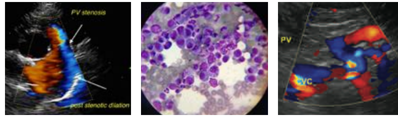
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
4/25/22

PATIENT
Rascal Bonkowski

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
4/15/16

WEIGHT
6.3 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Goessling

INVOICE
99502

PRESENTING CLINICAL SIGNS

Patient is indoors only, owner has had for at least 5 years. Has had diarrhea for 4-5 days, losing weight, very lethargic and decreased appetite. Now he is not eating at all for the past few days.
Current Medications: Metronidazole, Mirtazapine, Buprenorphine, Proviable.
Lab Results: See attached.
Radiographs: Lat and V/D abdomen- severe generalized gas distension of GI tract, no obvious masses, multiple gas bubbles in intestines consistent with severe diarrhea.
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 ventral cranial **urinary bladder** wall revealed a 0.32 cm polyp. The remainder of the bladder was unremarkable. A separate bladder polyp was noted and measured 0.43 x 1.0 cm at the mid ventral wall. These lesions do appear resectable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Pinpoint mineralization was noted in both kidneys. The left kidney measured 4.28 cm. The right kidney measured 3.98 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 right adrenal gland measured 0.62 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.

Gastrointestinal

A 2.0 cm progressively shadowing luminal material was noted in the stomach. This is consistent with hairball accumulation. The mesenteric lymph nodes were reactive and measured 1.02 x 0.66 cm.

Pancreas

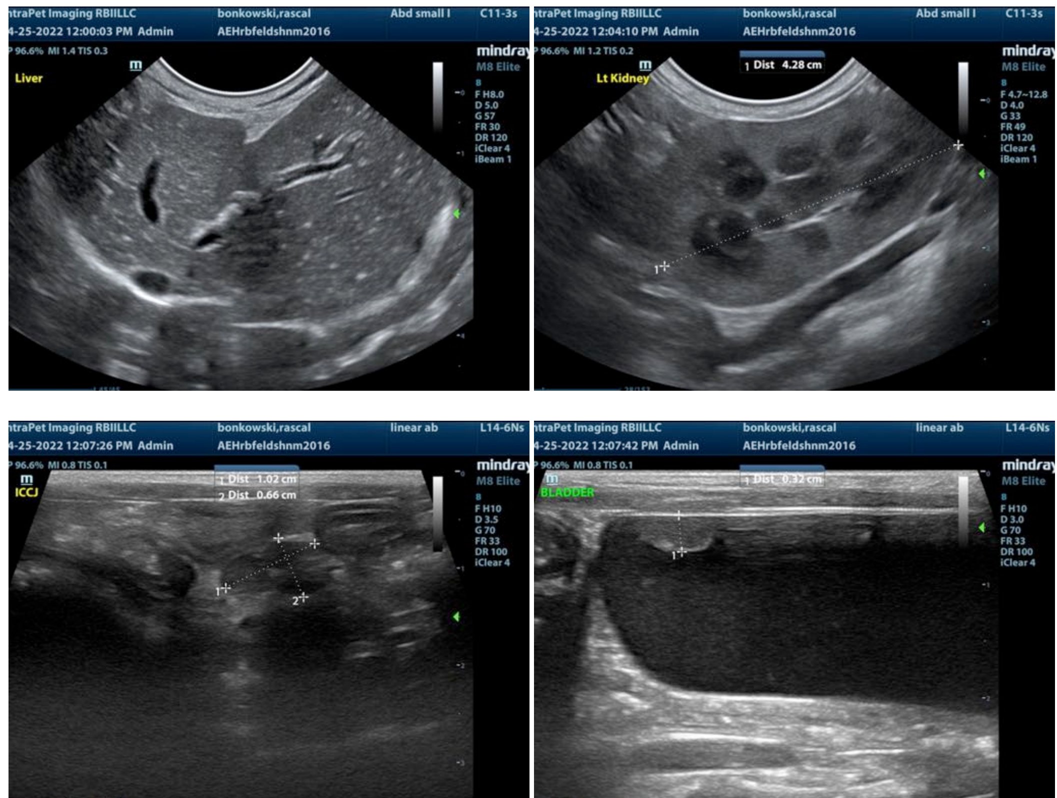
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. The pancreatic duct was dilated and measured 0.2 cm. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

