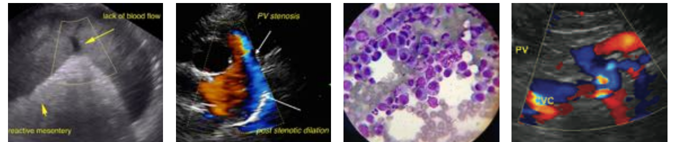
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Buster Byrom

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

5.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Nelson

INVOICE

31149

DATE

6/21/22

PRESENTING CLINICAL SIGNS

History: at our hospital for AUS. Started with vomiting a week ago, seen here, tx outpatient with Cerenia. Vomiting stopped but no interest in eating still, took to rdvm, started on appetite stimulant, then started eating a little better. Rads show questionable area towards rectum per owner (at rdvm), rec AUS. Previous Health Concerns: no Current Medications: no Appetite/When did they eat last: early this morning
Abnormal PE/Chem/CBC/UA Results: cbc,chem epoc, t4 normal x-rays; bubbly gas in stomach, thickened pylorus, and gas and some stool in colon

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** were mildly enlarged, yet structurally unremarkable. The corticomedullary definition was maintained. The left kidney measured 4.9 cm. The right kidney measured 5.22 cm.

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 left adrenal gland measured 0.43 cm.

Spleen

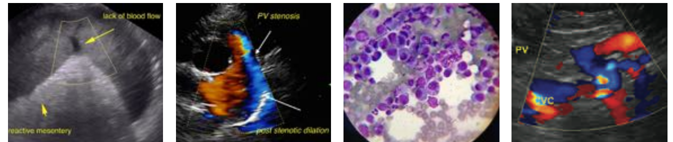
The **spleen** was uniform with trace amounts of free fluid noted around the spleen with enhanced mesentery. Underlying infiltrative disease cannot be ruled out. Trace amounts of free fluid were noted around the spleen with enhanced mesentery.

Liver

The **liver** was hypoechoic to the surrounding mesentery with slight coarse architecture. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was mildly thickened with a minor amount of debris without over distension.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. There was a large amount of chyme in the stomach and extended to the gastroesophageal inlet. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool



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consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

ULTRASONOGRAPHIC FINDINGS

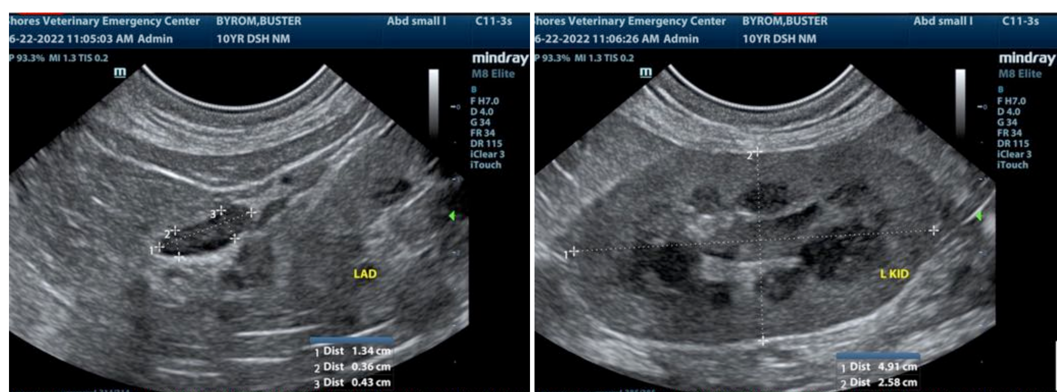
Swollen kidneys.

Over distended stomach, minor free fluid.

Hypoechoic spleen, liver and kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for a systemic inflammatory or possible early neoplastic event in this patient. Coagulation panel and 25-gauge FNA of the spleen and liver are indicated to assess for underlying mast cell disease or similar. Benadryl injection prior to FNA would be appropriate. Otherwise, causes of systemic inflammatory disease such as infectious or immune mediated disease should be considered. The changes were fairly subtle, yet the free fluid enhanced mesentery is concerning.



