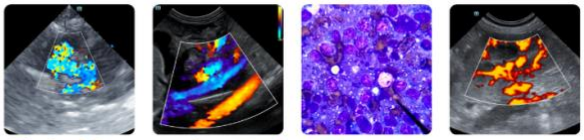



**PATIENT**

Bruno Gomez

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

2 Years 8 Months

**WEIGHT**

4.7 kg

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mariusz Chmielinski DVM

**HOSPITAL NAME**

Apex Veterinary Services LTD

**REFERRING VET**

Alpine 24/7 ER Doctor

**INVOICE**

15872

**DATE**

05/06/26

## PRESENTING CLINICAL SIGNS

Hospitalized for persistent inappetence and gastrointestinal upset following possible lily exposure.

Abnormal PE/Chem/CBC/UA Results: VS - Temperature: 38.1°C; HR: 200 bpm (1:1 pulse ratio), RR: 30/min, Respiratory effort: 0 / non-labored, MM pink and moist, CRT <2 sec, Mentation: QAR, Hydration: Adequate, BP: 186/142 (MAP 146) Abdomen soft with mild mid-abdominal sensitivity on palpation Grade II–III/VI systolic heart murmur ausculted • Creatinine improved from 118 >> 96 µmol/L • BUN decreased from 8.7 >> 5.3 mmol/L • ALT improved from 77 >> 50 U/L • Glucose WNL • Total protein, albumin, and globulins WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** was over distended at the time of the sonogram. The trigone, and pelvic urethra to a depth of 2.0 cm 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 sublumbar **lymph nodes** were slightly enlarged and rounded measuring 4.0 mm.

The **kidneys** revealed renal swelling with no evidence of ectopic ureters. Slight pyelectasia and slight hyperechoic medullary rim sign was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.62 cm in length. The right kidney measured 3.84 cm in length.

### *Adrenal Glands*

Both **adrenal glands** were not visualized.

### *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. The spleen measured 0.77 cm.

### *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 tract** was largely unremarkable other than minor areas of muscularis hypertrophy. Inflammatory bowel with lymphadenitis is likely in this patient. No evidence of foreign bodies or neoplasia.

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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.

## *Free Abdomen*

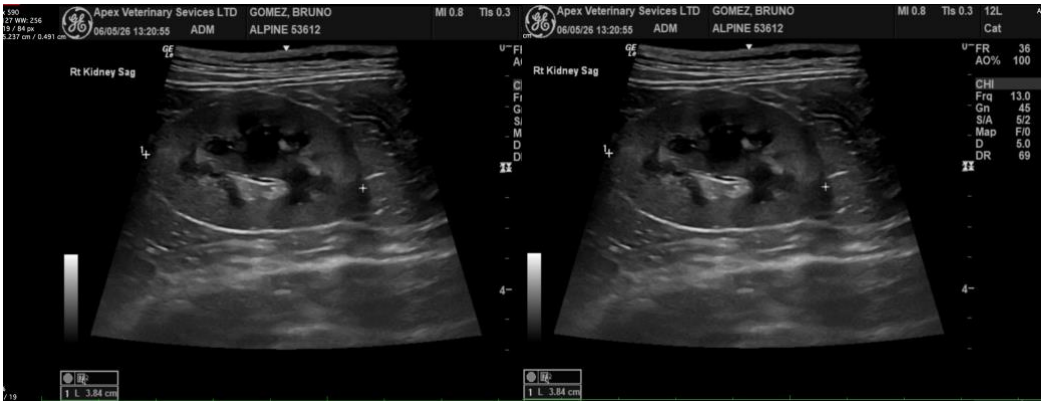
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 0.58 cm. The jejunal lymph node measured 1.0 cm x 0.60 cm.

## ULTRASONOGRAPHIC FINDINGS

- Slight mesenteric, sublumbar and jejunal lymphadenopathy.
- Swollen kidneys with slight pyelectasia and medullary rim sign.
- Over distended bladder.
- Minor areas of muscularis hypertrophy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia may be a hydrostatic issue with temporary over distention of the bladder. The mesenteric lymph node inflammation is the likely cause for the abdominal hypersensitivity. Full urinary workup is warranted given the pyelectasia and renal swelling to assess for any evidence of UTI. Diet change and parasite management are recommended with potential prednisone trial if necessary. Broad-spectrum antibiotic trials such as enrofloxacin/clindamycin combination may prove effective regarding underlying infectious agents involved with lymphadenitis.