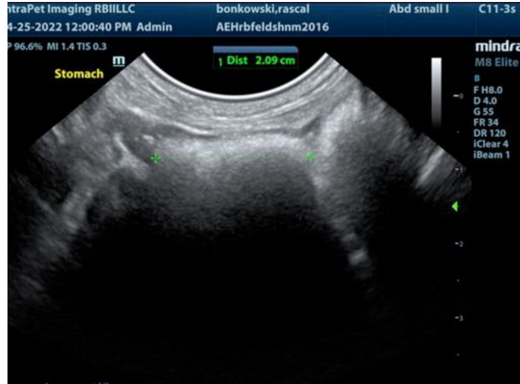
ULTRASONOGRAPHIC FINDINGS

Pancreatic and renal changes.
Ventral and ventral apical bladder polyps. Polypoid hyperplasia/interstitial cystitis is likely the cause of the bladder polyps versus emerging carcinoma.
Hairball densities.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt evidence of neoplasia. The bladder polyps could be resected surgically with ventral bladder wall resection with GI and pancreatic biopsies owing to the convenience of such a procedure. However, a conservative approach would include the following. 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. Broad spectrum anti-parasitic protocol and hairball therapy is indicated. Resection of the bladder polyps is encouraged, yet unlikely to be the cause of the weight loss.

