



**PATIENT PRESENTING CLINICAL SIGNS**

**Nikki Baji** Since weekend has had hyporexia progressing to anorexia for 4 days now. Lethargy.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Initial pyrexia which has now resolved. Leukocytosis with neutrophilia. ALT moderate elevation. Bilirubin normal yesterday and today is elevated at 39. Urine culture pending.  
**Feline**

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Devon Rex** *Urinary System*

**SEX** 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.  
**Spayed Female**

**AGE** 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 left kidney measured 3.45 cm. The right kidney measured 3.45 cm.  
**16 Years**

**WEIGHT**  
2.64 kg

**INTERPRETED BY Adrenal Glands**

**Eric Lindquist, DMV** The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.47 cm.  
**DABVP, Cert. IVUSS**

**IMAGING PERFORMED BY Spleen**  
The **spleen** revealed focal hypoechoic nodular changes with minor capsular expansion. Nodules measured up to 0.40 cm.

**Dr. Sarah Barthelemy**

**HOSPITAL NAME 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 was mildly overdistended with slight cystic duct dilation and echogenic debris.

**Fish Creek PH**

**REFERRING VET**

**Dr. Johnson** *Gastrointestinal*

**INVOICE** 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.  
44560  
**DATE**  
8/10/23



**PATIENT** *Pancreas*

Nikki Baji

The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery, consistent with inflammation. Variable heterogeneous parenchymal changes noted.

**SPECIES**

Feline

**BREED**

Devon Rex

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

2.64 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Fish Creek PH

**REFERRING VET**

Dr. Johnson

**INVOICE**

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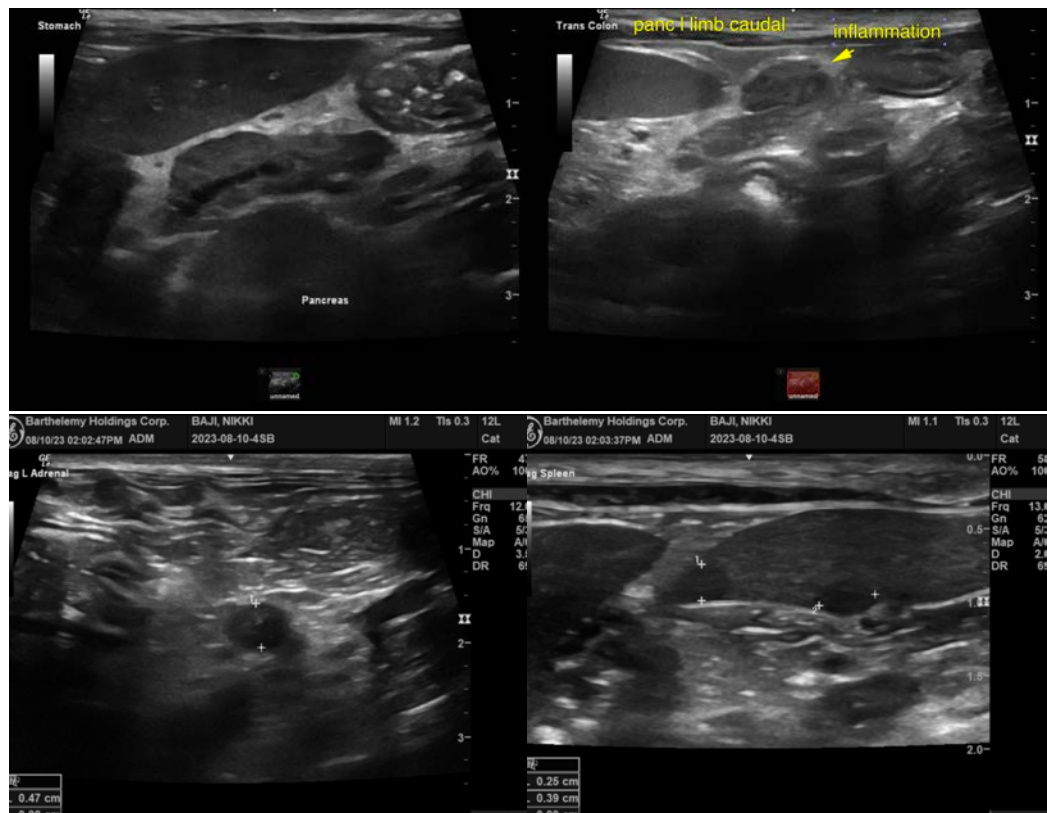
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**ULTRASONOGRAPHIC FINDINGS**

