

**DATE PRESENTING CLINICAL SIGNS**

4/30/23

History: Indoor only History of normal labs including T4 and bnp in beginning of year Last night, straining in litter pan, vomited Abdomen was spasming. On PE grade 2/6 murmur, abdomen palpates tense slightly, weak in hind end, dehydrated.

**PATIENT**

Jiminy Calabrese

Current Medications: Lactulose, Omeprazole, Maropitant citrate, Amp/Sulb, Lactulose Suspension, Mirtazapine, Pantoprazole.

**SPECIES**

Lab Results: Attached.

Feline

Radiographs: can see stool that appears to be more dense than should be, possible litter/grit Labs-- increase in BG 280 and seeing glucose and ketones in urine.

**BREED**

Date of Previous IntraPet Ultrasound: No previous.

DSH

Sedation: Not required to complete full diagnostic ultrasound.

**SEX**

Stat Report: Not requested.

Neutered Male

Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE****Urinary System**

4/28/12

The **urinary bladder** revealed a mural thickening, measuring 0.5 cm x 2.23 cm. The remainder of the bladder wall appeared unremarkable. Normal urethra was noted 3.0 cm into the cystourethral junction. The ventral wall also presented minor thickening, measuring 3.0 mm x 2.0 mm in the mid apical body.

**WEIGHT**

14 Pounds

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. Slight pyelectasia was noted in the kidneys. Left kidney pyelectasia measured 0.33 cm. The left kidney measured 4.26 cm. The right kidney measured 4.23 cm. Right kidney pyelectasia measured 0.23 cm.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some minor heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 0.55 cm. Slight mineralization was noted. The left adrenal gland measured 0.4 cm.

**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. King

**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.

**INVOICE**

22235

**Liver**

The **liver** was slightly enlarged and diffusely hyperechoic to falciform with slight coarse architecture. The gallbladder and common bile duct were unremarkable.

**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 pancreas was prominent and irregular. This may be age related or low-grade pancreatitis depending on clinical exam/digital subxyphoid palpation for discomfort.

### **Free Abdomen**

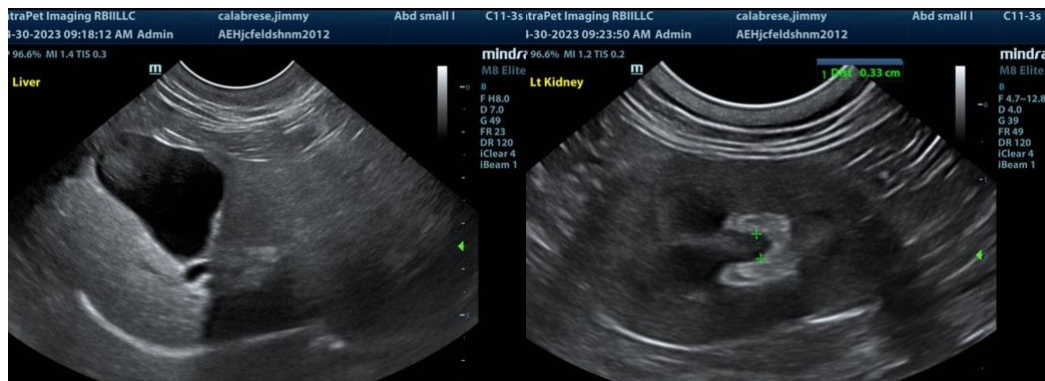
A mid abdominal **lymph node** was mildly enlarged, reactive.

