

**DATE**

8/12/22

PRESENTING CLINICAL SIGNS

History: Was here for vomiting and loss of appetite last week. Treated w/IVF and GI meds; sent home w/antibiotics, Cerenia, and Omeprazole. Last dose of Cerenia was 4 days ago; vomited the next day once; didn't vomit the following day at all then vomited twice today after his first meal, but has eaten twice since then today (3 pm and 6 pm) and has held that down. Last dose of Omeprazole was 3 days ago and last antibiotic dose was 2 days ago. Eats Hill's Science Diet Adult 1-6 yr old dry food.

PATIENT

Rowan Nyman-Mallis

SPECIES

Feline

Current Medications: Maropitant.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

BREED

DSH

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

7/23/17

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.

WEIGHT

9 Pounds

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.57 cm. The right kidney measured 3.86 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

The **right 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 right adrenal gland measured 0.6 cm.

HOSPITAL NAMEAnimal Emergency
HospitalThe region of the **left adrenal gland** revealed no evident pathology.**REFERRING VET**

Dr. Martinoli

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.

INVOICE

16832

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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. Muscularis/mucosal ratio was 1:1. 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.

Pancreas

The **pancreas** was hypoechoic and irregular with undulating contour, measuring up to 0.8 cm in width.

Free Abdomen

The mesenteric **lymph nodes** (up to 0.71 cm) 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.

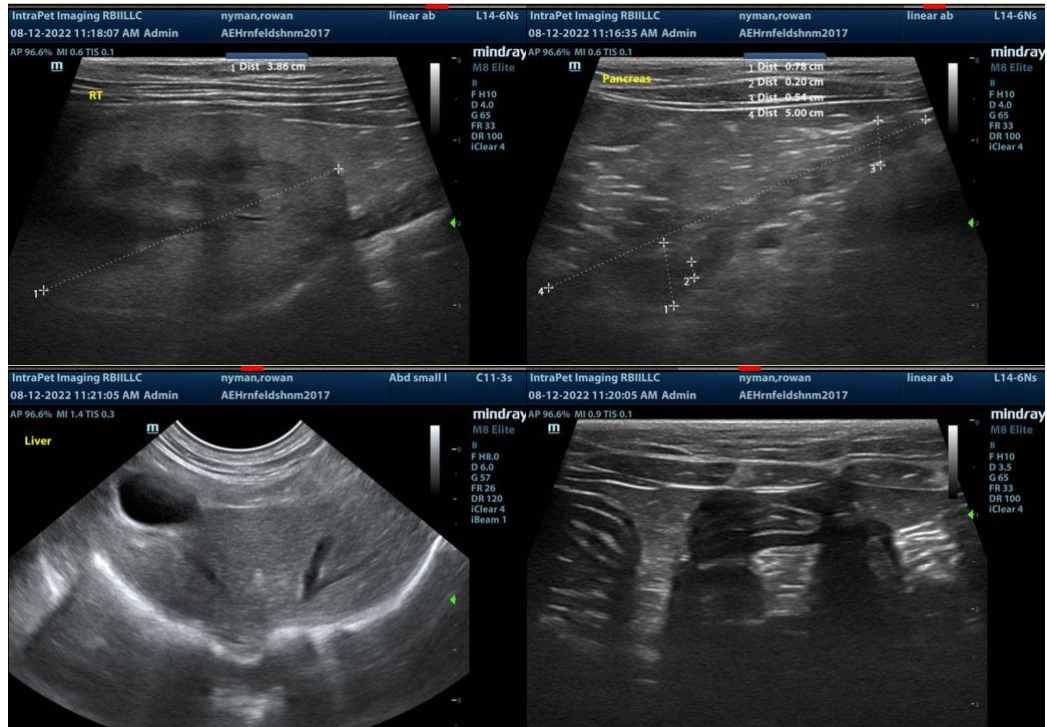
ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening
- Slight mesenteric lymphadenopathy
- Irregular pancreas, suggestive for history of or low grade active inflammation/pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness GI and lymph node biopsies would be ideal in this patient. Even though no neoplastic criteria is currently present in any of the organs, emerging or occult neoplasia cannot be completely ruled out. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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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