



PATIENT

Simba Chui

PRESENTING CLINICAL SIGNS

History: History of possible FB, vomiting that improved after treatment , then started again with blood . Rads un-diagnostic FB check

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

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.

SEX

Neutered male

AGE

2 years

The **kidneys** 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 3.76 cm. The right kidney measured 3.52 cm.

WEIGHT

5.8 kg

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 gland measured 0.3 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gira

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.

HOSPITAL NAME

Resolution Veterinary
Ultrasound

REFERRING VET

Dr. Martinez

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

98075

DATE

4/5/22



PATIENT *Gastrointestinal*

Simba Chui

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. 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 more significant disease than IBD. The sublumbar lymph node was slightly enlarged and measured up to 0.63 cm and was reactive.

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Pancreas

Neutered male

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.

AGE

2 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

5.8 kg

Mild, uniform intestinal thickening without loss of detail or foreign bodies, most consistent without loss of detail or foreign bodies. Consistent with IBD.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Full thickness GI biopsies would be necessary for a definitive diagnosis. Diet change to a hydrolyzed diet is indicated. Enrofloxacin and Metronidazole or Zithromax and Metronidazole over a 7-10 day period and anti-parasitic protocol is all indicated. Low-dose Prednisolone may be necessary in acute phase.

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

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Ultrasound

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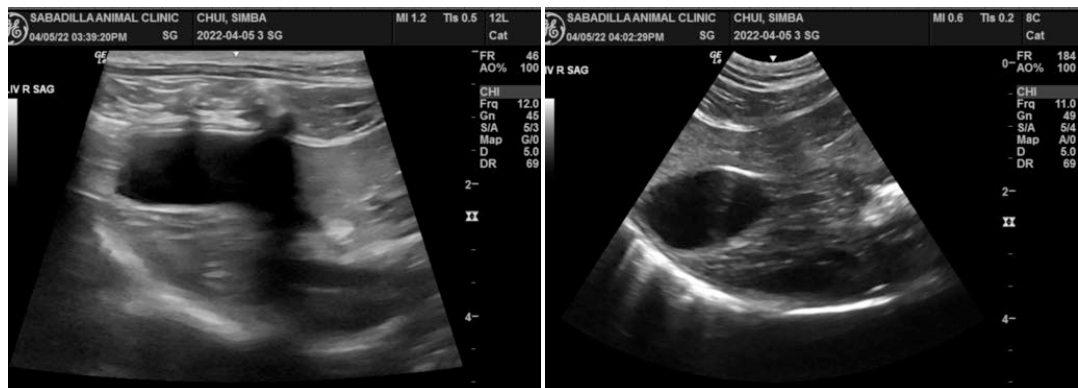
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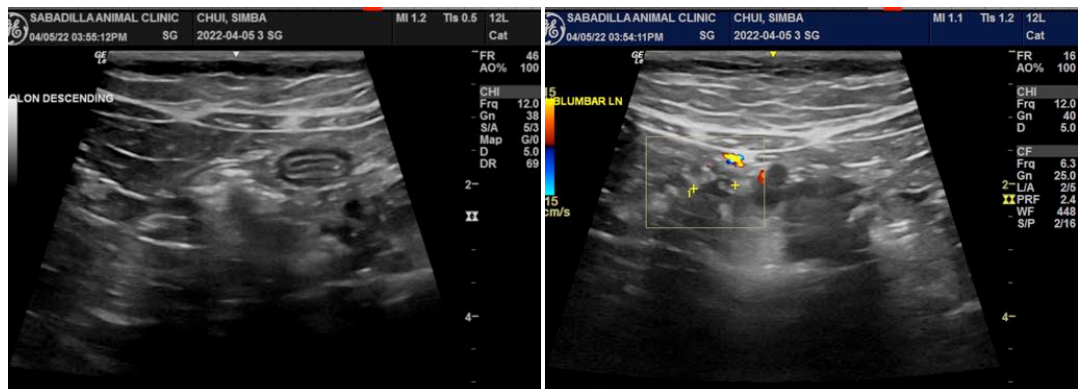
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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