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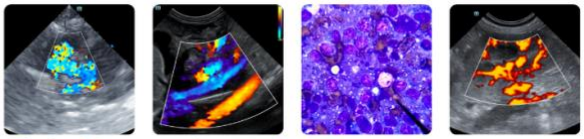

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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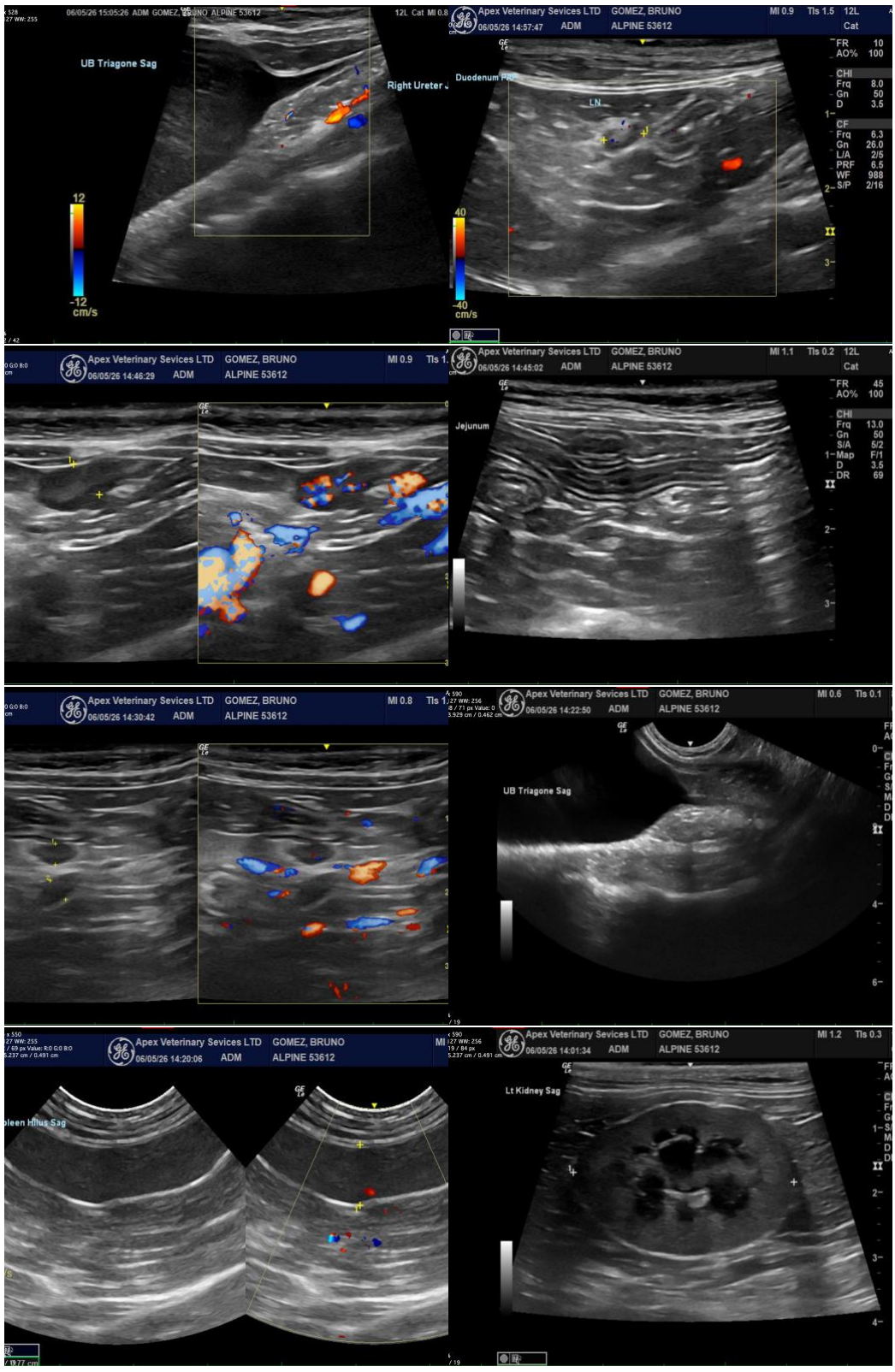

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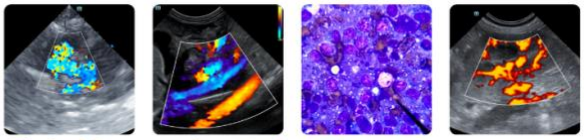

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com