



**PATIENT**

Katie Martino

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

11 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jack Reese

**HOSPITAL NAME**

Willow Run VC

**REFERRING VET**

Dr. Reese

**INVOICE**

30739

**DATE**

5/25/22

**PRESENTING CLINICAL SIGNS**

Chronic diarrhea - 2 year duration. Owner feeding Hill's GI Biome. Hyperthyroid, currently being treated with Methimazole - well controlled. Previously treated with metronidazole, tylosin without improvement.

Abnormal PE/Chem/CBC/UA Results: Folate >24 (2020) Normal chemistry in September 2021

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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.

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. Slight pinpoint, non-obstructive mineralization was noted. The right kidney measured 3.7 cm. The left kidney measured 3.5 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 left adrenal gland measured 0.9 x 0.4 cm. The right adrenal gland measured 0.9 x 0.4 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.



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**Gastrointestinal**

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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. The mesenteric lymph nodes were mildly enlarged. The largest of which measured 1.0 cm. 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.

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**Pancreas**

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.

**ULTRASONOGRAPHIC FINDINGS**

Mild IBD GI pattern. Intestinal dysbiosis is likely playing a role.

Mesenteric lymph node enlargement.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Diet change to a hydrolyzed diet and a clinical trial of Zithromax and Metronidazole are recommended to cover for infectious agents. Broad spectrum anti-parasitic protocol, nutraceutical supplementation and B12 supplementation are also warranted. FNA cytology and culture of the mesenteric lymph nodes would be ideal to rule out emerging neoplasia/lymphoma as well as culture any bacterial involvement. Full thickness intestinal lymph node biopsies would be ideal in this patient, yet neoplastic criteria was not met.

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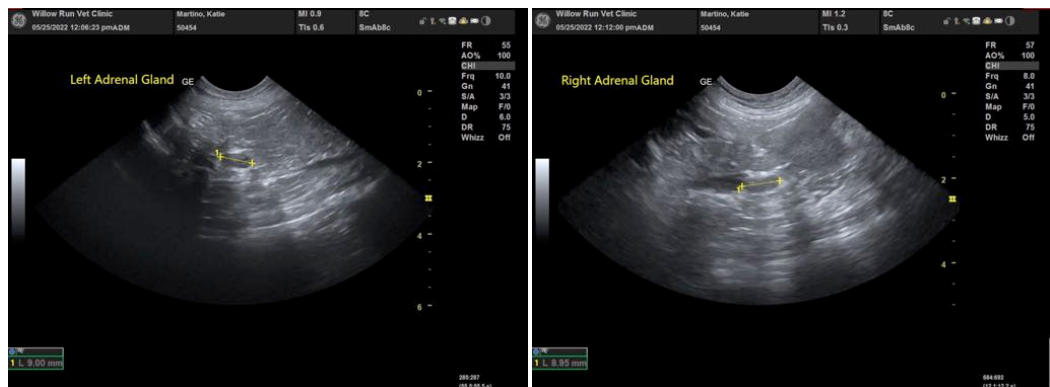
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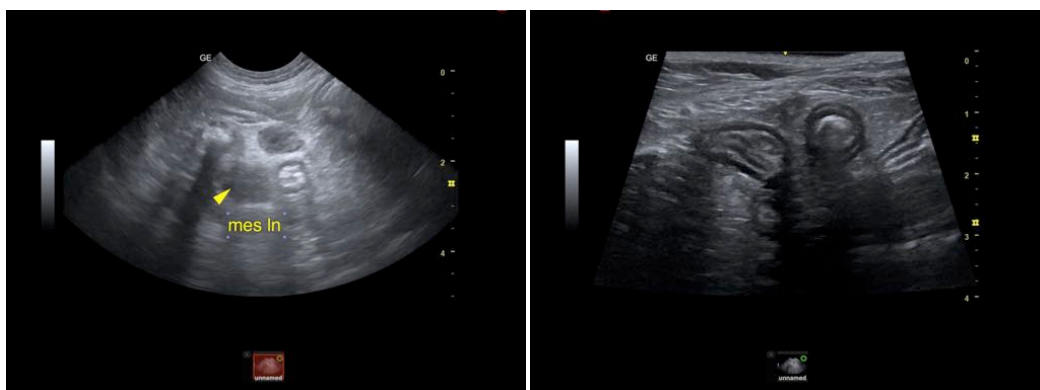
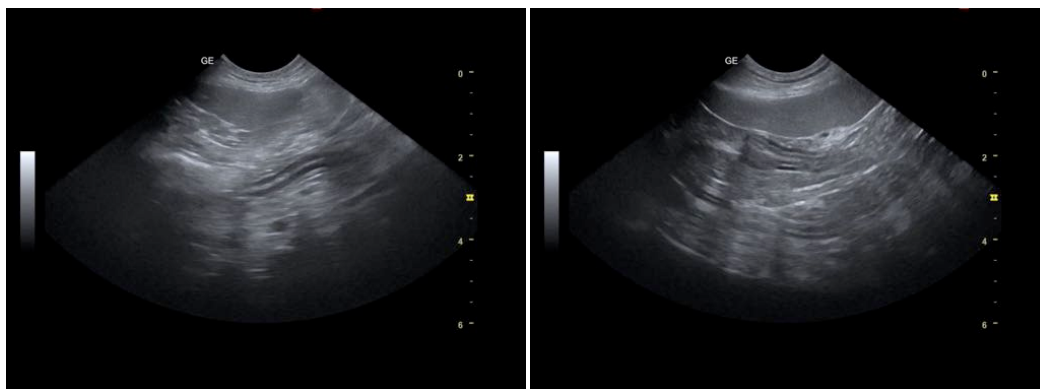
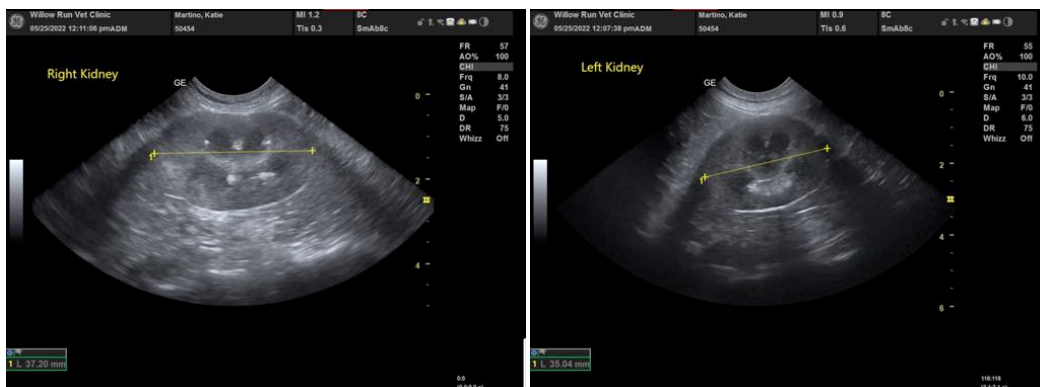
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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