



PATIENT PRESENTING CLINICAL SIGNS

Asta Peterson

History: Chronic vomiter. Indoor only. Lives with 1 indoor only cat. Food change 5/5/22. Acute onset vomiting 5/6-5/7. Acute onset bloody diarrhea 5/9. Exam: T103.2, Tense abdomen.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: From 5/7/22 CBC- Hct wnl 50.5%, Retic 111.7, Neu 10.64 (stress leukogram suspected) Chem 10- Glu 206 (stress hyperglycemia), Crea 1.8 (pre-renal vs renal), BUN wnl 24, TS wnl 6.9, ALP 12 EPOC- Ca 1.08, Crea 2.0, Glu 218, K 3.3, PO2 56.2 HCT 42% UA (cystocentesis)- pale yellow, very cloudy urine. USG 1.046, pH 7.0, Blood/Hgb 250 ery/uL, WBC <1/hpf, RBC >50/hpf, no crystalluria, no bacteria detected CONCLUSIONS: The appearance of the gastrointestinal tract could be associated with gastroenterocolitis. Pancreatitis is not excluded though is thought less likely. A punctate mineral body superimposed with the stomach could be artifactual; association with dietary indiscretion is thought less likely and this is too small to result in an obstructive process alone. Underlying inflammatory bowel disease or food intolerance/hypersensitivity as well as occult neoplasia cannot be excluded. There are lumbosacral degenerative spinal changes. 5/9/22: Chem 10/tbili: hyperglycemia (201), Tibili < 0.1 EPOC: Elevated creatinine 2.09, normal BUN 22, hyperglycemia (189), Hct 45% Save for GI panel

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

6 years

WEIGHT

11.1 lbs

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed mildly increased cortical echogenicity, yet was normal in size and contour. The right kidney measured 3.98 cm. The left kidney measured 3.05 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The regions of the **adrenal glands** were imaged with no evidence of pathology.

IMAGING PERFORMED BY

Dr. Schneck

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.

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Liver

The **liver** revealed slight coarse architecture, yet was normal in size and contour. 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.

DATE

5/9/22



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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 "ropy" 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 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.

AGE

6 years

ULTRASONOGRAPHIC FINDINGS

Minor intestinal thickening.

WEIGHT

11.1 lbs

Otherwise, age related abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diet change to a hydrolyzed diet is recommended along with anti-parasitic protocol, 5-7 days of Metronidazole and Zithromax combination with eventual Prednisolone trial. Neoplastic criteria was not met in this patient.

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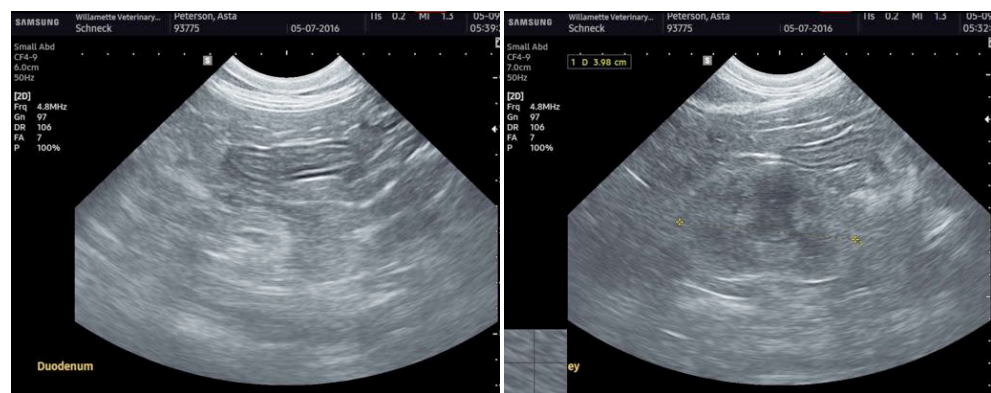
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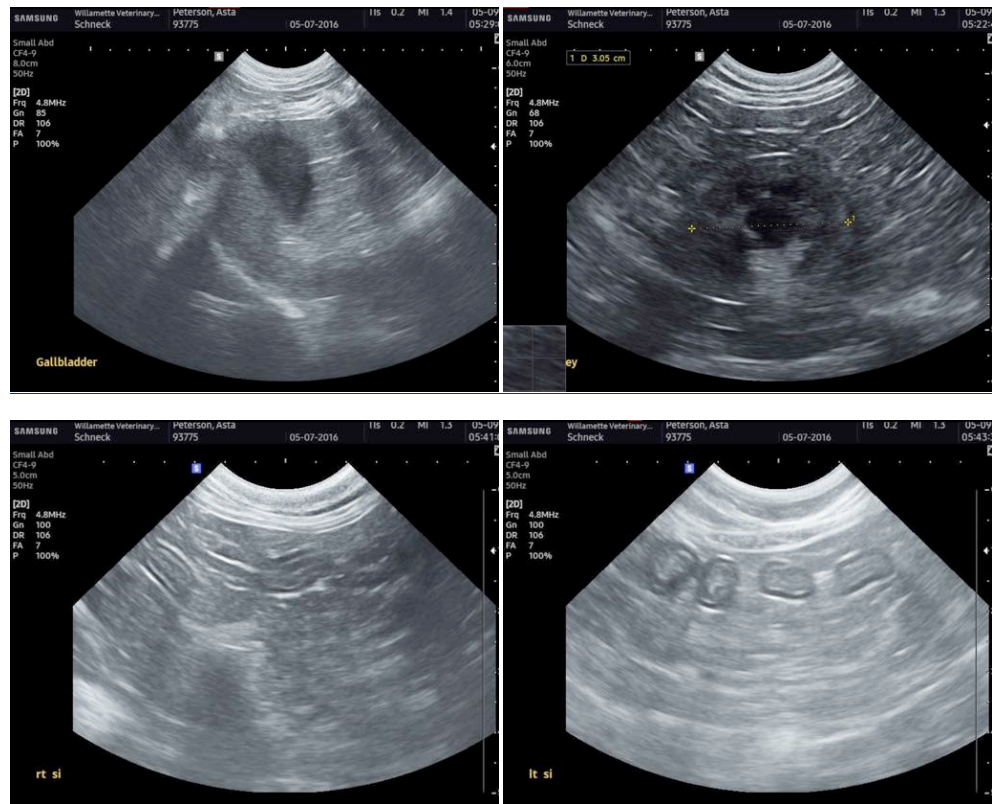
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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