

**DATE PRESENTING CLINICAL SIGNS**

6/13/23 Not eating well, not using the litter box, vomited x1 in 24 hours. Last week multiple episodes of vomiting.

PATIENT Current Medications: None listed.

Lab Results: See attached.

Mew Mew Thompson Date of Previous IntraPet Ultrasound: No previous.

Sedation: Butorphanol 0.1 IV.

Stat Report: Not requested.

SPECIES Imaging Performed By: Rachel Brillhart, RDMS.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED****Urinary System**

Ragdoll

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

Neutered Male

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 3.86 cm. The right kidney measured 4.23 cm.

AGE

4/16/16

WEIGHT

12 Pounds

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 right adrenal gland measured 0.45 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.

HOSPITAL NAME

Festival Vet Clinic

REFERRING VET

Dr. Cianelli

Liver

The **liver** presented slight coarse architecture. The gallbladder and common bile duct were unremarkable.

INVOICE

43119

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 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.

Pancreas

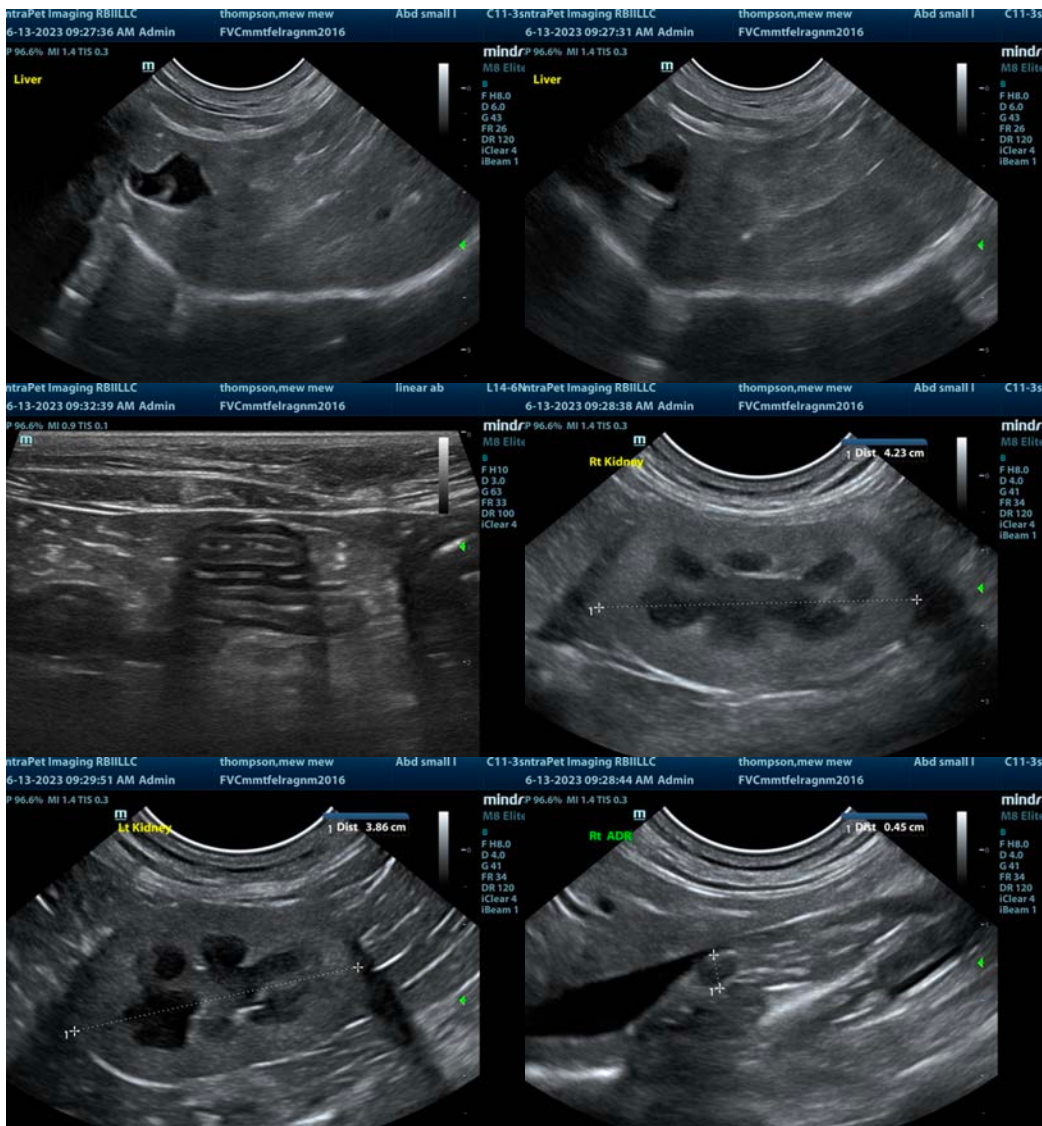
The **pancreas** presented undulating contour and minor duct dilation. Normal width at 0.75 cm. Uniform parenchyma, mildly hypoechoic to surrounding fat. History of pancreatitis likely.

