



PATIENT

PRESENTING CLINICAL SIGNS

Montagu Moczygamba

History: Pt has a Hx of chronic gastroenteritis, O is unsure of the cause, and often has vomiting flareups. Starting on Sunday or Monday, Pt started having vomiting, about 2-3 times/day. On Tuesday and Wednesday O gave Pt cerenia, and Pt did not vomit, but was still irritable and not acting self. Today O gave cerenia this morning, and Pt vomited immediately afterwards. Vomit looks like watery foamy bile. Pt has been able to keep food down, but has gradually decreased appetite throughout the week, has not eaten since yesterday morning. Otherwise on c/s/d, u/d normal. Pt is also FIV+._ Chronic vomiting - r/o pancreatitis, gastroenteritis, IBD, other

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

16.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kalenius

HOSPITAL NAME

Willamette VH

REFERRING VET

Kalenius

INVOICE

15197

DATE

5/15/22

Abnormal PE/Chem/CBC/UA Results:- CBC NEU 2.05 k/ul (mild neutropenia) all other values wnl. - chem 17 all values wnl (CREA 1.8 mg/dl) - EPOC = CREA 2.05 mg/dl, iCa 1.14 mmol/L (BUN wnl 23) all other values wnl. HCT 36% - USG >> 1.050

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 **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 right kidney measured 4.5 cm. The left kidney measured 4.8 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 0.36 cm. The left adrenal gland measured 0.41 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

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.



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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

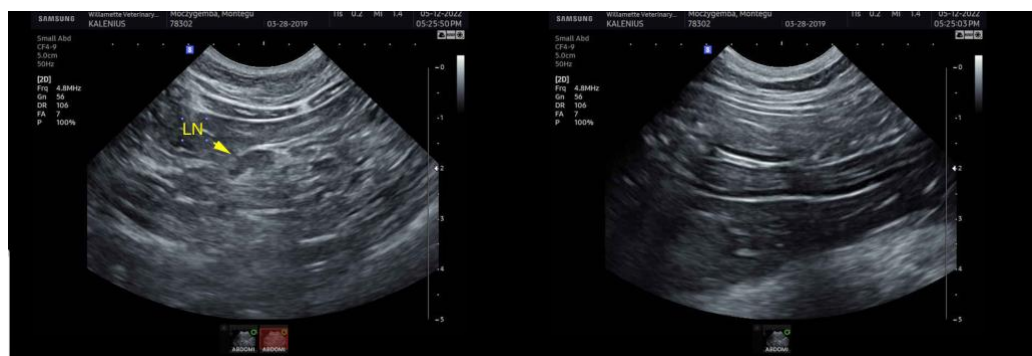
Slight heterogeneous **pancreatic** changes were noted. Possible low-grade pancreatitis present.

ULTRASONOGRAPHIC FINDINGS

- Inflammatory bowel presentation
- Heterogeneous pancreas, likely low-grade pancreatitis present.
- Reactive spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Enterotoxin, parasitic disease, dietary intolerance or indiscretion all possible. Mild potential for emerging round cell neoplasia. Splenic FNA would be ideal to ensure no emerging round cell neoplasia.





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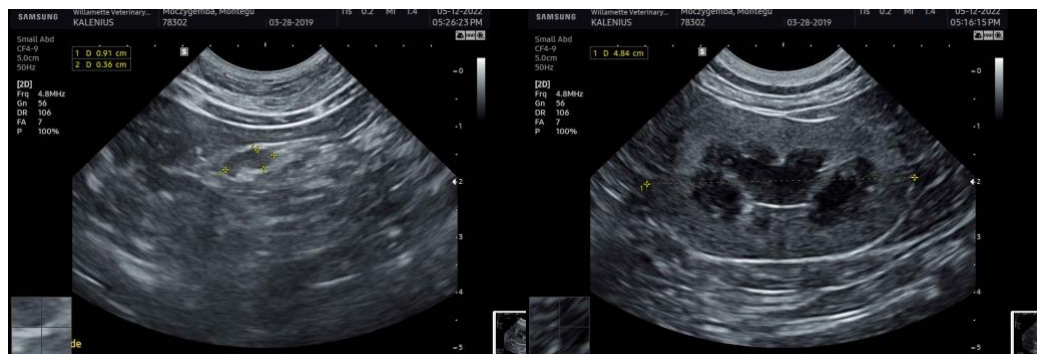
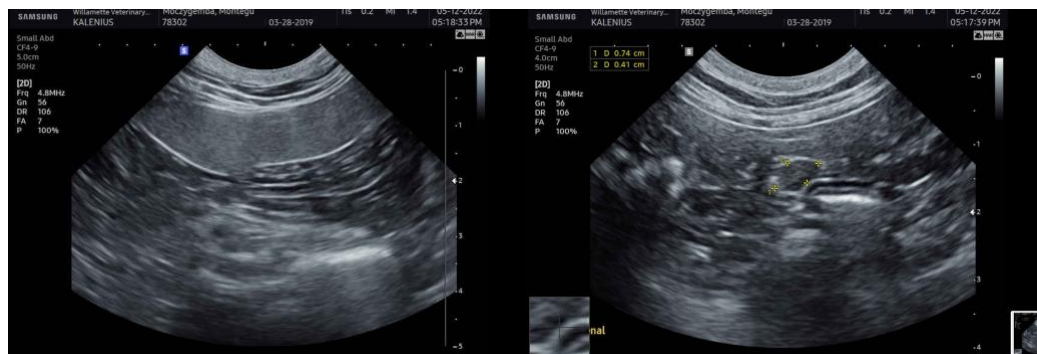
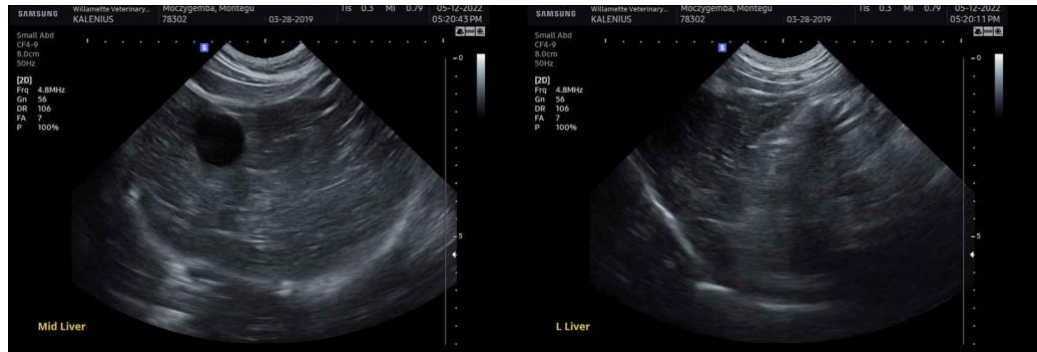
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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Montagu Moczygemba

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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info@SonoPath.com

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