. Full thickness intestinal, pancreatic and hepatic biopsies would be ideal from a surgical approach.

**WEIGHT**

4 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

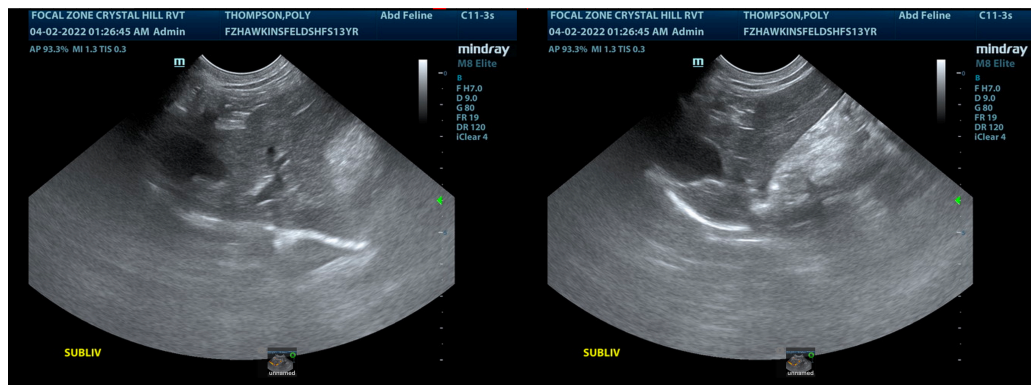


**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hawkins AH



**REFERRING VET**

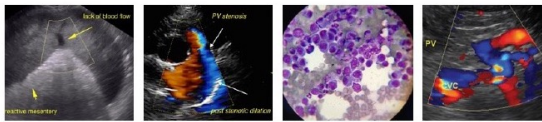
Dr. Hawkins

**INVOICE**

36681

**DATE**

4/1/22



**PATIENT**

Poly Thompson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

4 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hawkins AH

**REFERRING VET**

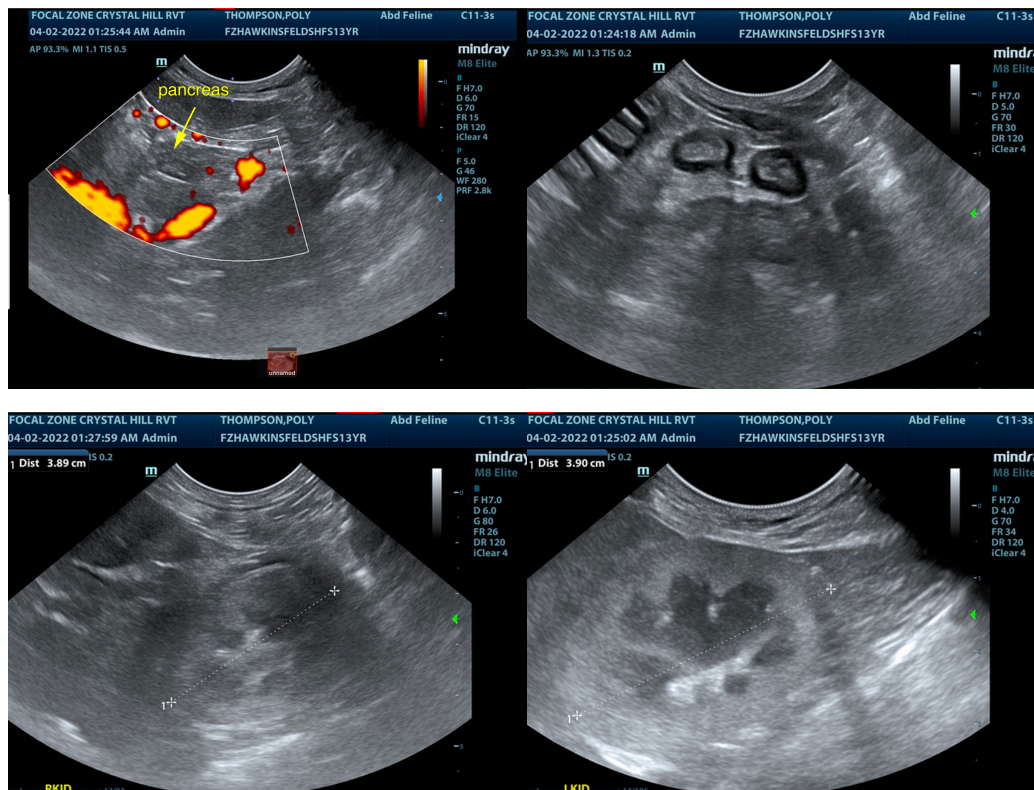
Dr. Hawkins

**INVOICE**

36681

**DATE**

4/1/22



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

[info@SonoPath.com](mailto:info@SonoPath.com)