



**PATIENT**

George Spagnolia

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

5 years

**WEIGHT**

4.18 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Heintz

**HOSPITAL NAME**

Audubon Family VC

**REFERRING VET**

Dr. Heintz

**INVOICE**

43893

**DATE**

4/19/23

**PRESENTING CLINICAL SIGNS**

History: 2 month history of less interest in food, 0.8lb weight loss, and vomiting every other day (foamy liquid, rarely food). Physical exam reveals moderate muscle wasting of the epaxials, slightly ropey intestines, and halitosis, missing teeth, and mild gingivitis and minimal faucitis. Initial CBC/chemistry/T4 is mostly unremarkable besides mildly increased eosinophils and creatinine. P was sedated with 2mcg/kg dexdomitor, 0.2mg/kg butorphanol, and alfaxalone as needed.

**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 was noted. Ureteral papillae were normal.

The **kidneys** were normal in size and contour with slight pinpoint mineralization. Mildly increased cortical echogenicity was noted. The left kidney measured 3.2 cm. The right kidney measured 3.86 cm with pelvic mineralization that was non-obstructive and measured up to 0.2 cm in width.

**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 and right adrenal gland measured 0.4 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 was 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.



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**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 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 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**

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**

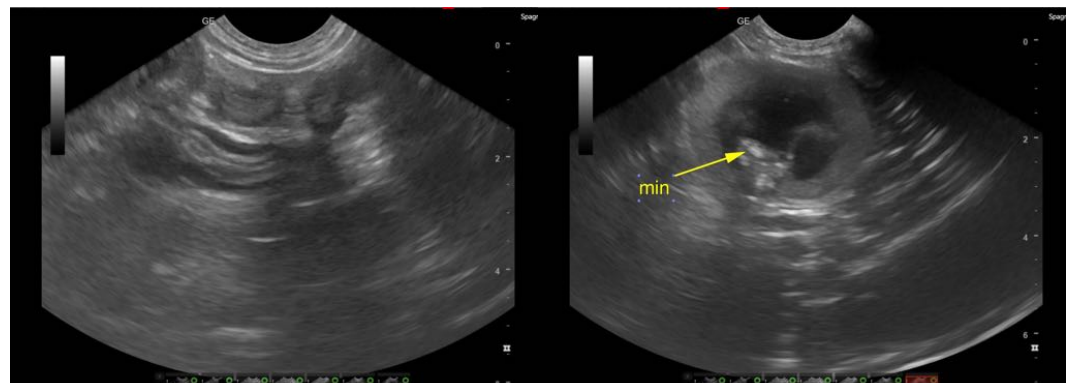
Nephrolithiasis, non-obstructive.

Diffuse intestinal thickening, likely inflammatory bowel.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I cannot rule out a pre-neoplastic state in the intestinal tract. Enhanced mesentery was noted. Active acute inflammatory event is likely playing a role in this patient. Full thickness biopsies are indicated upon the GI tract for long term management. There is a mild potential for emerging round cell neoplasia or dry form FIP.

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.





