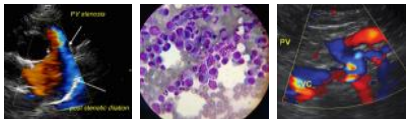
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

4/17/23

PATIENT

Rene Epperly

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4/16/10

WEIGHT

15.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

22051

PRESENTING CLINICAL SIGNS

History: Constipation for several days, now throwing up blood, very listless, not eating or drinking. Constipation - For Several Days, Now Vomiting Blood, Very Listless, Not Eating Or Drinking. ATO in room: - Hx of hyperthyroid ~9 m to 1 year - Had checkup on Monday, full annual and rabies vaccine- urine and bloodwork- no mention of urine, Possible markers of heart disease, watch for anesthesia, O states thyroid is under control no change in mediations, Kidneys and liver ok. Not able to get stool sample - Starting Tuesday- straining in litterbox- he would pee and go back and forth but Os didn't see him poop. Passed a very hard stool mostly hair. - Os then thought it was constipation b/c he hadn't defecated then defecated hard stool - No behavior change except going back to litter box - Did scoot hind end on carpet - Vomiting started overnight- vomited few piles food, clear liquid and blood, no abnormal smell- didn't think it was urine – No hx of inappropriate urination - On miralax to get a fecal sample- no hx of constipation - Laid on floor, urinated when straining- so thought constipation - Some blood found in urine - Eating until this morning- not eating, not drinking and lethargic today.

Current Medications: Gabapentin, Buprenorphine.
Lab Results: See attached.
Radiographs: No constipation, mild spondylosis, no obvious urinary bladder or kidney stones.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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** were swollen and mildly irregular. The right kidney measured 4.6 cm.

Adrenal Glands

The **right adrenal gland** was 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 0.55 cm.

The region of the **left adrenal gland** revealed no evident pathology.

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 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

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. Muscularis/mucosal ratio was 1:1. The intestinal submucosa was slightly irregular, thickened (up to 0.32 cm) 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 distal small intestine revealed a mucosal splitting lesion, measuring 7.0 mm x 8.0 mm, may be a. normal variant or potential emerging neoplasia.

Pancreas

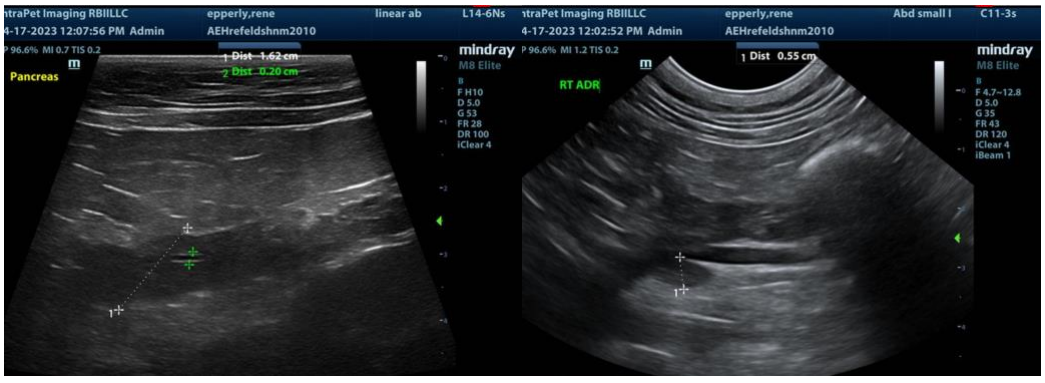
The **pancreas** was enlarged, hypoechoic and irregular, measuring up to 1.6 cm in width.

