



PATIENT

Pandora Barnes

SPECIES

Feline

BREED

Korat

SEX

Spayed Female

AGE

10 Years

WEIGHT

16 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Maggioli

INVOICE

39694

DATE

7/20/22

PRESENTING CLINICAL SIGNS

Referred for hospitalization and ultrasound. About 1 week duration of poor appetite, vomiting, watery diarrhea. Has lost 25% of body wt in 7 months. Radiographs last week, widespread ileus of small and large intestine, gas distention of stomach. Has been treated with convenia, cerenia, Abnormal PE/Chem/CBC/UA Results: last week albumin 2.4, mild neutrophilia, elevated amylase. Today total wbc 32000, neutrophils 17000, lymphocytes 12000. chem pending

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 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization noted. The left kidney measured 4.5 cm. Slight cortical infarct noted in the cranial pole of the left kidney. The right kidney measured 4.66 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Some heterogeneous, ill-defined nodular changes noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. The ileocecal junction was thickened and irregular with some loss of mural detail. Reactive surrounding mesentery noted in a region of approximately 2.0 cm x 3.0 cm.

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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PRIMARY FINDINGS

- Ileocecolic thickening with reactive mesentery – typhlitis versus carcinoma

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SECONDARY FINDINGS

- Age related renal changes and left renal infarct
- Age related hepatic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery with ileocecolic resection should be considered as well GI biopsies. The lesion may be inflammatory. However, minor potential for round cell neoplasia. Chest radiographs warranted prior to surgery.

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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.

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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

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