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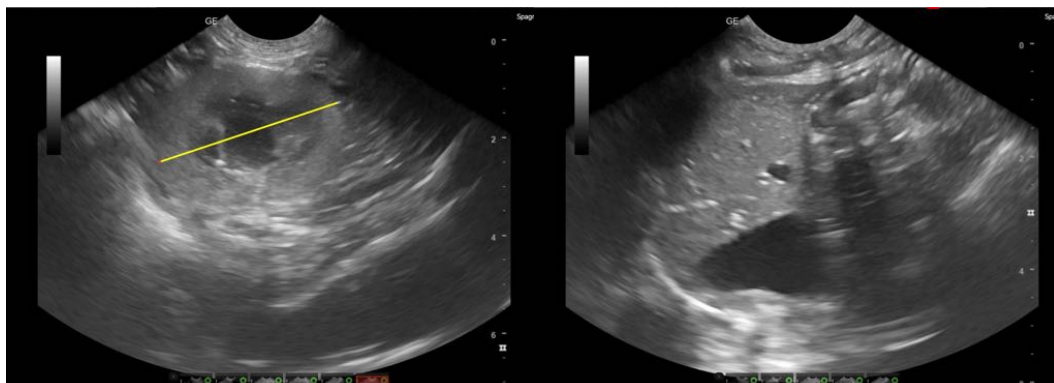
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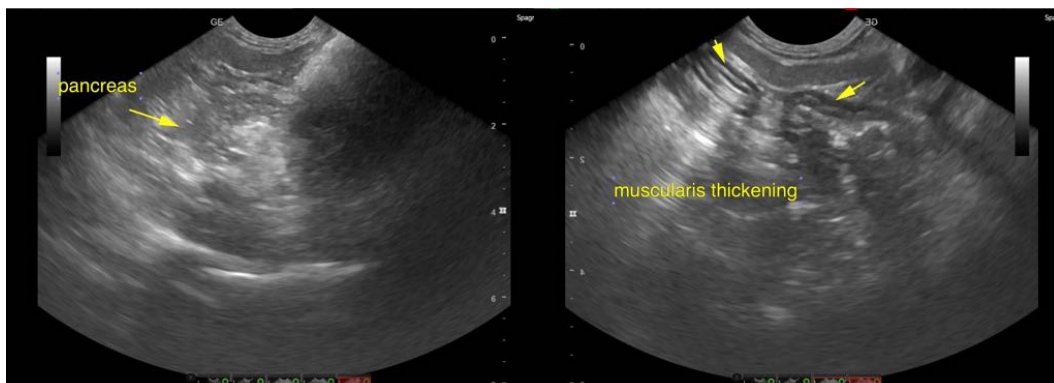
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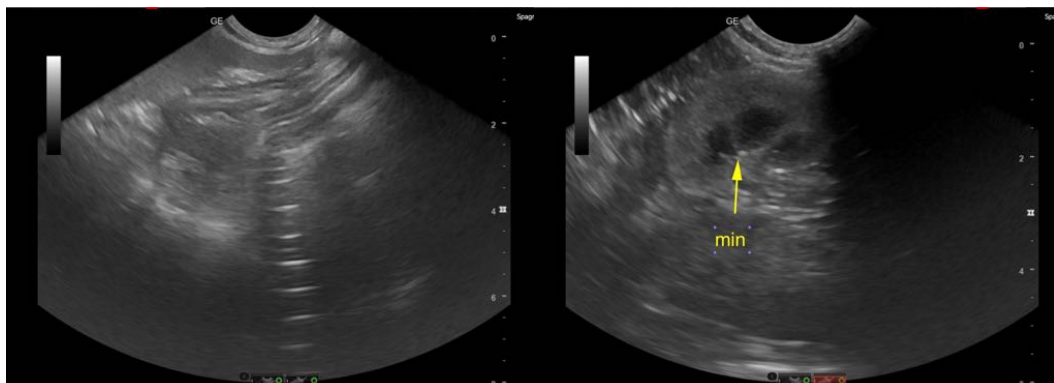
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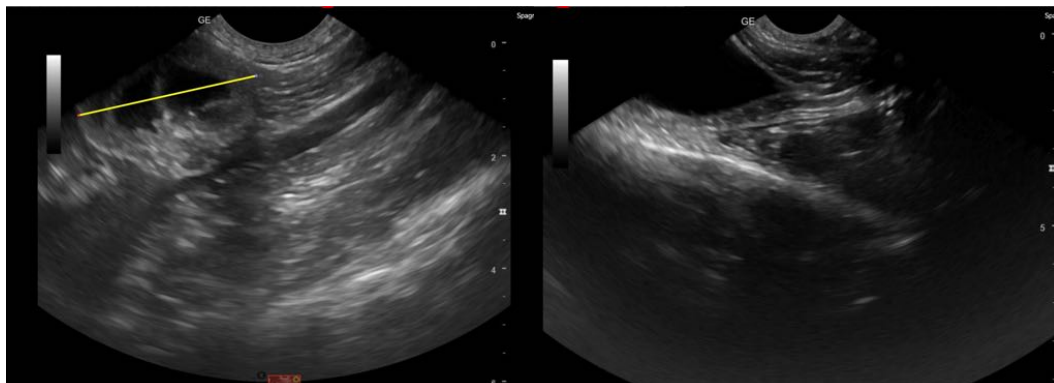
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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