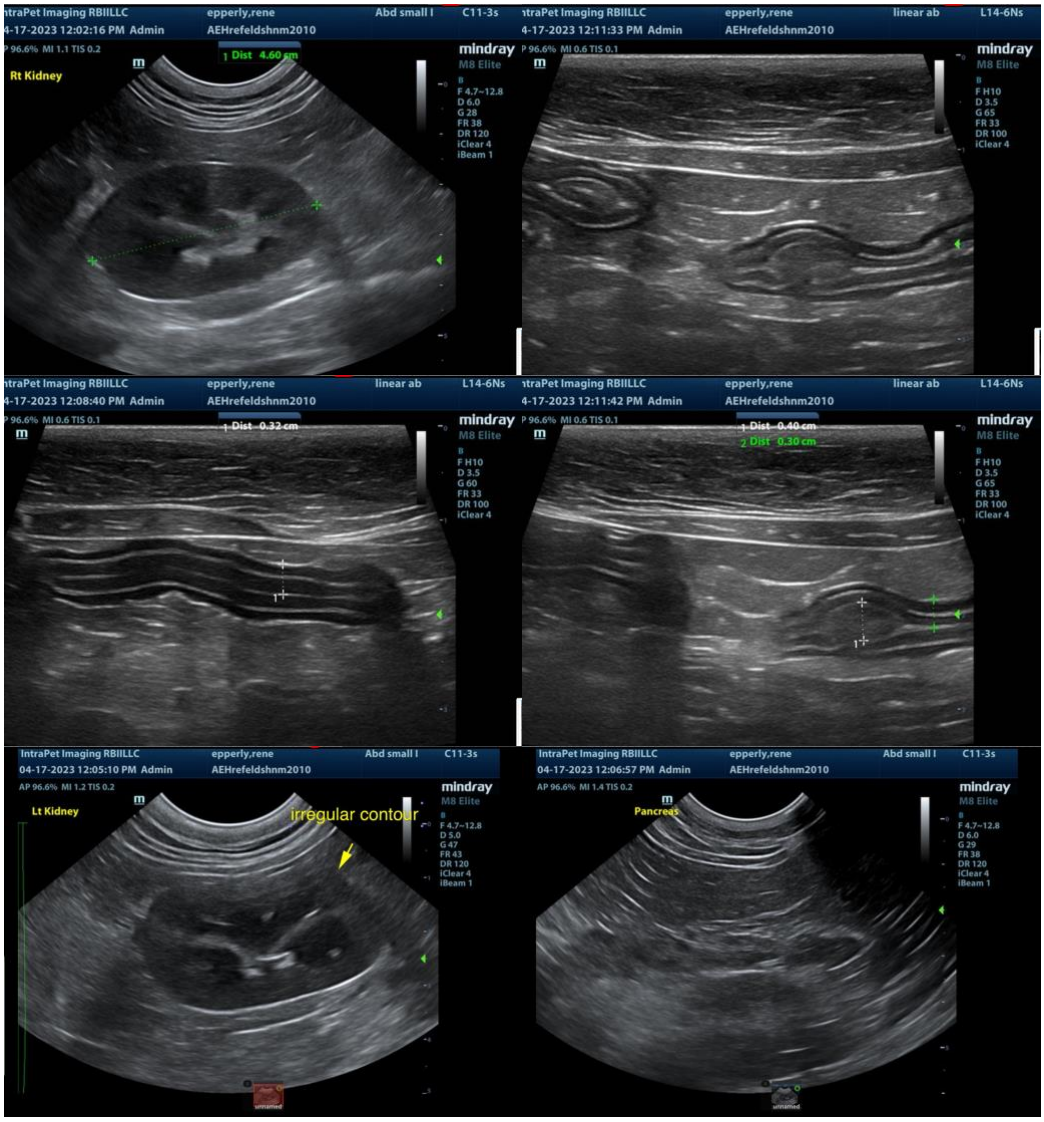
ULTRASONOGRAPHIC FINDINGS

- Lymphocytosis- suspect lymphocytic leukemia or underlying lymphoma
- Concurrent pancreatitis
- Minor intestinal thickening
- Slightly swollen irregular kidneys- potential emerging renal lymphoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient lymphocytosis, I'm concerned for emerging visceral neoplasia/round cell neoplasia of the kidneys. Concurrent pancreatitis is likely, given the pancreatic presentation. However, no other overt evidence of neoplasia is present. CBC path review and bone marrow aspirate are warranted. FNA of the left kidney could be considered. Prognosis is very guarded yet viscerally the pancreas, small intestine and kidneys reveal subtle changes.





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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