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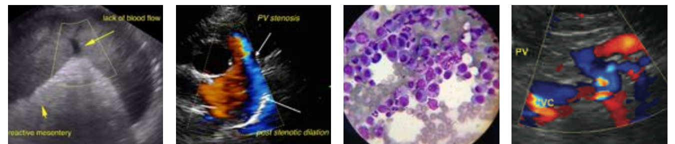

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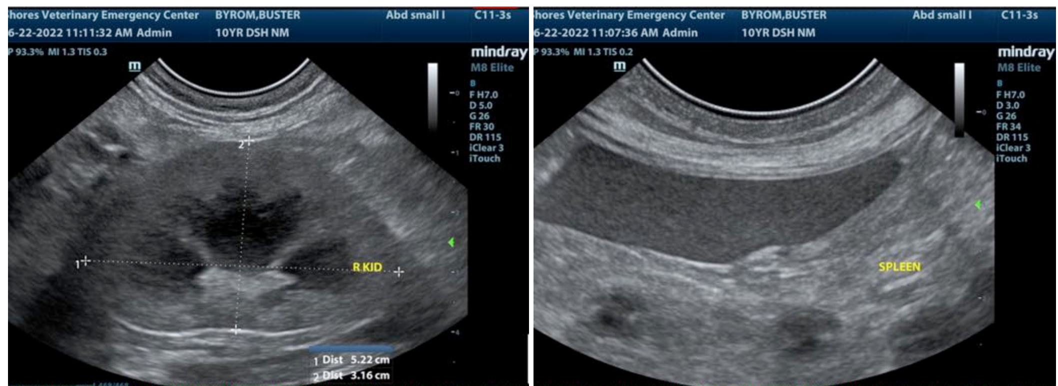
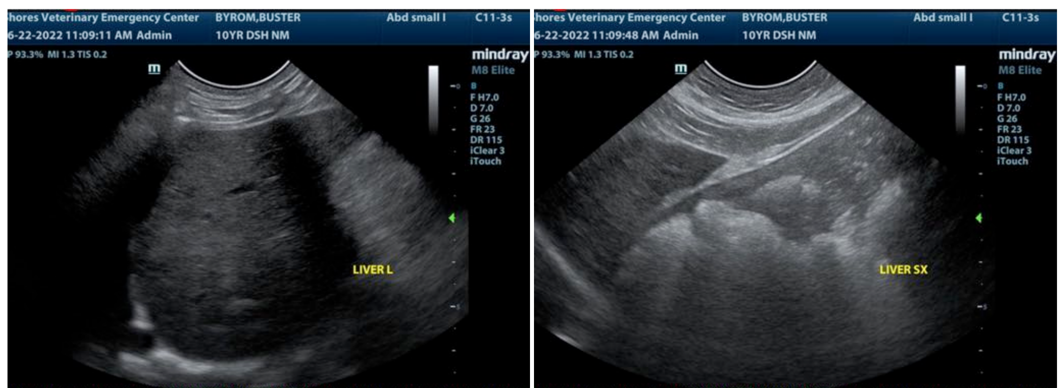
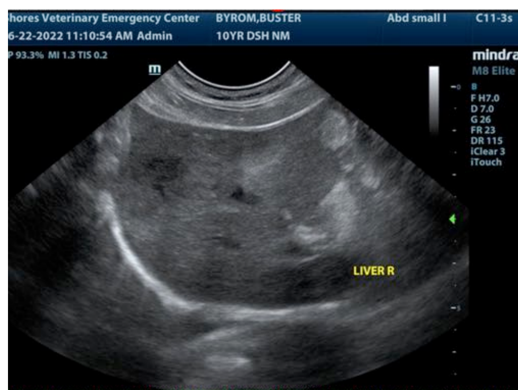


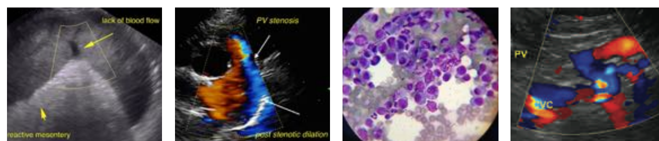




The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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