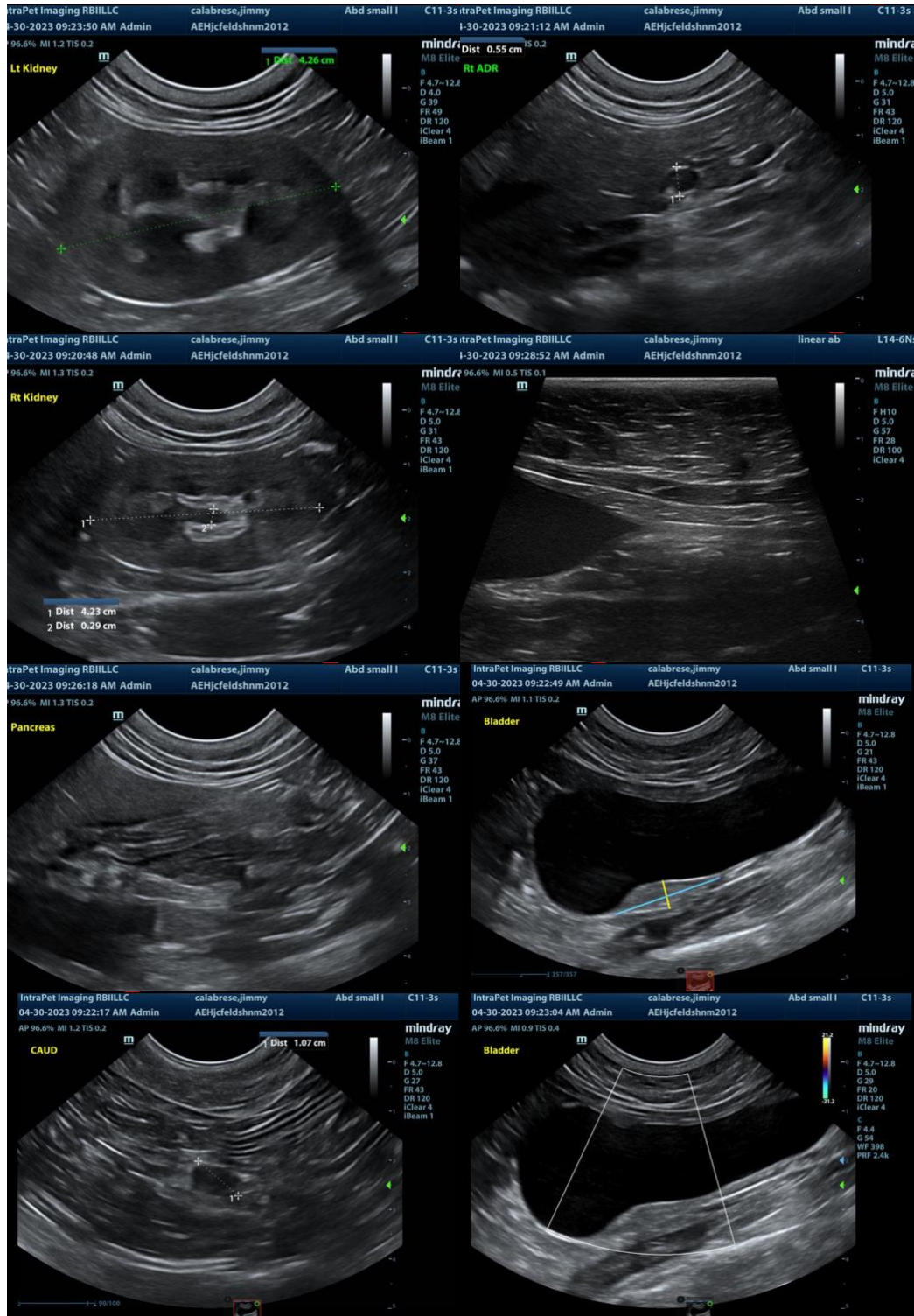
## **ULTRASONOGRAPHIC FINDINGS**

- Focal bladder thickening- suspect interstitial cystitis, possibility of emerging round cell neoplasia or carcinoma
- Minor intestinal thickening with minor reactive lymphadenopathy
- Prominent irregular pancreas
- Age-related hepatic changes, potential emerging lipidosis
- Age-related renal changes with pyelectasia
- Age-related adrenal changes with slight mineralization

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Management for interstitial cystitis, assessing environmental factors and any evidence of UTI is indicated. Recheck sonogram of the bladder presentation in approximately 2-4 weeks. Otherwise, surgical intervention and resection of the bladder wall thickenings could also be considered. The pyelectasia in both kidneys may be owing to scarring, age-related changes, or underlying embedded infection. Subxyphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.





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.

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