

**DATE PRESENTING CLINICAL SIGNS**

4/21/23

One week of intermittent vomiting. No previous history of any regular vomiting. Indoor only. No diet change. Other cat in home is fine. MM = pink CRT < 2 seconds, Oral exam = nsf, Heart and lungs = wnl
 Abdominal palpation = nsf. No discomfort

PATIENT

Skittles Gephardt

Current Medications: Cerenia 0,44mL SQ.

Lab Results: NSF.

SPECIES

Radiographs: mild focal large intestinal ileus. Small intestinal thickening? No definitive FB or obstructive pattern

Feline

Date of Previous IntraPet Ultrasound: No previous.

BREED

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

DSH

Imaging Performed By: Rachel Brillhart, RDMS.

SEX**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Spayed Female

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.

AGE

7/27/15

The **left kidney** 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 3.57 cm.

WEIGHT

9.88 Pounds

The **right kidney** revealed slightly irregular contour at the dorsal cortex. This may be a normal variant or related to focal infarct (stable). The right kidney measured 3.6 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**The regions of the **adrenal glands** revealed no evident pathology.**HOSPITAL NAME**

Festival VC

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.

REFERRING VET

Dr. Lomax

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.

INVOICE

22127

Gastrointestinal

The **stomach** was empty at the time of the sonogram. The gastrointestinal presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall. Muscularis/mucosal ratio was 1:1. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Variable areas of intestinal thickening were noted without neoplastic criteria. Intestinal wall thickness measured up to 4.0 mm. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely.

Pancreas

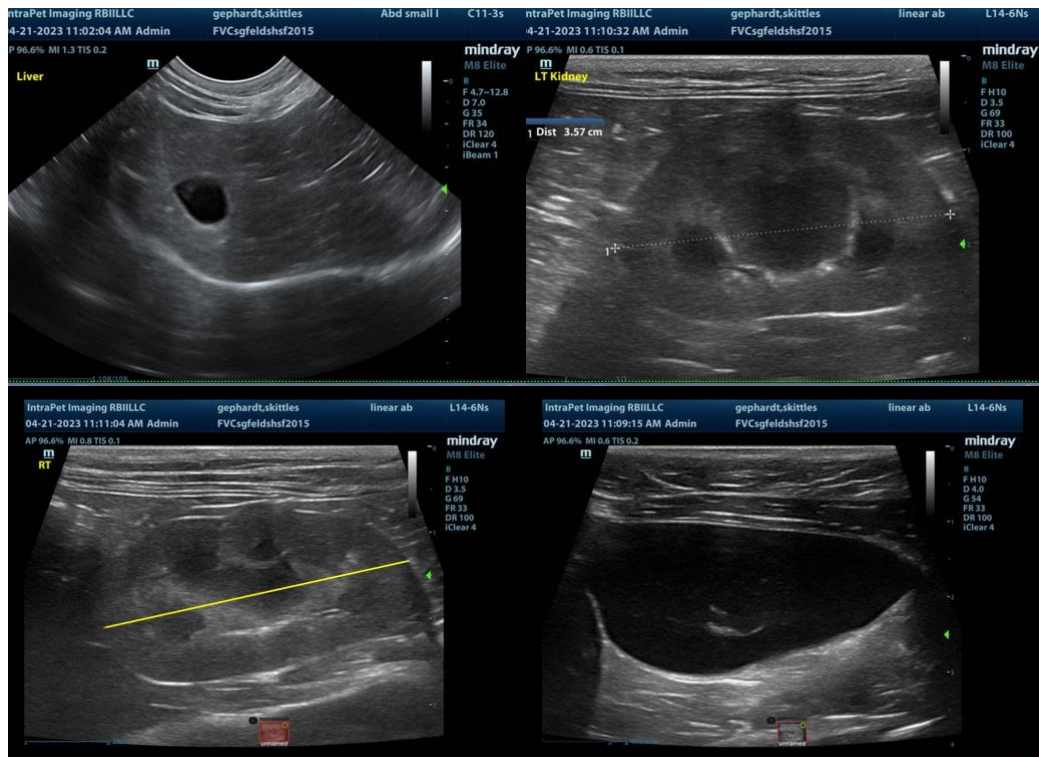
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

