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Clinical Sonography & Telecytology
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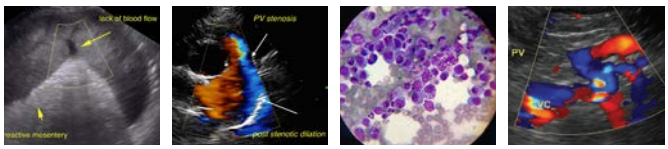

PATIENT
Callie Fesler

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
14 Years

WEIGHT
8.2 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Jennifer Todd

HOSPITAL NAME
Lambs Gap AH

REFERRING VET
Dr. Jennifer Todd

INVOICE
39490

DATE
7/14/22

PRESENTING CLINICAL SIGNS

Callie is a fourteen year old, FS, DSH with a history of chronic hyporexia, hiding, weight loss, diabetes, hyperthyroidism, periodontal disease and increased respiratory effort. Abdominal radiographs showed stomach distended with air and fluid even after fasting. Callie was fasted for 12 hours prior to AUS today.

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 right kidney measured 4.59 cm. The left kidney measured 4.53 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 0.26 cm. The right adrenal gland measured 0.40 cm.

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.

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

Some retention of ingesta or hairball accumulation noted in the **stomach** with progressively shadowing luminal material. Transit of chyme appeared to be adequate. Epigastric lymph nodes were slightly enlarged. The distal small intestine revealed a luminal accumulation with soft shadowing material, also consistent with hair type density. Other types of foreign matter cannot be ruled out. Minor small intestinal thickening noted with reactive mesenteric lymph nodes, the largest of which measured 2.0 cm x 1.0 cm. No loss of mural detail noted in the variable areas of small intestine. However, some thickening was present.

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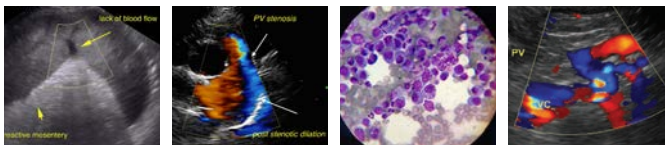

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Pancreas

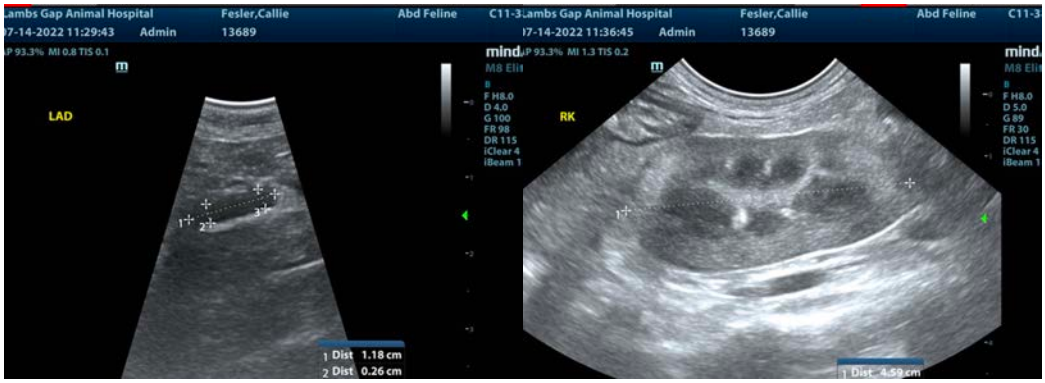
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

