

**DATE**

7/26/22

**PRESENTING CLINICAL SIGNS**

History: Remus has been gradually losing weight over the past year. His bloodwork shows stage 3 ckd but the rest of the bloodwork is normal. Suspect inflammatory bowel disease or intestinal cancer.

**PATIENT**

Remus Brett

Current Medications: None currently.

Lab Results: BUN 48, Creat 3.6, SDMA 23.

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Feline

Sedation: IV Torb.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

Siamese

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**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.

**AGE**

4/15/06

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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. Mineralization was present in the kidneys. The left kidney measured 3.07 cm. The right kidney measured 3.86 cm. Slight pyelectasia was noted, measuring 0.13 cm.

**WEIGHT**

10.5 Pounds

**Adrenal Glands**

The **left adrenal gland** was 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 0.37 cm.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The region of the **right adrenal gland** revealed no evident pathology.

**HOSPITAL NAME**Cat Sense Feline  
Hospital**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.

**REFERRING VET**

Dr. Sinclair

**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. Duplicated gallbladder was noted, normal variant and not pathological. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**INVOICE**

16563

**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. Intestinal wall thickness measured up to 0.21 cm.

### **Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. The left limb of the pancreas measured 0.57 cm.

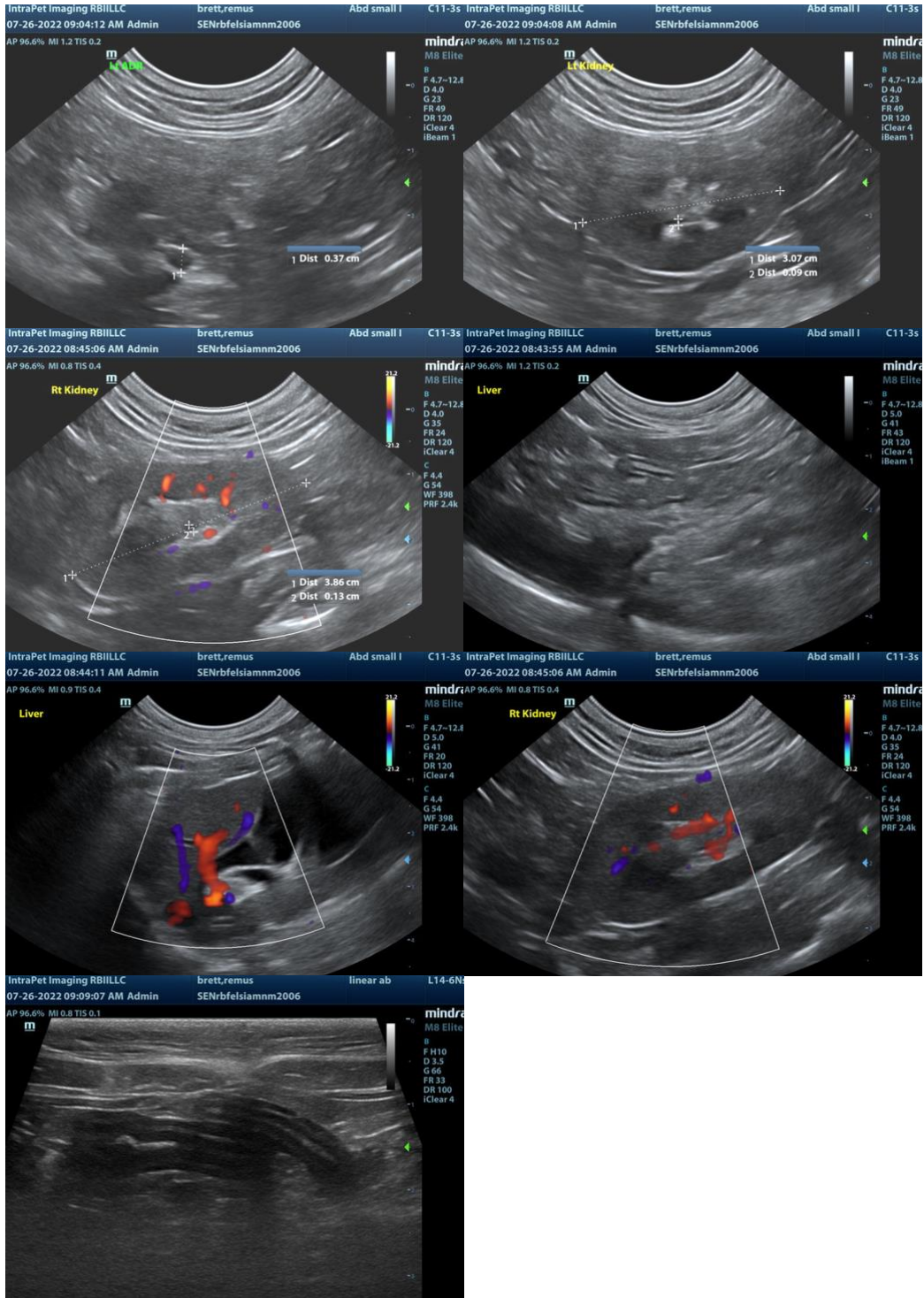
### **ULTRASONOGRAPHIC FINDINGS**

- Minor intestinal thickening
- Age-related pancreatic changes
- Mild to moderate degenerative renal changes with pyelectasia
- Duplicated gallbladder, normal variant and not pathological

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the clinical history, acute on chronic inflammatory bowel with possible resolving pancreatitis. The azotemia is likely more prerenal in this patient with secondary effect upon the kidneys, or recent passage of calculi may be an issue. No evidence of obstructive disease noted at this time.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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