



PATIENT PRESENTING CLINICAL SIGNS

Bandit Lauze

History: Intermittent vomiting for a few weeks. Acting like he doesn't feel good. Previously diagnosed with idiopathic hypercalcemia, controlled with W/D. After multiple episodes of constipation in spring 2021, changed to limited ingredient diet. *Sedated with Gabapentin, Alfaxan and Midazolam*
Abnormal PE/Chem/CBC/UA Results: BW (4/13/21) WNL Prev BW (12/23/20) CBC/Chem/T-4: all WNL. Felv/FIV Neg. Fecal Antigen Neg

SPECIES

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic Longhair

Urinary System

SEX

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

Neutered male

AGE

9 years

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 4.4 cm. The right kidney measured 4.73 cm.

WEIGHT

10.6 lbs

INTERPRETED BY

Adrenal Glands

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Both **adrenal glands** were 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. Both adrenal glands measured 0.4 cm.

IMAGING PERFORMED BY

Ebersole

Spleen

HOSPITAL NAME

Scanvet

The **spleen** was mildly enlarged with scalloping contour and minor, heterogenous parenchymal changes. The spleen measured 1.22 cm in width. Subtle micronodular changes were noted in the spleen as well.

REFERRING VET

Dr. Allen

Liver

INVOICE

91161

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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

DATE

8/11/21



PATIENT

Gastrointestinal

Bandit Lauze

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa and fluid filled gastric lumen was noted. The small intestinal wall was "ropy". The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. Wall thickness measured 0.3 cm. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. 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 more significant disease than IBD. The mesenteric lymph nodes measured 1.5 x 0.5 cm. A trace amount of free fluid was noted in the mesenteric root possibly owing to lymphatic obstruction.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

AGE

9 years

WEIGHT

10.6 lbs

ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening.
- Mesenteric lymphadenopathy pattern.
- Splenomegaly.
- Age related hepatic and pancreatic changes.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ebersole

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Scanvet

FNA of the spleen is strongly encouraged to evaluate for round cell neoplasia versus splenitis or reactive spleen. Emerging intestinal round cell neoplasia cannot be ruled out, yet neoplastic criteria was not met. The mesenteric lymph nodes appeared reactive; however, FNA would be ideal. Guarded prognosis depending upon cytology results. Sampling is essential in this case.

