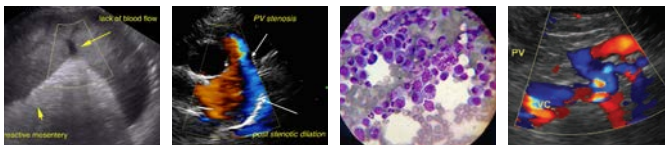
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Dixie Ferguson

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
15 Years

WEIGHT
8.75 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Bartlett/Berberich

INVOICE
38633

DATE
6/10/22

PRESENTING CLINICAL SIGNS

One month history of daily vomiting and decreased appetite. Eating treats but refusing normal dry food. Abnormal PE/Chem/CBC/UA Results: PE: QAR, painful on palpation of caudal abdomen. BW: Chem WNL, CBC: mild neutropenia

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.21 cm. The right kidney measured 3.55 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.58 cm.

Spleen

The **spleen** presented subtle micronodular changes with slight irregular contour noted.

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

Examination of the **gastrointestinal tract** revealed variable intestinal thickening with hyperperistalsis. Reactive mesentery noted around the ileocecal region with thickening of the distal ileum. In the majority of the GI tract, neoplastic criteria were not present. However, the distal ileum is an area of concern to be monitored.

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.

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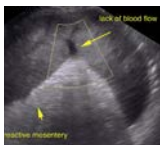
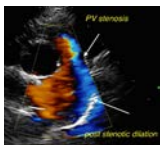
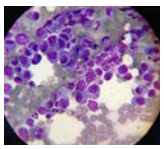
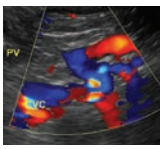

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ULTRASONOGRAPHIC FINDINGS

- Micronodular spleen
- Distal ileal thickening with variable other intestinal thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend treatment for inflammatory bowel with broad-spectrum antibiotics and IV fluid support as necessary. Recheck in 5-7 days of the ileocecal region in particular as well as the spleen. FNA of the distal ileal thickening and spleen would be appropriate. Pain management also indicated. Otherwise, surgical exploratory would be indicated. The region in question is an area of approximately 1.5 cm x 1.0 cm of the distal ileum that presents loss of mural detail and may represent a neoplastic event. Sampling is necessary either from ultrasound guided FNA (which may or may not be diagnostics) or surgical resection, optimally guided by intraoperative ultrasound.

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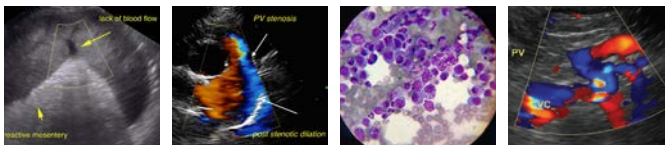

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com