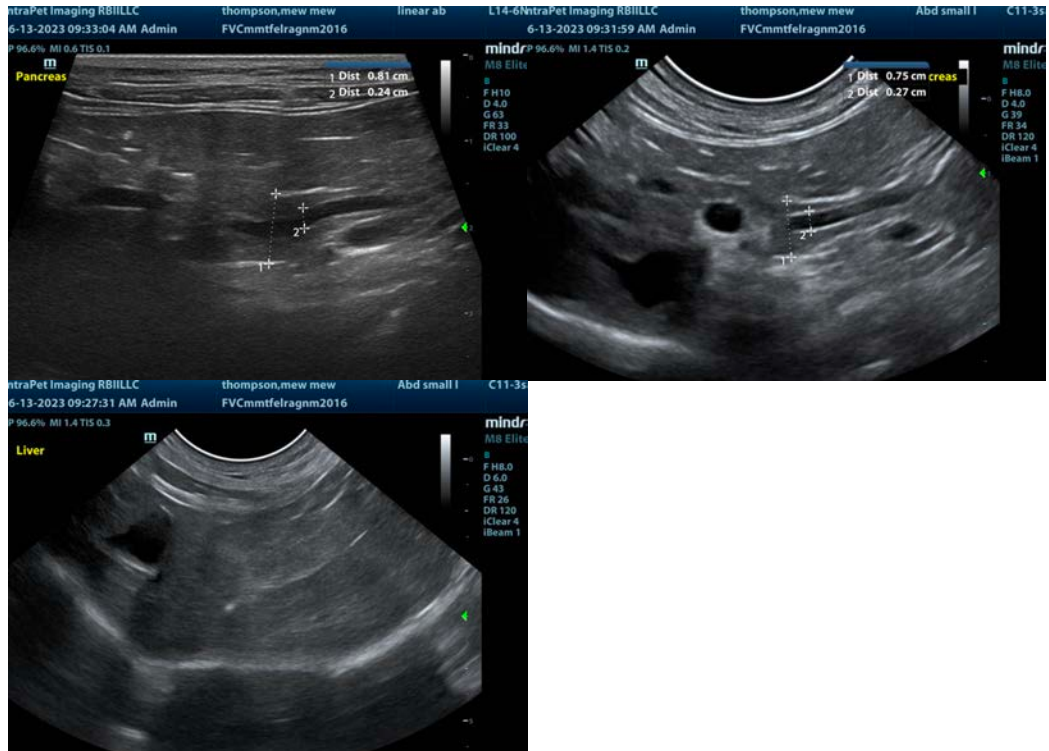
ULTRASONOGRAPHIC FINDINGS

- Prominent pancreas with minor intestinal thickening, unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential low-grade pancreatitis. However, other causes of anorexia such as orthopedic pain, CNS or thoracic disease should also be considered. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. No evidence of neoplasia. Likely food intolerance, occult parasitism, or inflammatory bowel.





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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