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DATE

4/23/23

PATIENT

Whiskers Caldwell

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2007

WEIGHT

15.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Martinoli

INVOICE

46886

PRESENTING CLINICAL SIGNS

Presenting Complaint: Vomiting. Defecation Abnormal. Vocalization.

History: Date: 04-22-2023 Notes: 2 weeks ago had episodes of vocalization then diarrhea and severe lethargy; treated with Metronidazole (BW and xrays normal at that time ATO); seemed better for 2 weeks then same symptoms returned.

Assessment: r/o IBS, neoplasia, viral or bacterial diarrhea.

Current Medications: Metronidazole Oral Susp 100mg/ml.

Maropitant Citrate (Cerenia) 10mg/mL Solution Injection.

Oral Buprenorphine 0.3mg/ml.

Lab Results: per owner - done with rDVM, records not sent.

Radiographs: per owner - done with rDVM, records not sent.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not 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 **right kidney** revealed a cortical infarct and calculus. Active inflammation noted around the infarct. The right kidney measured 3.6 cm. Calculus measured 0.50 cm.

The **left kidney** presented normal size and contour at 4.49 cm.

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 adrenal gland measured 0.45 cm. The right adrenal gland measured 0.48 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** 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. The descending colon was unremarkable with normal stool consistency. 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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. Dilated duct noted at 0.40 cm. Left limb measured 1.18 cm. Right limb measured 0.85 cm. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

Ringdown artifacts noted through the diaphragm. Concurrent pulmonary disease may be an issue.

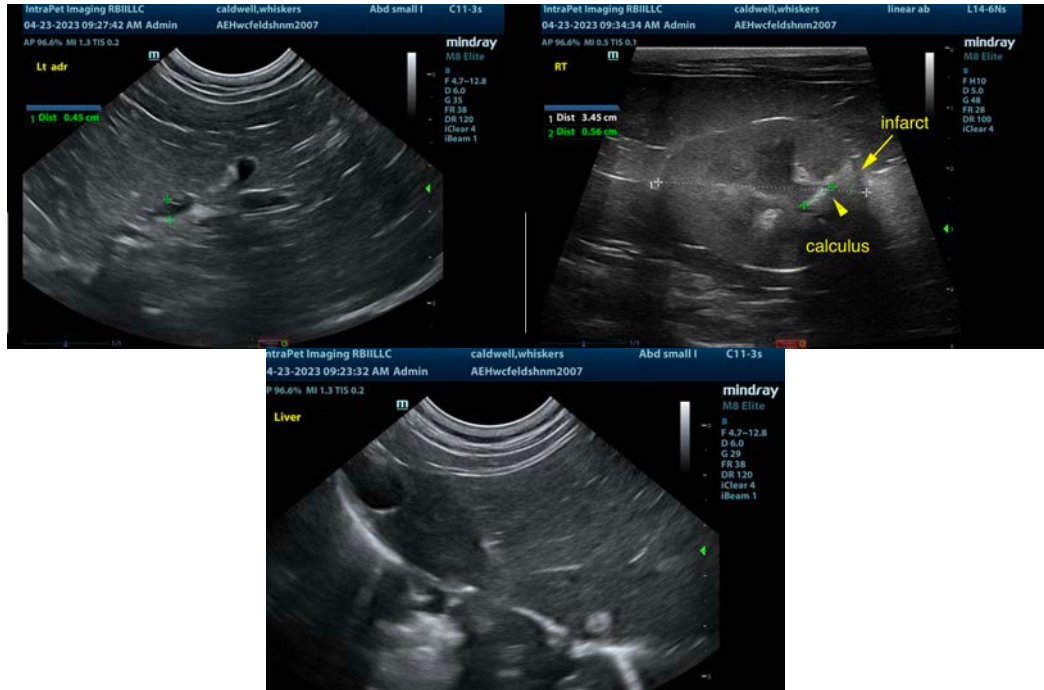
ULTRASONOGRAPHIC FINDINGS

- Minor intestinal thickening/IBD GI pattern, no neoplastic criteria
- Prominent pancreas, possible low-grade inflammation
- Right renal infarct and active inflammation
- Ringdown artifacts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxyphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Broad-spectrum anti-parasitic protocol recommended. Dietary intolerance, dietary indiscretion possible.





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.

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