

**DATE PRESENTING CLINICAL SIGNS**

4/18/23

PATIENT

Graycie Whitley

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

4/17/13

WEIGHT

13.3 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Hicks

INVOICE

22075

Client Form: Not eating, vomiting brown liquid, laying around/by water bowl constantly trying to drink - if she's not there she's hiding in a corner which is abnormal for her, very lethargic and moving slow - vomited 10 times in 24 hours, no blood ATO. 2 cats in the house, second cat is doing well, no food since Friday, no diarrhea. O reports that last night P started drinking a lot of water, was just laying by her water bowl, HX of IBS - typically regurgates 1-2 times per week. Previously on a Prednisolone taper, ended early to mid March **12/10/22 - FeLV/FIV NEG x 2**

Current Medications: Ondansetron, Provable, Buprenorphine.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT requested.

Imaging Performed By: Rachel Brillhart, 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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Minor pyelectasia (0.26 cm) was noted in the left kidney. The left kidney measured 4.0 cm. Blood flow was slightly subnormal to the kidneys on power doppler assessment. The right kidney measured 4.34 cm. Slight pyelectasia (0.24 cm) was noted in the right kidney.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.53 cm.

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 tract** revealed an empty stomach. A 3-4 cm soft shadowing intestinal impaction was noted, appeared to be in the jejunum with reactive surrounding mesentery. The upper gastrointestinal tract was empty. Variable intestinal thickening was noted around the foreign matter.

Pancreas

The **pancreas** was enlarged, irregular and hypoechoic with undulating contour. The left pancreatic limb was hypoechoic and irregular with undulating contour and enhanced surrounding mesentery.

Free Abdomen

A colic **lymph node** was enlarged, irregular and hypoechoic, measuring 1.65 cm x 1.2 cm.

