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DATE

6/3/22

PATIENT

Wesley Strickler

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

6/2/21

WEIGHT

11.61 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Martinoli

INVOICE

38390

PRESENTING CLINICAL SIGNS

Presented to rDVM today for chronic vomiting; first time was 2 days ago; has been hiding since then and not eating. Today vomited again and it had some type of tinsel in it. Radiographs did not show obvious obstruction or obs. pattern. Was given SQ fluids and Ondansetron earlier today but is not improving.

Current Medications: Ondansetron.

Lab Results: PCV 44/8.

Radiographs: Thickened fluid filled intestines.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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 **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 3.51 cm. The right kidney measured 3.66 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 right adrenal gland measured 0.47 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen measured 8.0 mm in width. 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.

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** 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. Fluid filled colon noted. 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

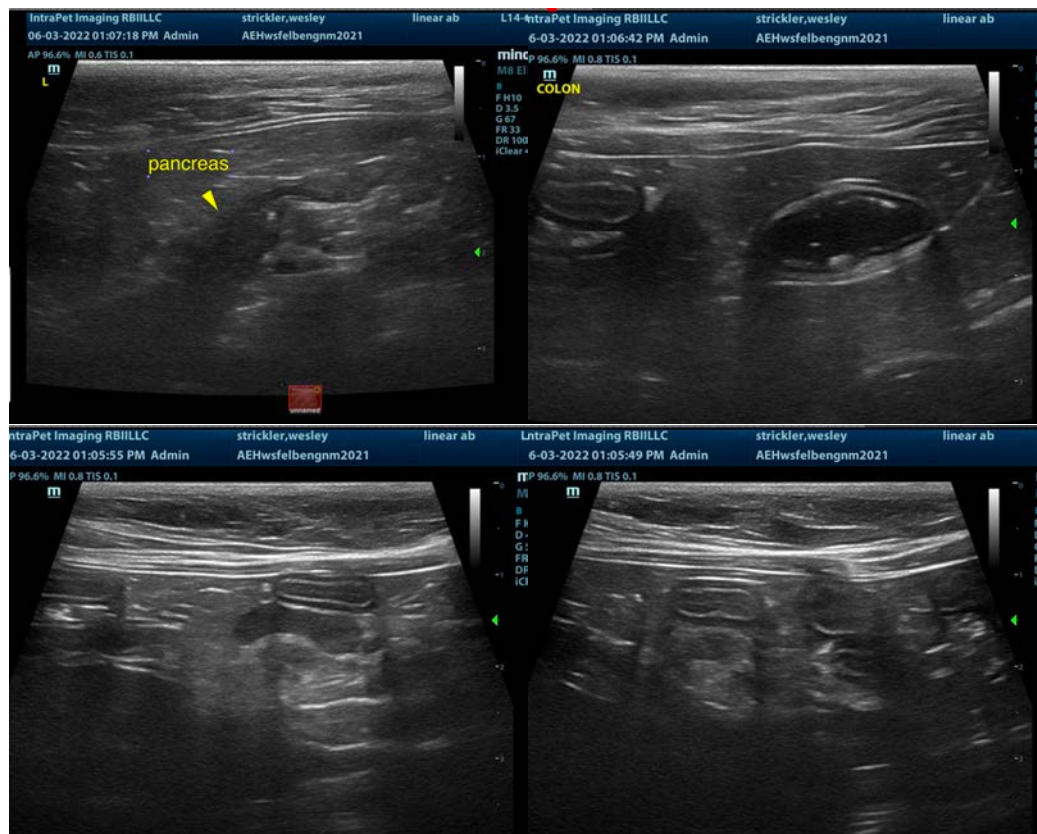
The **pancreas** revealed undulating contour, hypoechoic parenchyma and dilated duct. The left limb measured up to 1.4 cm.

