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DATE

5/26/22

PATIENT

Louie Prather

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7/18/10

WEIGHT

12.76 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Everhart Vet Hospital

REFERRING VET

Dr. Kerr

INVOICE

38031

PRESENTING CLINICAL SIGNS

Louie presented to the EVH on 5/18 for weight loss despite a ravenous appetite, along with intermittent vomiting (sometimes 4-5 times within a day) that is unassociated with meal time. Physical exam reveals a firm mass effect in the cranial abdomen, as well as multiple smaller firm areas in the mid to caudal abdomen. Brief ultrasound draws suspicion for inflammation of the intestines and mesenteric lymph nodes.

Current Medications: None.
Lab Results: Senior labwork WNL.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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.

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 0.54 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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed diffuse intestinal thickening with 1:1 muscularis to mucosa ratio without loss of structural detail. The stomach revealed progressively shadowing luminal material, visible in multiple views. Epigastric lymph nodes were slightly enlarged, reactive, measuring 1.26 cm x 0.65 cm.

Pancreas

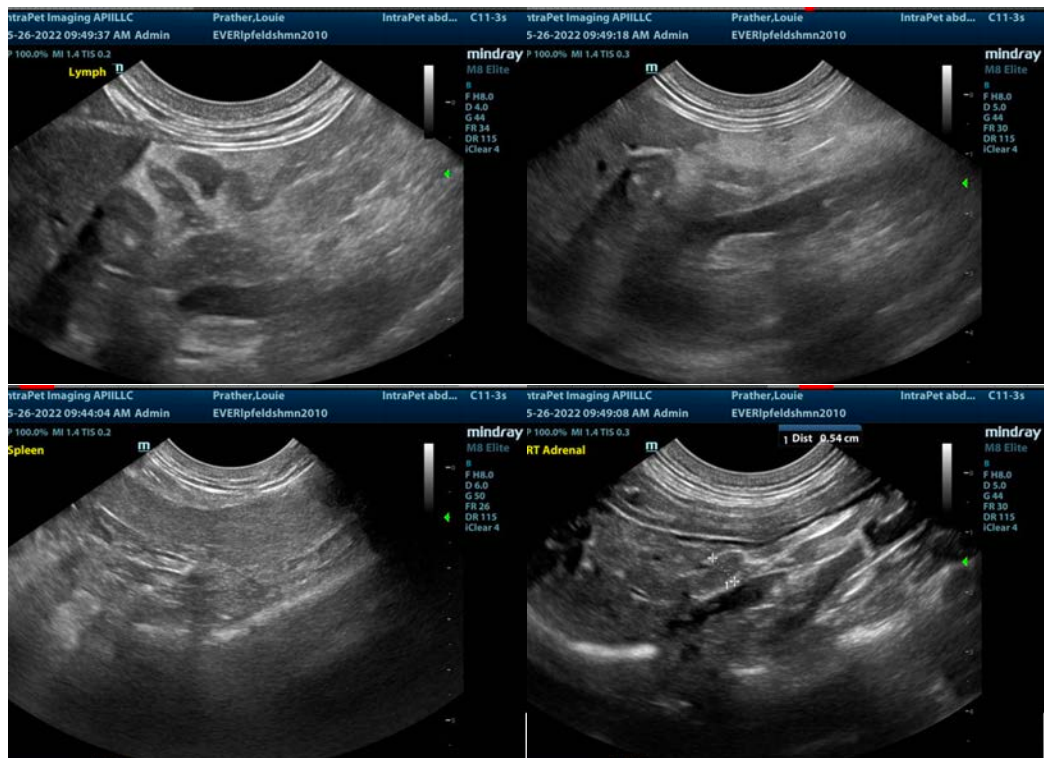
The left **pancreatic** limb revealed mixed echogenic inflammatory pattern occupying the majority of the left limb with regional lymphadenopathy.