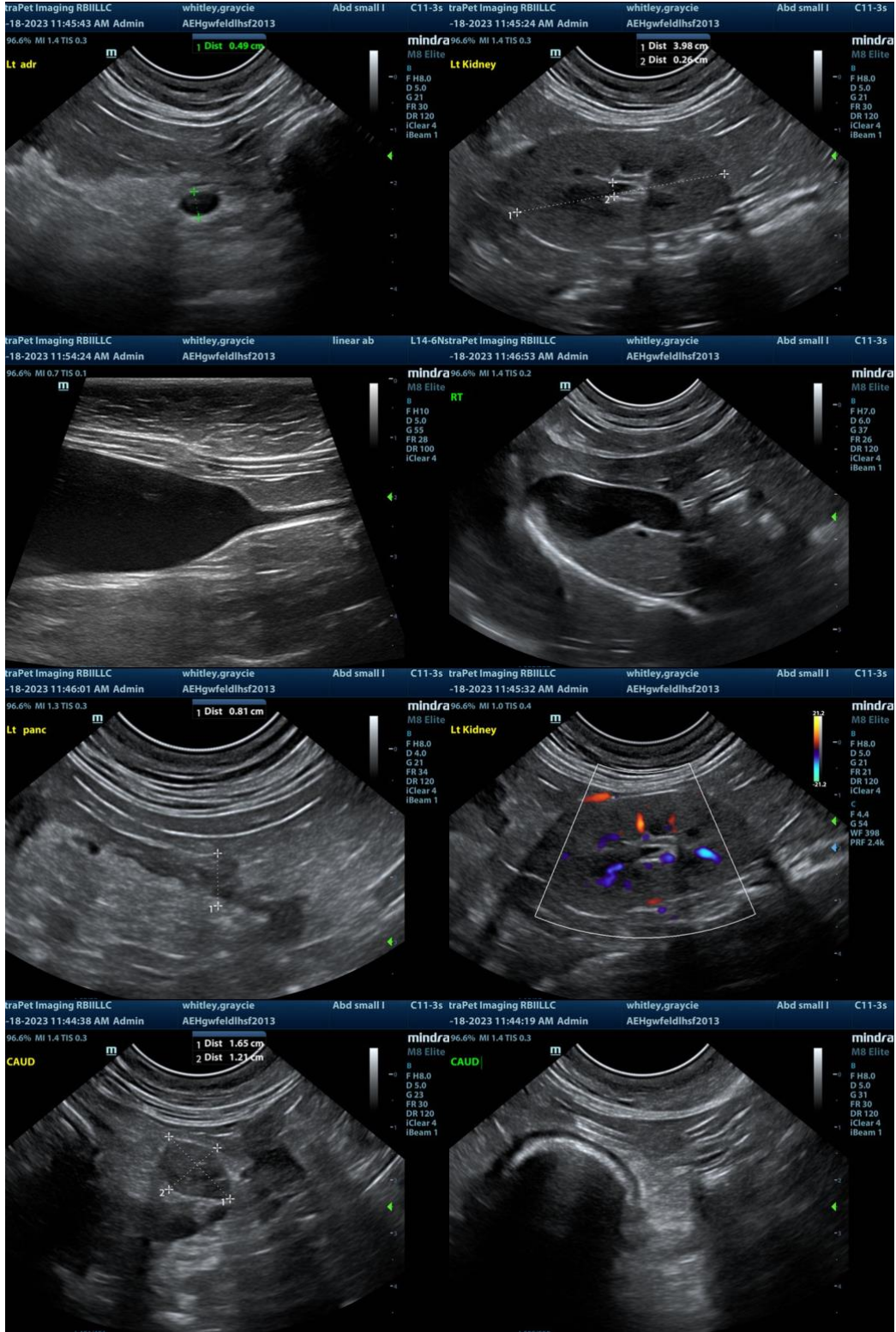
ULTRASONOGRAPHIC FINDINGS

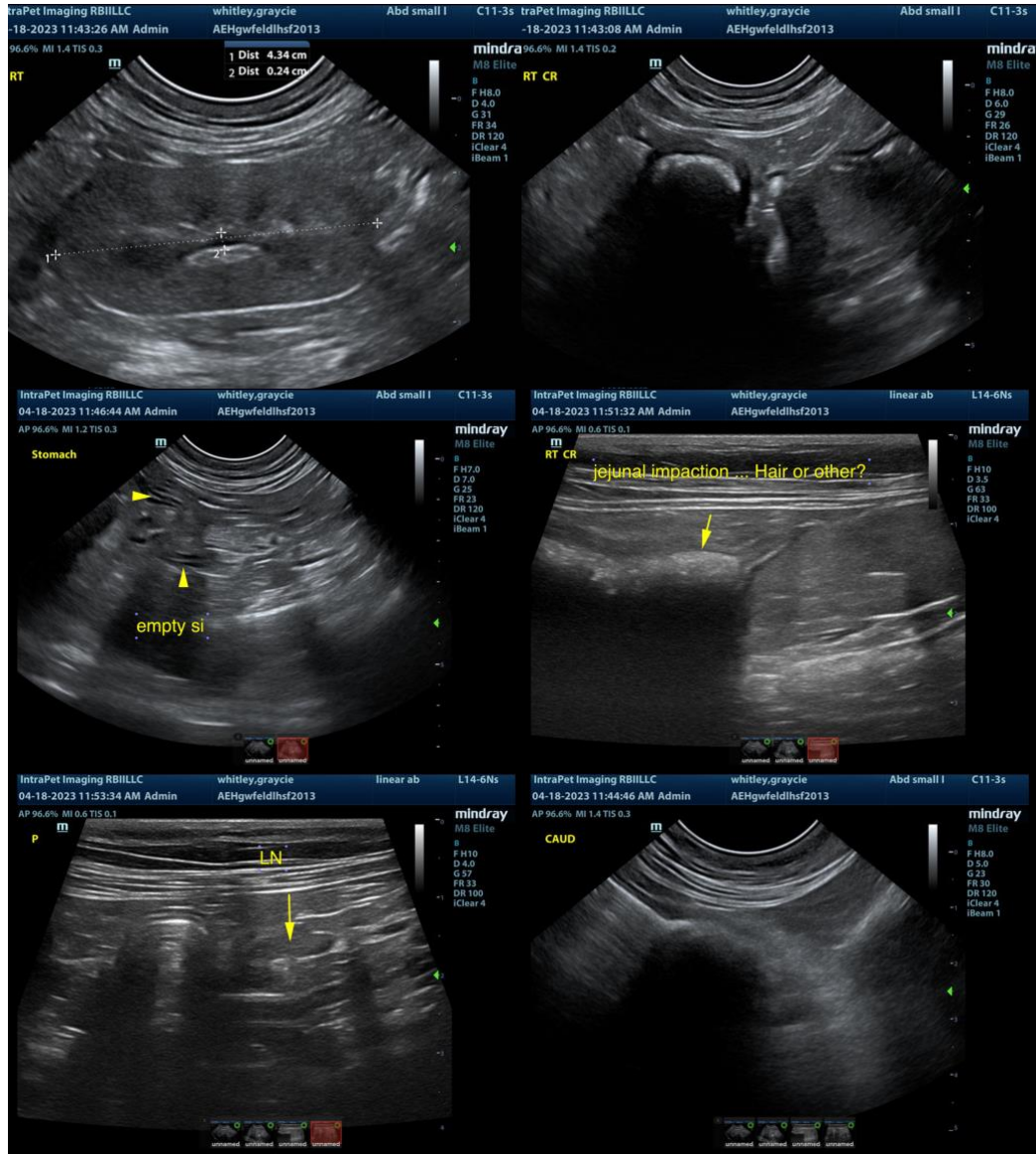
- Jejunal impaction and variable intestinal thickening around the foreign matter
- Concurrent pancreatitis
- Minor regional reactive lymphadenopathy
- Stressed adrenal glands
- Minor degenerative renal changes with pyelectasia bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery with intestinal biopsies and evacuation of the jejunum, and J-tube placement may be appropriate given the pancreatitis pattern. No overt evidence of neoplasia, however, emerging round cell neoplasia could not be ruled out.







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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