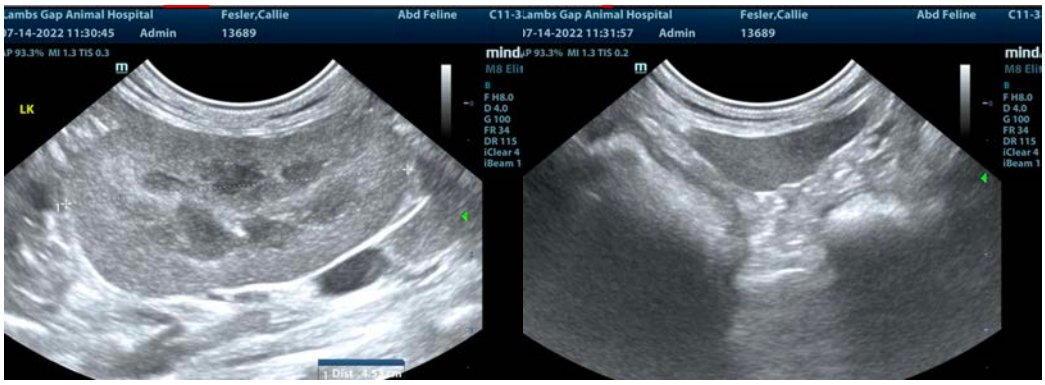
PRIMARY FINDINGS

- Hairball type density transit from the stomach into the small intestine
- Diffuse intestinal thickening
- Mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Either full thickness intestinal and lymph node biopsies with evacuation of the small intestine and stomach could be considered, or a more conservative approach with IV fluid support, GI lubricants to treat for hairball transit, and FNA of the mesenteric lymph nodes could be considered to ensure underlying emerging lymphoma is not an issue. Chronic inflammatory bowel with lymphadenitis probable. Emerging round cell neoplasia or dry form FIP a minor potential.





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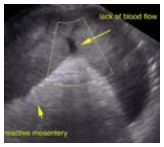
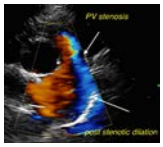
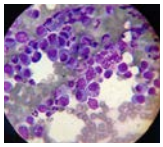
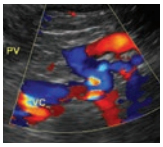

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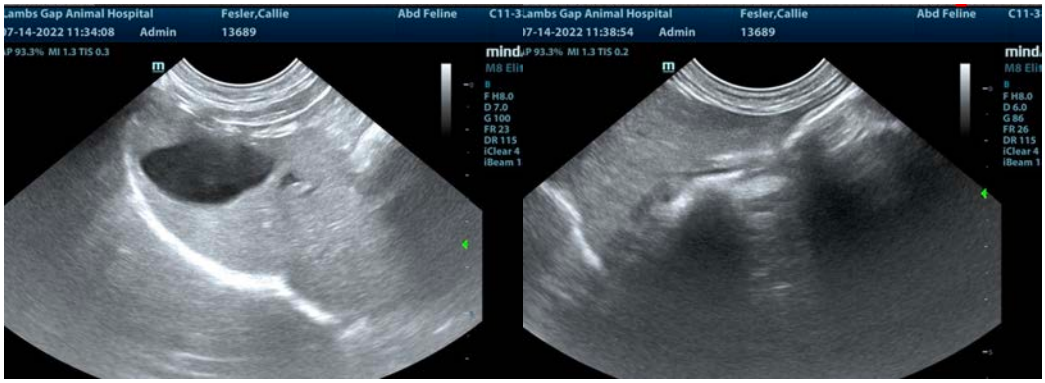

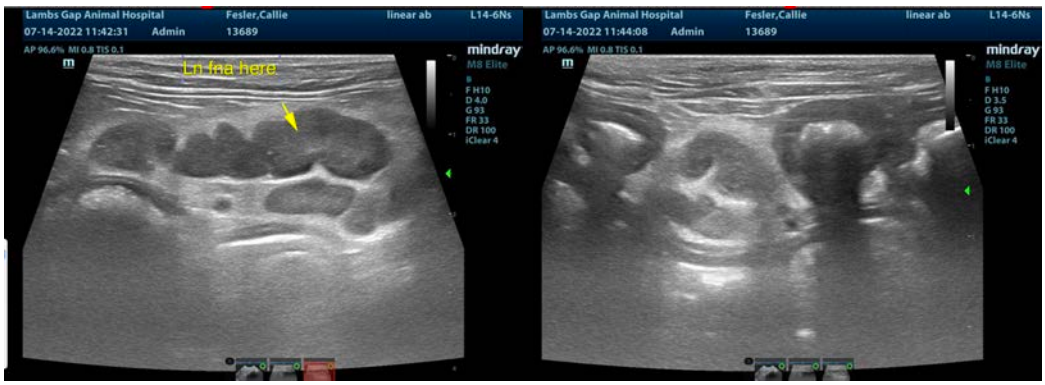

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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