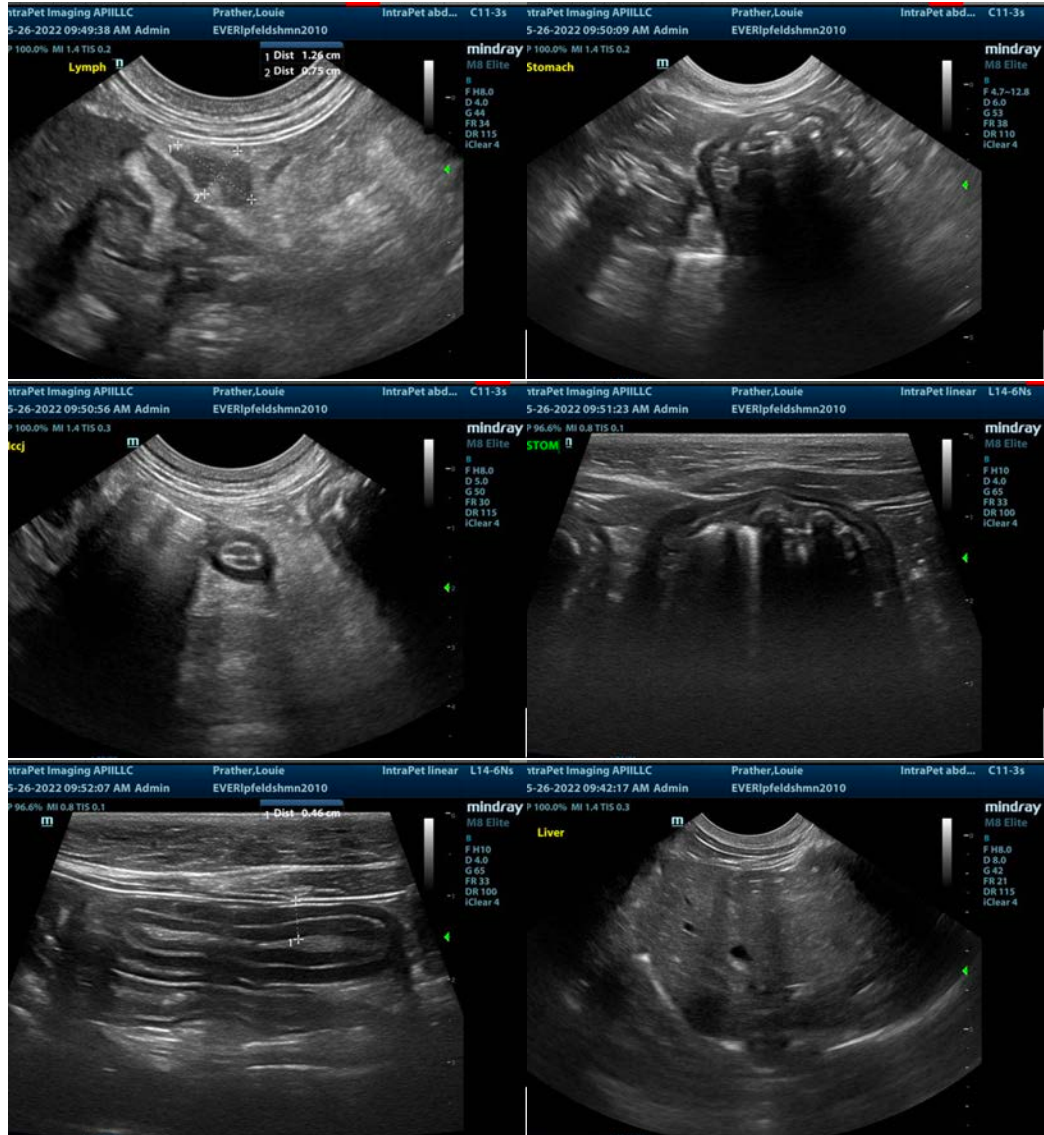
ULTRASONOGRAPHIC FINDINGS

- Stomach filled with soft foreign matter
- Diffuse intestinal thickening
- Left pancreatic inflammatory pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend gastrotomy, epigastric lymph node biopsy, and GI biopsies for further definition. Inflammatory bowel with concurrent foreign body likely. Inspection of the pancreas indicated at surgery. No overt neoplastic criteria present.





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.

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