

**DATE**

5/15/22

PRESENTING CLINICAL SIGNS

History: Blood in stool.

PATIENT

Sammy Goldberg

History: Date: 05-14-2022 Notes: 3 days ago patient had a loose stool, dependent poop for a few days. Then today he PU/PD bright magenta colored pasty stool and then this evening when owner got home from work, lick weighed reddish brown diarrhea in the box. No new treats, no known dietary indiscretions. Patient has known hyperthyroidism and is on methimazole twice daily. Patient has known heart disease and is also on diltiazem.

SPECIES

Feline

Assessment:

Acute hematochezia. DDX include dietary indiscretion, viral/ bacterial/ parasitic infection, IBD, LSA, unregulated hyperthyroidism, renal failure, liver failure, open.

BREED

DSH

Current Medications: Started metronidazole IV and pantoprazole IV

Lab Results: PCV- 22%- non- regenerative vs. prerenal anemia?

Other blood work unremarkable.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Alfaxalone_1.4 ml titrated to effect IV.

Stat Report: Not requested.

AGE

2005

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

15 Pounds

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.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

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 and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 4.6 cm.

HOSPITAL NAMEAnimal emergency
Hospital**Adrenal Glands**The region of the **adrenal glands** revealed no evident pathology.**REFERRING VET**

N/A

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. The spleen measured approximately 1.0 cm. Caudal folding of the spleen was noted, positional variant.

INVOICE

15201

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. 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. This is a mild change.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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

A trace amount of **free fluid** was noted adjacent to the splenic fold.

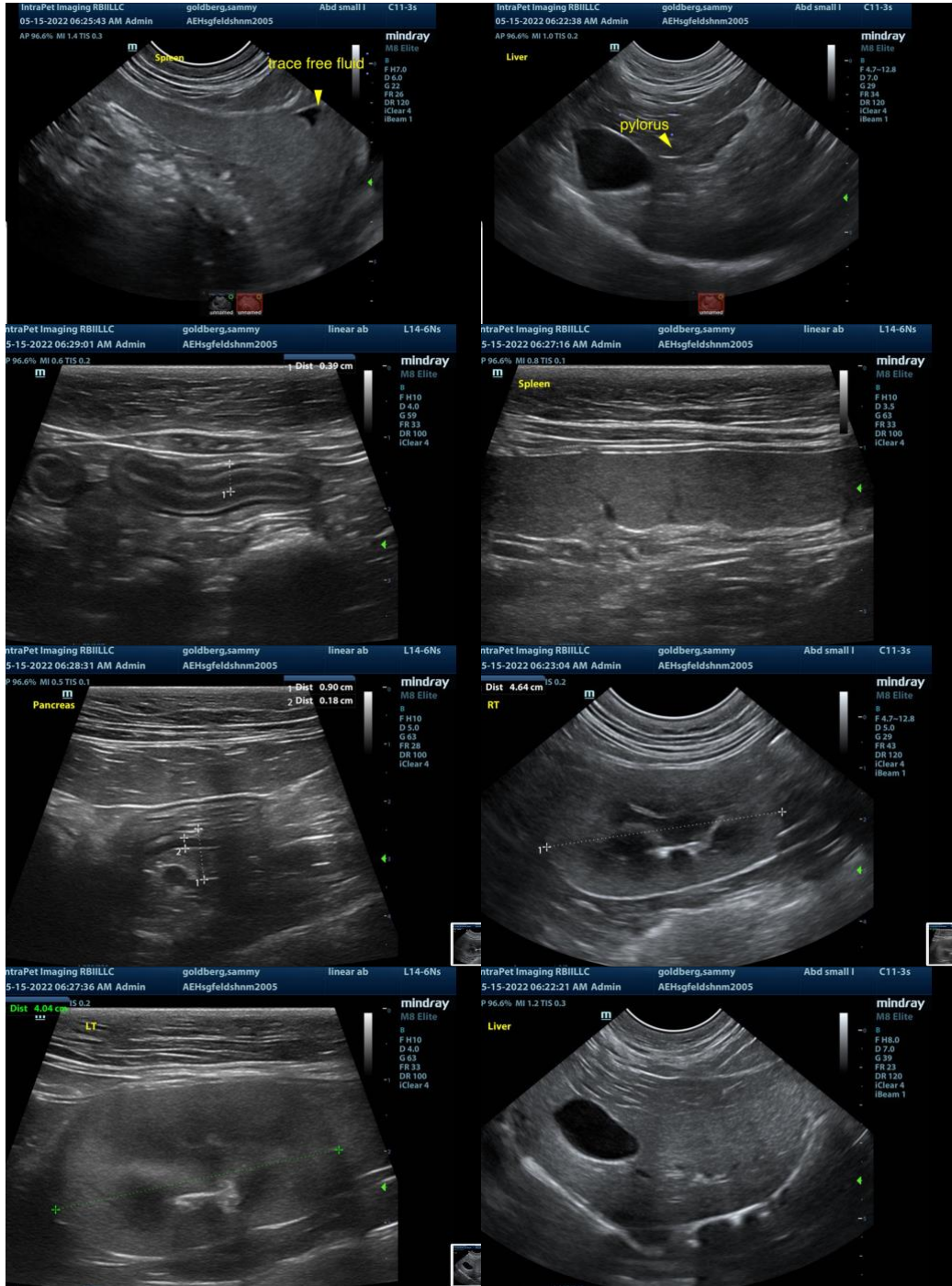
A rapid view of the **heart** revealed trace pericardial effusion, this is noncardiogenic, as volume as normal.

ULTRASONOGRAPHIC FINDINGS

- Minor intestinal thickening
- Slight splenic enlargement
- Free fluid
- Trace pericardial effusion, noncardiogenic
- Age-related abdominal changes otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of neoplasia. A systemic inflammatory disease, infectious agents and occult neoplasia all possible, yet structurally the abdomen appears largely unremarkable. Supportive care should prove effective.



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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