SonoPath
Clinical Sonography & Telecytology
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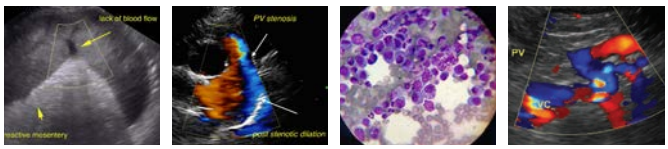

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Eddie Hayes

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
10 Years

WEIGHT
7.8 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Laura de Cordon

HOSPITAL NAME
Mason Dixon Animal Emergency Hospital

REFERRING VET
Dr. Parr

INVOICE
39916

DATE
7/28/22

PRESENTING CLINICAL SIGNS

Hasn't eaten since Thursday; Sunday ate and vomited; No BM; Dark Urine 1. Acute abdomen - open cause 2. Possible pancreatitis
Abnormal PE/Chem/CBC/UA Results: Complete Blood Count - WNL Chemistry - WNL fPLI - abnormal >1.050, probable bacteriuria Radiographs poor serosal detail mid-abdomen Stomach - no overt FB, mild gas dilation Intestines - one population of bowel Liver - normal shape and size Spleen - normal shape and size Bladder - normal shape Kidneys - normal shape and size

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 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. The right kidney measured 4.58 cm. The left kidney measured 4.38 cm.

Adrenal Glands

The regions of the a**drenal glands** were unremarkable.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

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 noted, normal variant, not pathological.

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. Portions of distal small intestine revealed loss of mural detail. 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.

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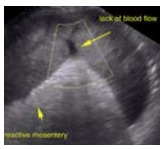
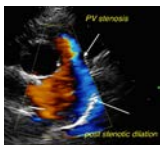
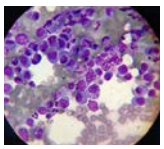
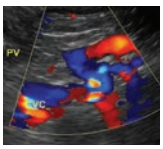

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Pancreas

The **pancreas** revealed mixed hypoechoic, irregular parenchyma with hyperechoic surrounding fat.

Free Abdomen

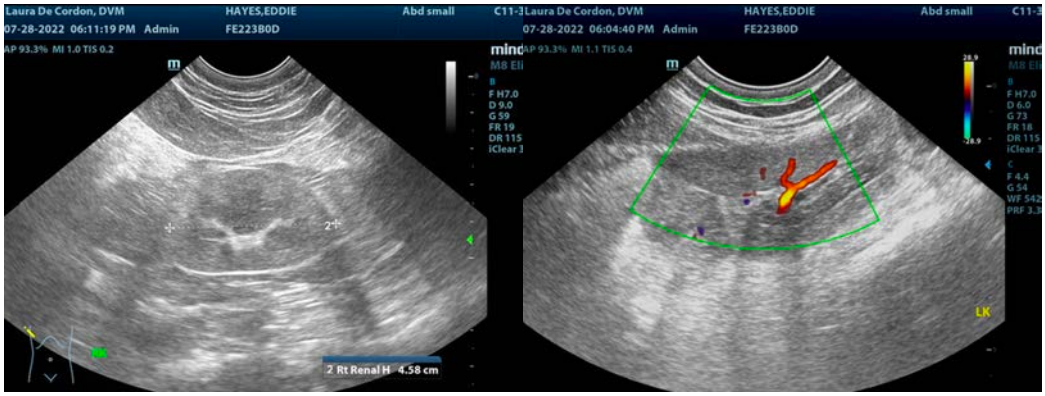
Reactive mesentery noted associated with the small intestine and pancreas.

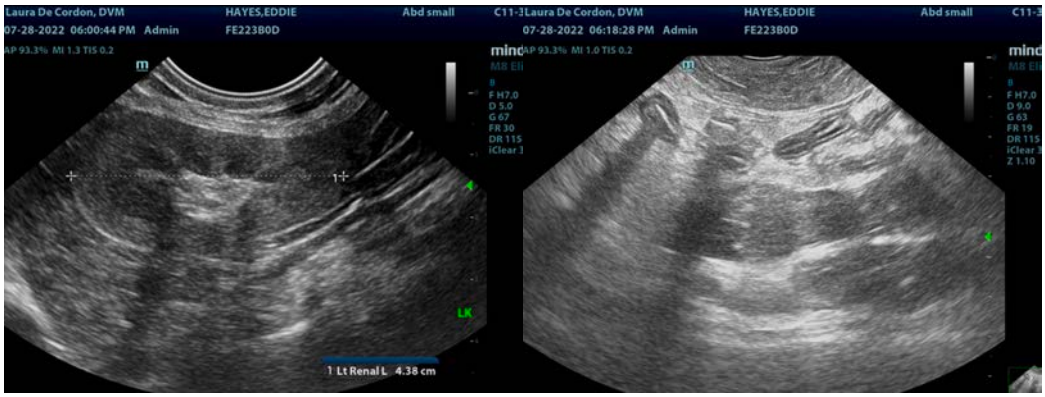
ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis/enteritis pattern with potential for emerging round cell intestinal neoplasia
- Significant amount of peritonitis/mesenteric inflammation
- Splenic enlargement
- IBD GI pattern
- Hypoechoic pancreas
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness intestinal biopsies would be necessary in this patient. IV fluid support, broad-spectrum antibiotics, plasma expanders could all be considered as well as pain management and recheck sonogram in 3-5 days. Laparotomy with gastrointestinal biopsies, abdominal lavage and freeing up of adhesions could also be considered as an approach. Guarded prognosis. Other than the mild splenic enlargement, there is no direct target for ultrasound guided FNA.





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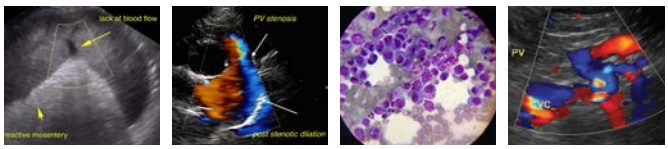

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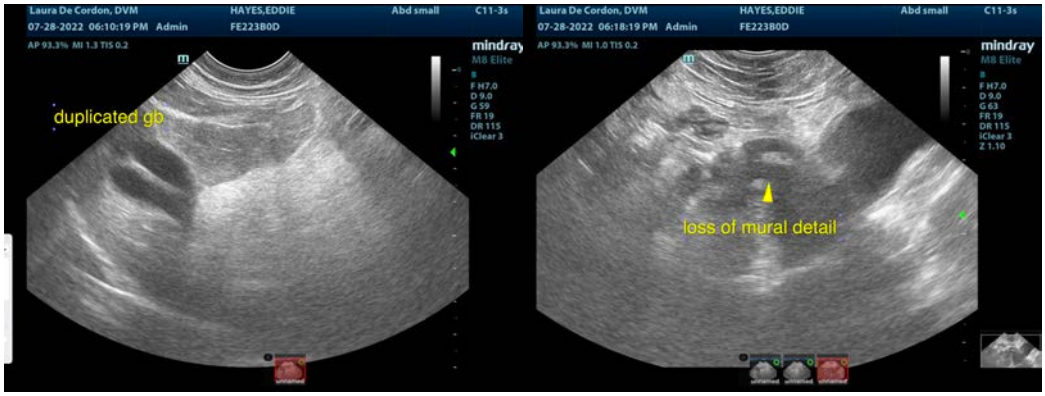

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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