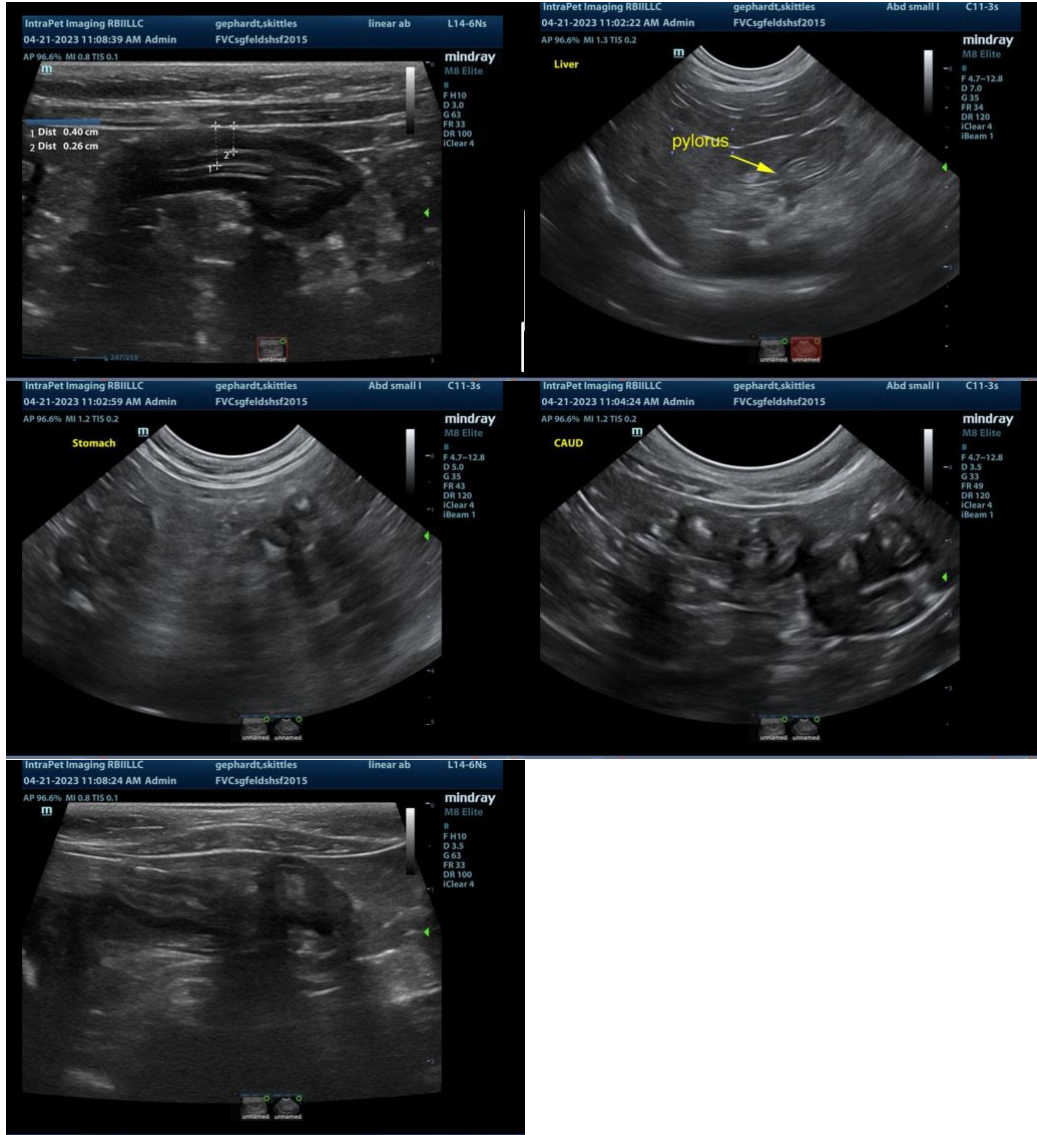
ULTRASONOGRAPHIC FINDINGS

- Diffuse distal small intestinal thickening, likely inflammatory bowel with muscularis hypertrophy, potential emerging round cell neoplasia
- Slightly irregular contour in the dorsal cortex of the right kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history of vomiting hairballs, periodic hairball therapy is indicated. Full thickness GI biopsies would be necessary/encouraged for further definition. This may represent a preneoplastic state.





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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