



**PATIENT PRESENTING CLINICAL SIGNS**

Boots Cole

History: intermittent vomiting

Abnormal PE/Chem/CBC/UA Results: please see attached BW

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

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.

**SEX**

MN

The kidneys presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis, yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected.

**AGE**

11 yr

The left kidney measured 4.1 cm in length. The right kidney measured 4.31 cm in length.

**WEIGHT**

6.18 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 left adrenal gland measured 0.29 cm. The right adrenal gland measured 0.26 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

**Liver**

Nelson Animal Hospital

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.

**REFERRING VET**

Dr. Drewry

**INVOICE**

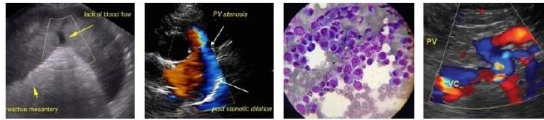
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**Gastrointestinal**

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

**DATE**

05/30/2022



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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. Reactive mesentery was noted upon the distal small intestine.

**SPECIES**

Feline

**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.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Subacute on chronic inflammatory bowel presentation
- Chronic interstitial nephrosis renal pattern

**MN**

**AGE**

11 yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the CPK history in this patient toxoplasmosis titers are recommended if the patient has been exposed. Structurally the abdomen primarily demonstrated pathology in the kidneys and intestinal tract. The following protocol may prove effective. Hydrolyzed diet change, anti-parasitic protocol, clinical trial of Zithromax/Metronidazole, Amoxicillin/Metronidazole or similar and/or tapering Prednisolone trial could also be considered.

**WEIGHT**

6.18 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Nelson Animal Hospital

**REFERRING VET**

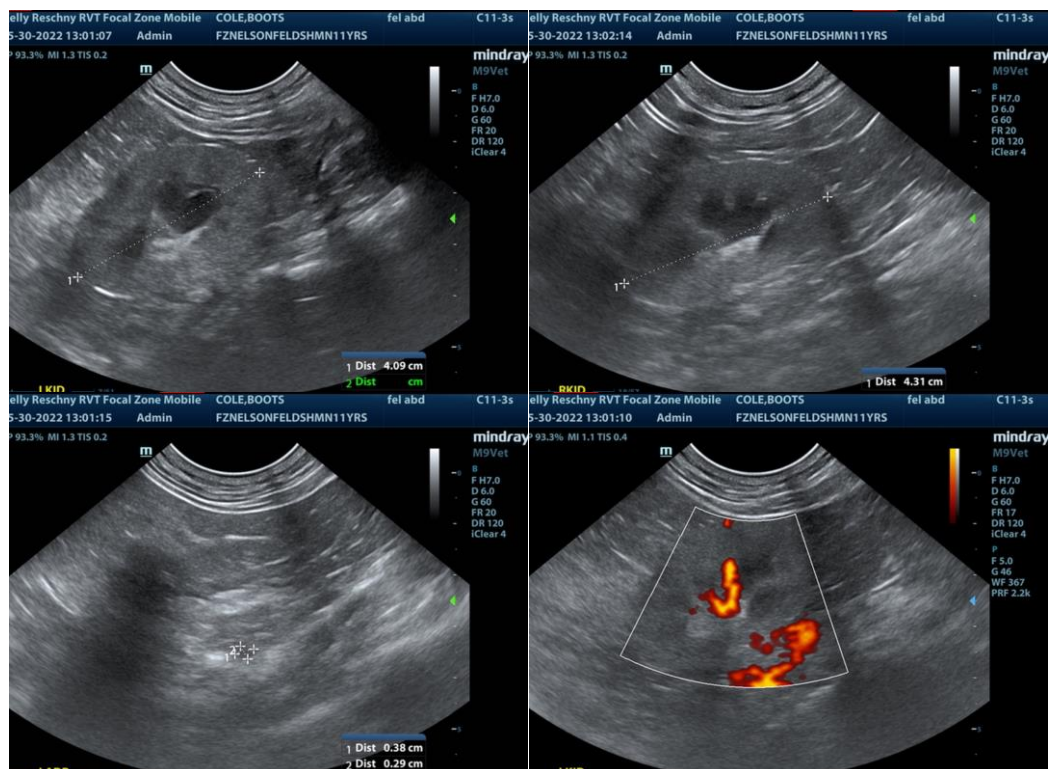
Dr. Drewry

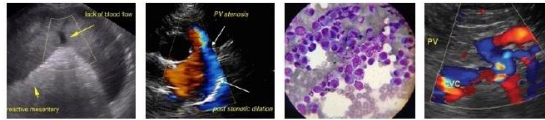
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**SPECIES**

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**BREED**

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**SEX**

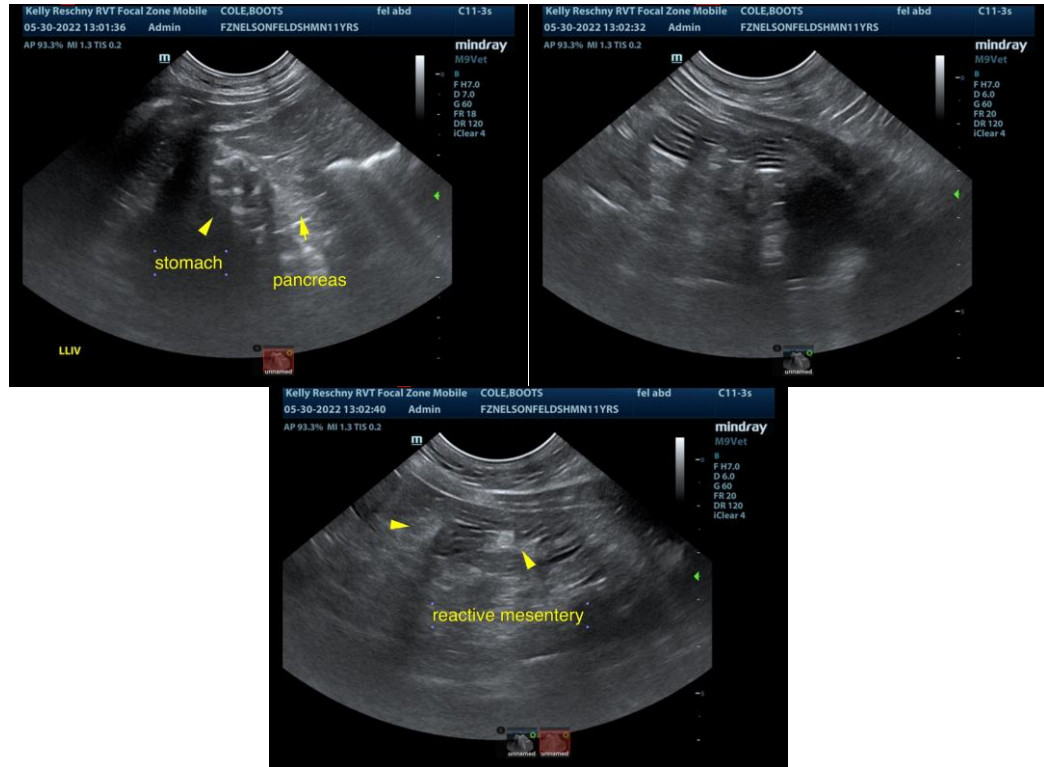
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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