- Acute to subacute pancreatitis
- Cholangitis liver pattern
- Nodular spleen – splenitis versus round cell neoplasia
- IBD GI pattern
- Bilaterally swollen adrenal glands
- Age related kidney changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ideally, ultrasound guided FNA of the spleen, pancreas and liver would be performed. Cholecystocentesis and culture would be ideal. Underlying infectious agents such as toxoplasmosis and bartonella should be considered. A clinical trial of Enrofloxacin/Clindamycin and supportive care with pain management should all be considered in this patient. Triaditis presentation with variable levels of acute inflammation, primarily with the pancreas. No overt evidence of neoplasia.





**PATIENT**

Nikki Baji

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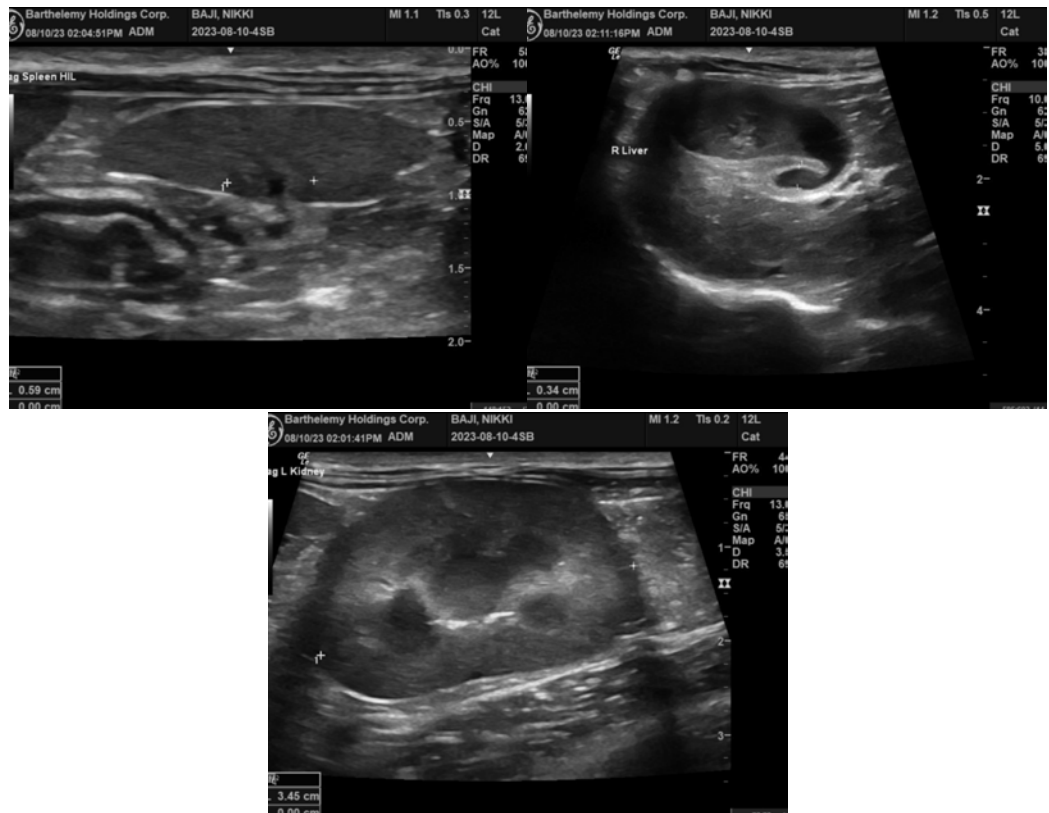
Dr. Johnson

**INVOICE**

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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

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