

**DATE**

7/8/22

PRESENTING CLINICAL SIGNS

History: Obstipation - no BM for 2 days, still eating, vomited once 3 days ago. Rads - dilated bowel, palpable mass near sublumbar area - chronic diarrhea due to Tritrich. Foetus.

PATIENT

Cinder Sadowsky

Current Medications: Started metoclopramide and metronidazole for motility.

Date of Previous IntraPet Ultrasound: 2/18/22. See attached.

Sedation: Declined.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2/16/2005

WEIGHT

8.49 Pounds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** revealed sand accumulations. The patient is likely passing nonobstructive sand periodically.

The **left kidney** 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. This change is similar to the prior sonogram. Slight mineralization was noted. The left kidney measured 3.82 cm.

The **right kidney** was severely dystrophic and subnormal in size, measuring 1.52 cm. Mineralization was noted in the right kidney.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.6 cm. The right adrenal gland measured 0.5 cm.

HOSPITAL NAME

Hickory VH

Spleen

The **spleen** measured the upper limits of normal at 1.0 cm with scalloping contour. This is a similar presentation to the prior sonogram.

REFERRING VET

Dr. Snyder

Liver

The **liver** itself was unremarkable. The parenchyma was uniform. Minor tortuosity was noted to the cystic duct, which is an age-related change.

INVOICE

16539

Gastrointestinal

The **stomach** itself was unremarkable. Portions of the distal small intestine were particularly thickened with minor early loss of mural detail. I cannot rule out emerging round cell neoplasia of the GI tract, however, full neoplastic criteria is not present. Minor fluid filled bowel noted.

Pancreas

The **pancreas** was hypoechoic and irregular in the left limb with dilated duct at 0.4 cm.

Free Abdomen

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

An example measured 0.9 cm x 0.6 cm.

ULTRASONOGRAPHIC FINDINGS

- Dystrophic right kidney and mild degenerative left renal changes, expected for this age patient
- Urinary bladder sand
- Stressed adrenal glands
- Irritable bowel presentation with reactive lymph nodes
- Minor cystic duct tortuosity
- Minor pancreatic remodeling
- Spleen, scalloping contour

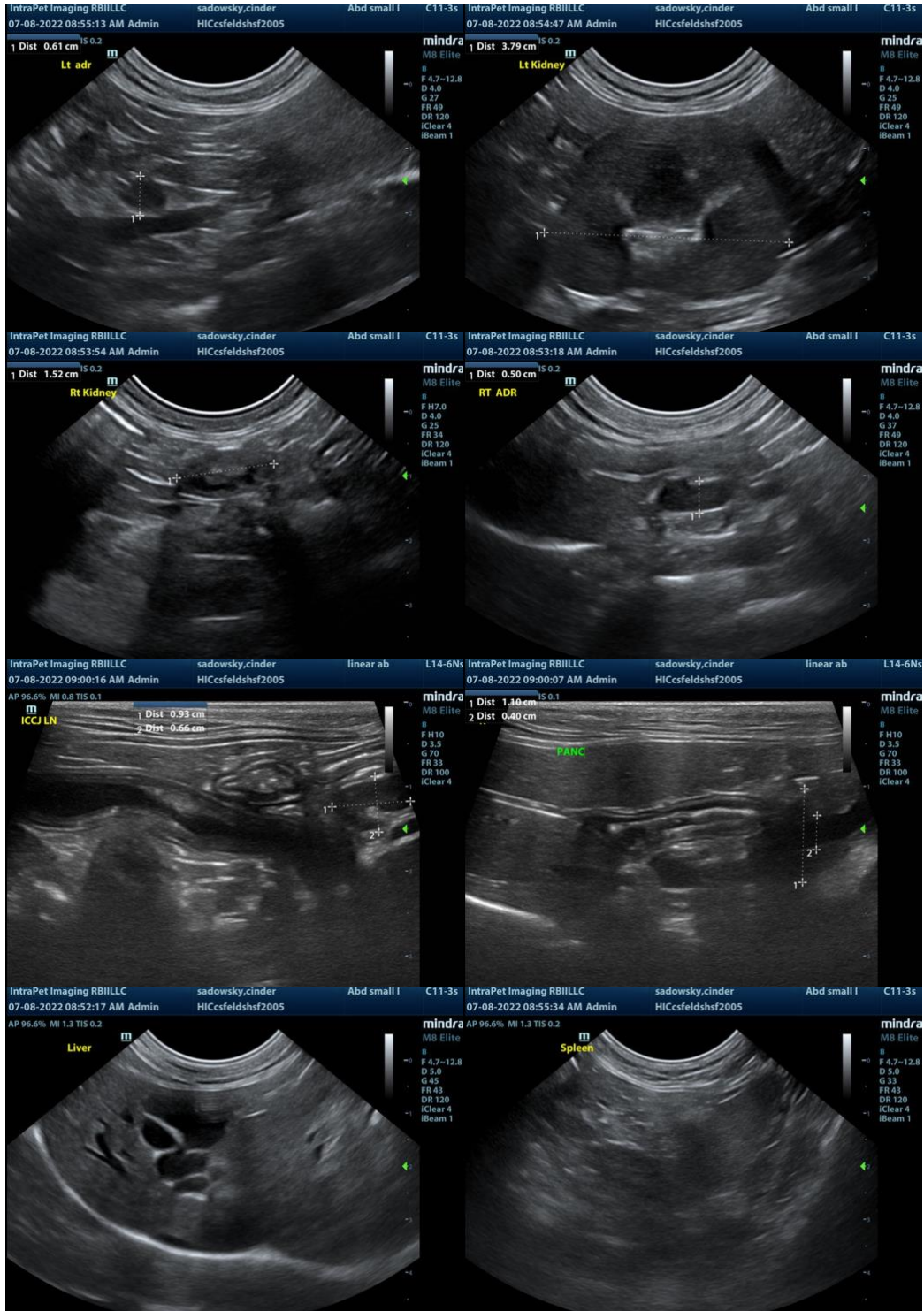
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work up warranted, if not performed recently. Subacute on chronic inflammatory bowel is likely, along with parasitic disease noted in the history. Full thickness intestinal and lymph node biopsies would be ideal in this patient given the patient history.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>







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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