



DATE PRESENTING CLINICAL SIGNS

5/31/26

Patient History: From 5/26 visit:

PATIENT

Presenting Complaint: Sheldon presents for acute onset diarrhea, vomiting, and inappetence

Sheldon Meirelles

Patient History:

Acute onset diarrhea today (3-4 episodes)

Vomiting noted today

Inappetence starting today; ate small amount of canned food prior to visit

Client suspects GI upset related to canned food given yesterday

SPECIES

Known right aural polyp

Feline

Completed course of otic medication last Tuesday for ear infection

February 2026 blood work showed possible early renal disease (elevated Cystatin B)

February 2026 abdominal ultrasound and GI exam unremarkable per client

BREED

Scheduled for aural polyp removal with dermatologist on June 9th

DLH

Chronic ocular discharge per client

SEX

Current Medications: Started prednisolone 2.5 mg q 24 hr for otic comfort while pursuing diagnostics on Thursday 28th Fortiflora 1 satchet SID for 7 days (starting 5/26), Ondansetron 0.57mg/kg PO q8-12 PRN (starting 5/26), Mirataz Transdermal PRN (starting 5/26).

Neutered Male

Labwork Results: Labwork submitted. Reported as Chem8 performed during appointment HCT 27%.

Labwork from recent rDVM visit submitted.

AGE

Date of Previous IntraPet Ultrasound: No previous.

5/26/10

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested.

WEIGHT

Imaging Performed by: Andi Parkinson, BS, RDMS.

3.5 kg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

Urinary System

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

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.

HOSPITAL NAME

Veg Pikesville

The **kidneys** were irregular in contour with multiple infarcts. No overt masses noted. However, given the Prednisone therapy, I'm concerned for potential renal involvement. Right kidney measured 3.71 cm. Left kidney measured 4.0 cm. An anechoic cyst measuring 0.5 cm was noted at the cranial pole of the left kidney.

REFERRING VET

Dr. Brough

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. Left measured 0.46 cm. Right measured 0.40 cm.

INVOICE

75564

Spleen

The **spleen** was mildly irregular and volume contracted. Hydration status should be assessed.

Liver

The **liver** presented uniform parenchyma. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a 4.0 cm x 2.0 cm infiltrative cecal mass involving the ileocecal junction and cecum and proximal colon. Variably other areas of small intestinal thickening noted with regional lymph nodes mildly enlarged up to 1.0 cm x 0.40 cm. Some reactive mesentery noted associated with the GI presentation. The stomach revealed variable thickening with loss of mural detail and potential ulcerative change, with wall thickness up to 1.2 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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. Pancreas body measured 0.80 cm.

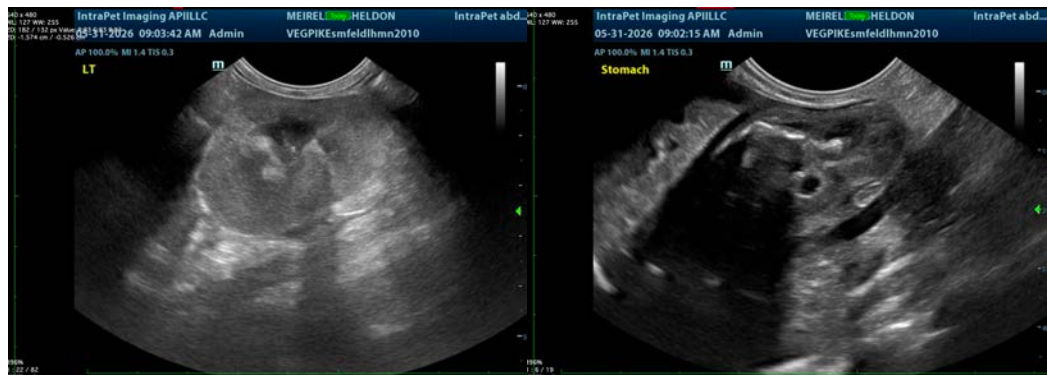
ULTRASONOGRAPHIC FINDINGS

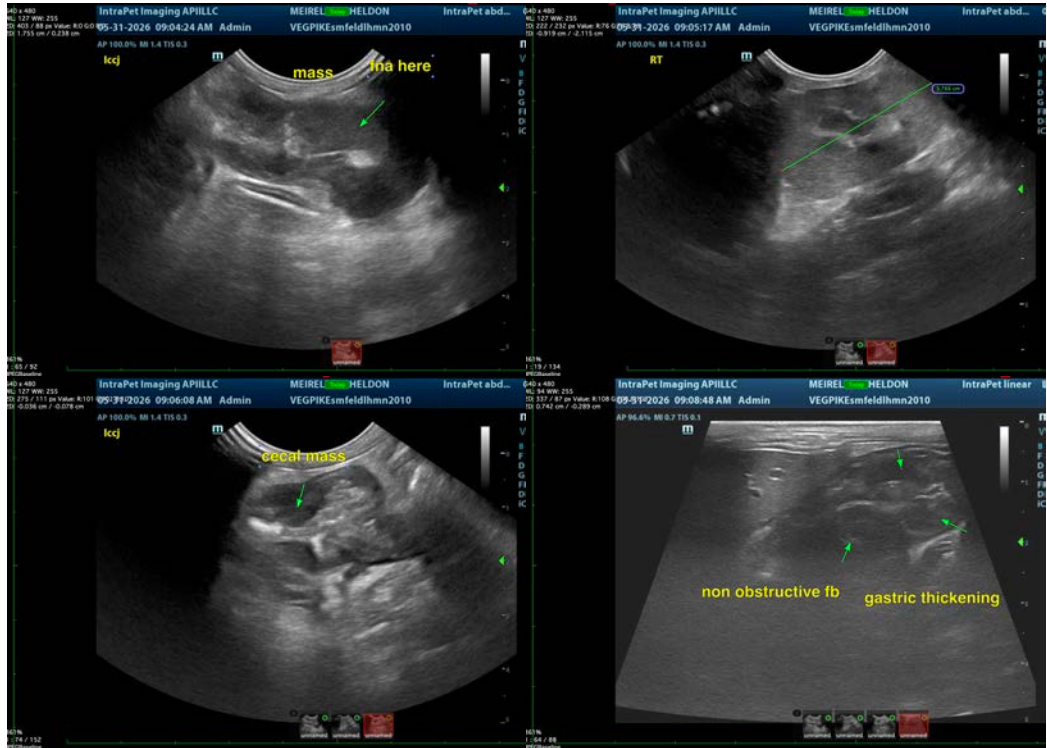
- Multicentric GI lymphoma pattern, likely partially suppressed owing to Prednisone therapy. Potential renal and hepatic involvement.
- Mildly irregular, volume contracted spleen.
- Cecal mass and other small intestinal thickening with mildly enlarged regional lymph nodes and reactive mesentery.
- Variable gastric thickening with potential ulcerative change.
- Age related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA or surgical biopsies would be appropriate in this patient with immediate chemotherapeutic intervention. Prognosis is poor depending upon eventual response to chemotherapy.

*Note: The low albumin and elevated SDMA is likely a paraneoplastic manifestation of GI lymphoma.





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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