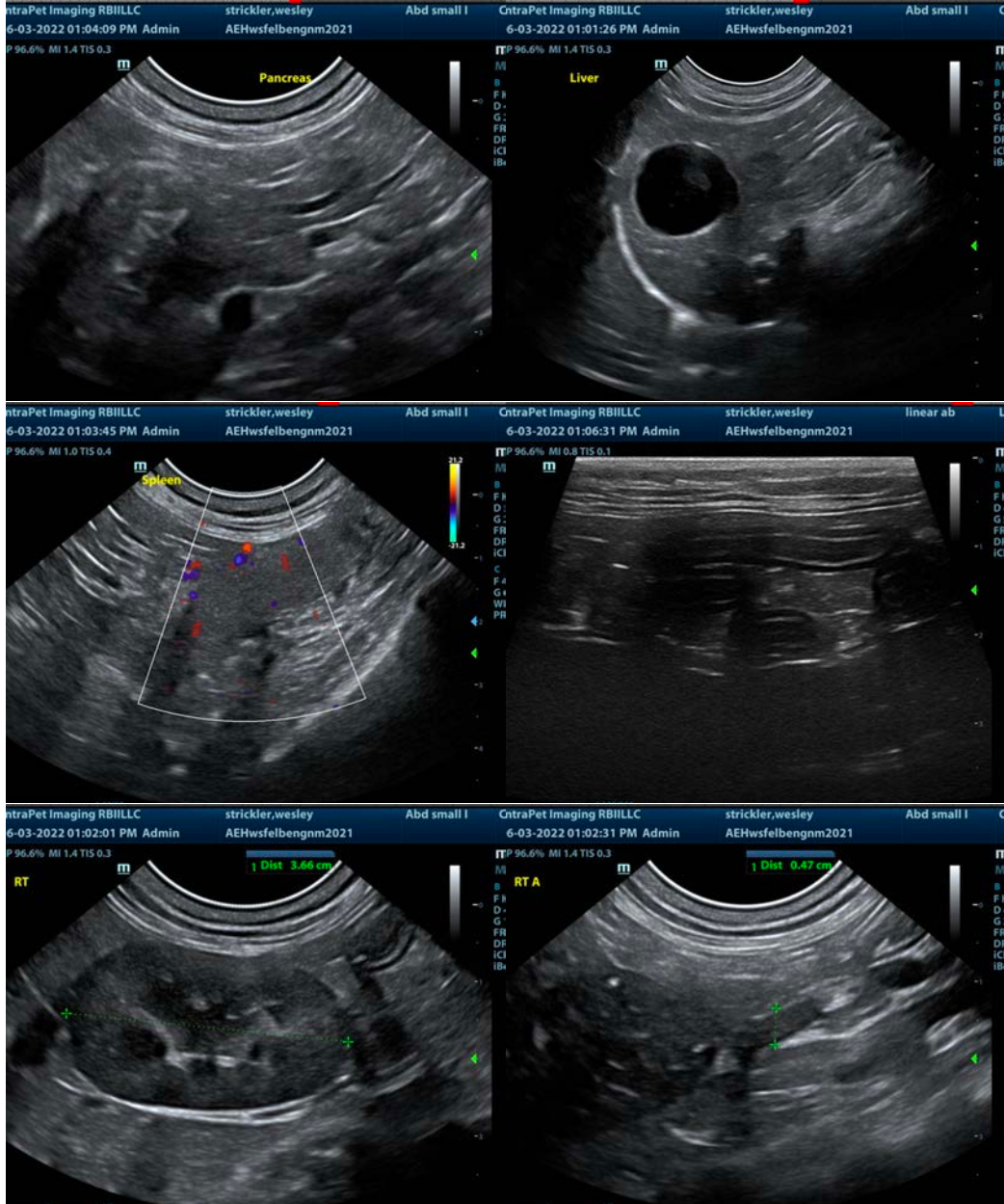
ULTRASONOGRAPHIC FINDINGS

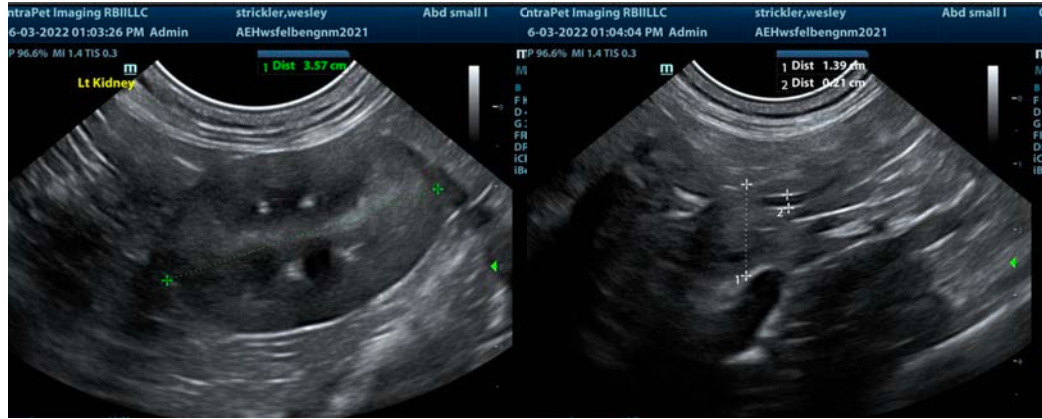
- Mild pancreatitis pattern
- IBD GI pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI upset, occult parasitism, food intolerance, enterotoxins all possible. IV fluid support, pain management, broad-spectrum antibiotics, anti-parasitic protocol all valid. Long-term management with hydrolyzed diet may be in this patient's best interest, given the global presentation, especially if any history of GI signs have been an issue.







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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