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bonkowski,rascal
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C11-3s
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AEHrbfeldshnm2016
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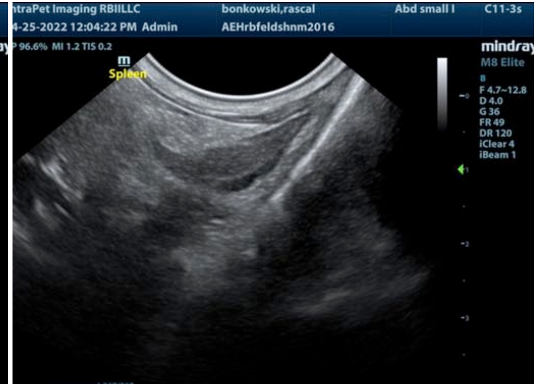
1 Dist 2.09 cm
mindray
M8 Elite
Stomach
B
F H8.0
D 4.0
G 55
FR 34
DR 120
iClear 4
iBeam 1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mindray
M8 Elite
Spleen
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F 4.7~12.8
D 4.0
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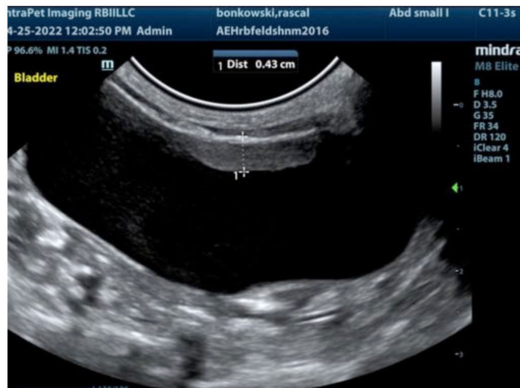
FR 49
DR 120
iClear 4
iBeam 1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bonkowski,rascal
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mindray
M8 Elite
Bladder
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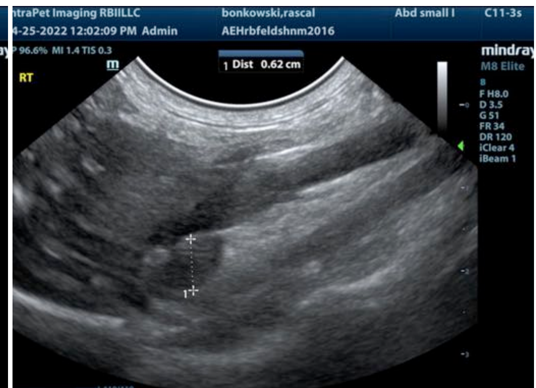
F H8.0
D 3.5
G 35
FR 34
DR 120
iClear 4
iBeam 1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bonkowski,rascal
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AEHrbfeldshnm2016
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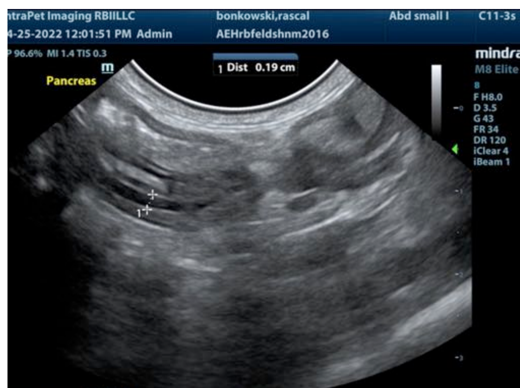
1 Dist 0.62 cm
mindray
M8 Elite
RT
B
F H8.0
D 3.5
G 51
FR 34
DR 120
iClear 4
iBeam 1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bonkowski,rascal
Abd small I
C11-3s
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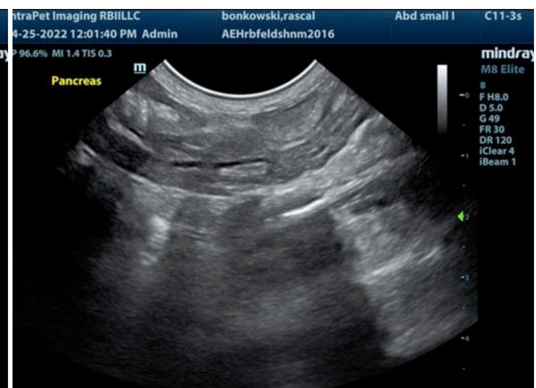
AEHrbfeldshnm2016
P 96.6% MI 1.4 TIS 0.3
1 Dist 0.19 cm
mindray
M8 Elite
Pancreas
B
F H8.0
D 3.5
G 43
FR 34
DR 120
iClear 4
iBeam 1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B
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D 5.0
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FR 30
DR 120
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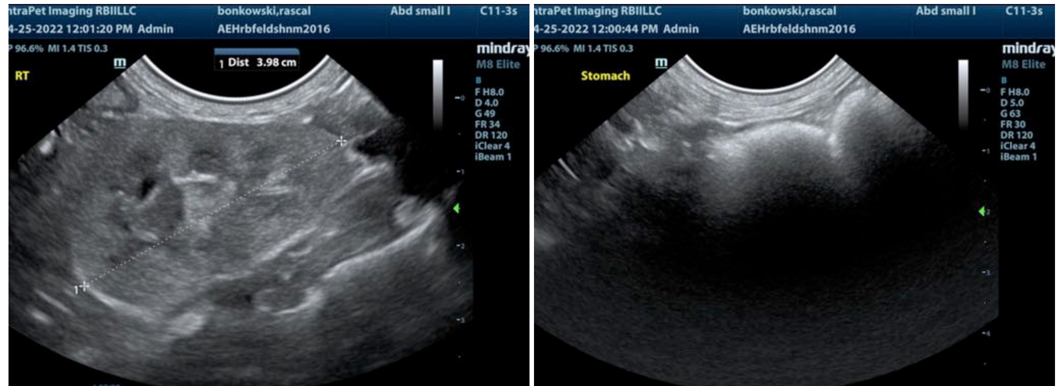
iBeam 1



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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Eric.Lindquist@SonoPath.com