REFERRING VET

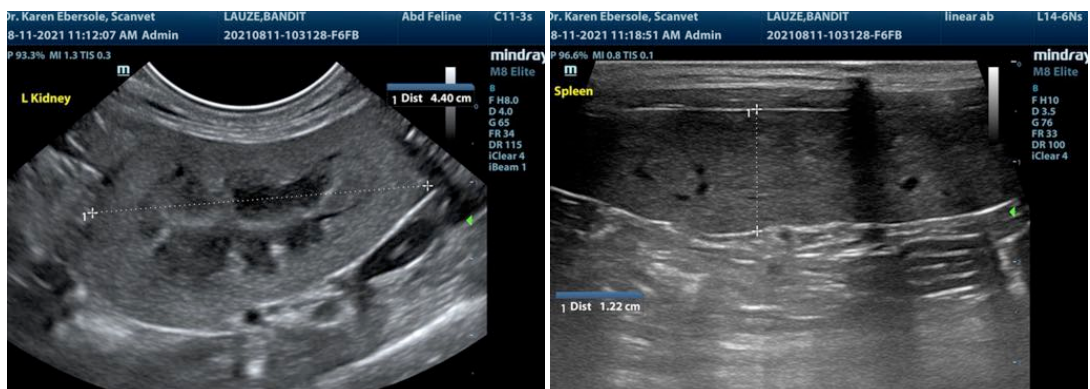
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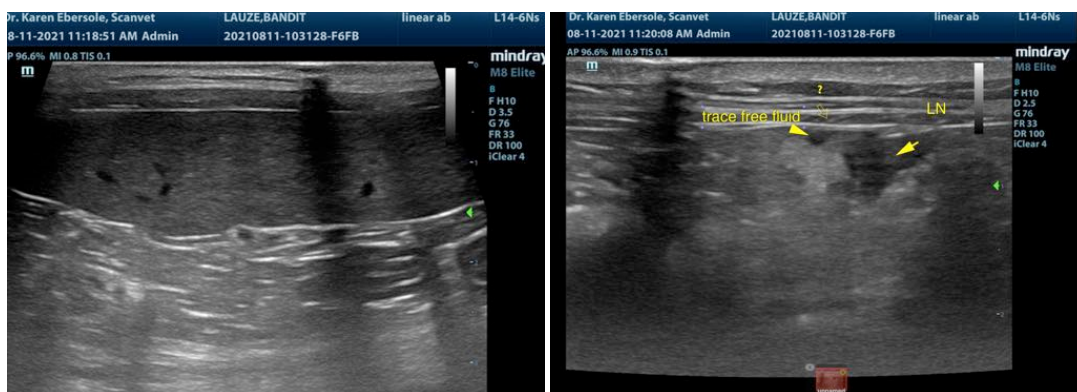
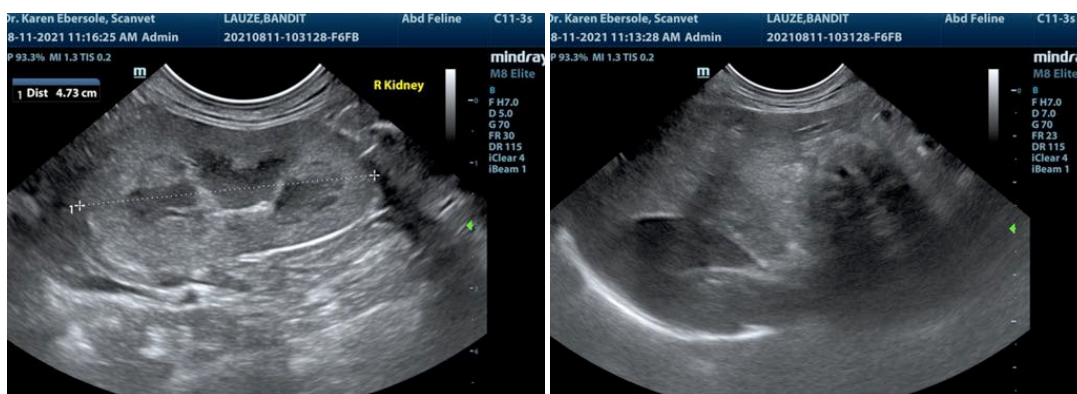
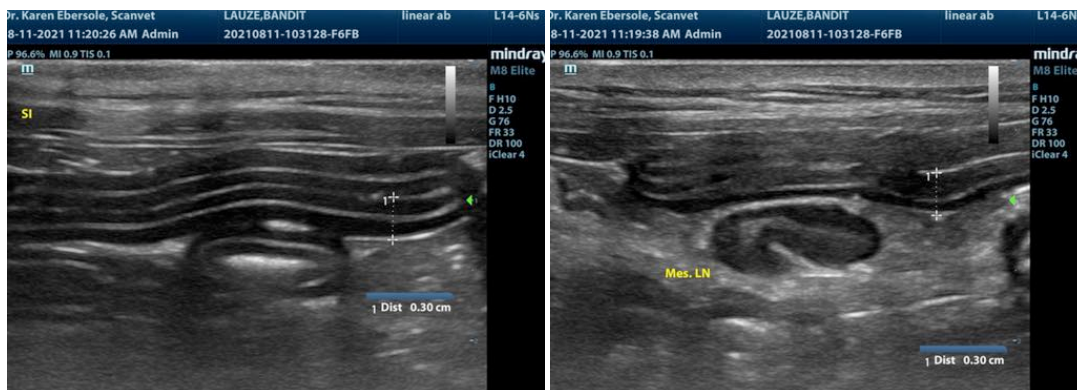
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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