

**DATE**

8/2/22

PRESENTING CLINICAL SIGNS**PATIENT**

Hannah Moderacki

History: Patient presented on 7/29/2022 for vocalizing in the litterbox and inappetence for the 24 hours previous. She had vomited the morning of the appointment. On PE Hannah has 4/4 calculus, bladder is soft, non-painful and golf ball sized. Abdomen is otherwise unremarkable. BW taken and UA (cysto) at that visit were unremarkable. She was treated empirically with onsior and convenia. She returned on 07/30/2022 for diarrhea which had developed as well as continued appetite. She was given cerenia and SQ fluids as well as started on Metro. She returned on 8/1/2022 for continue inappetence. BW was repeated. The sample was hemolyzed however her ALT and TBil are now elevated as well as TP, ALB and GLOB.

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1/1/12

WEIGHT

8 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Madonna VC

REFERRING VET

Dr. Smith

INVOICE

16688

Current Medications: Onsior: 6 mg SID, Metro: 50 mg SID

Lab Results: ALK:178, TBil: 3.9, TP:10.5, Alb:4.5, GLOB: 6.0. CBC was reflective of a stress leukogram.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Sedated for AUS.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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 minor 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 3.42 cm.

Adrenal Glands

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. The left adrenal gland measured 0.42 cm. The right adrenal gland measured 0.38 cm.

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.

Liver

The **liver** revealed slight coarse architecture and minor increased portal markings. Nonspecific inflammatory hepatopathy pattern. The gallbladder and common bile duct were unremarkable.

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. 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. This is a mild change. Intestinal wall thickness measured up to 0.25 cm.

Pancreas

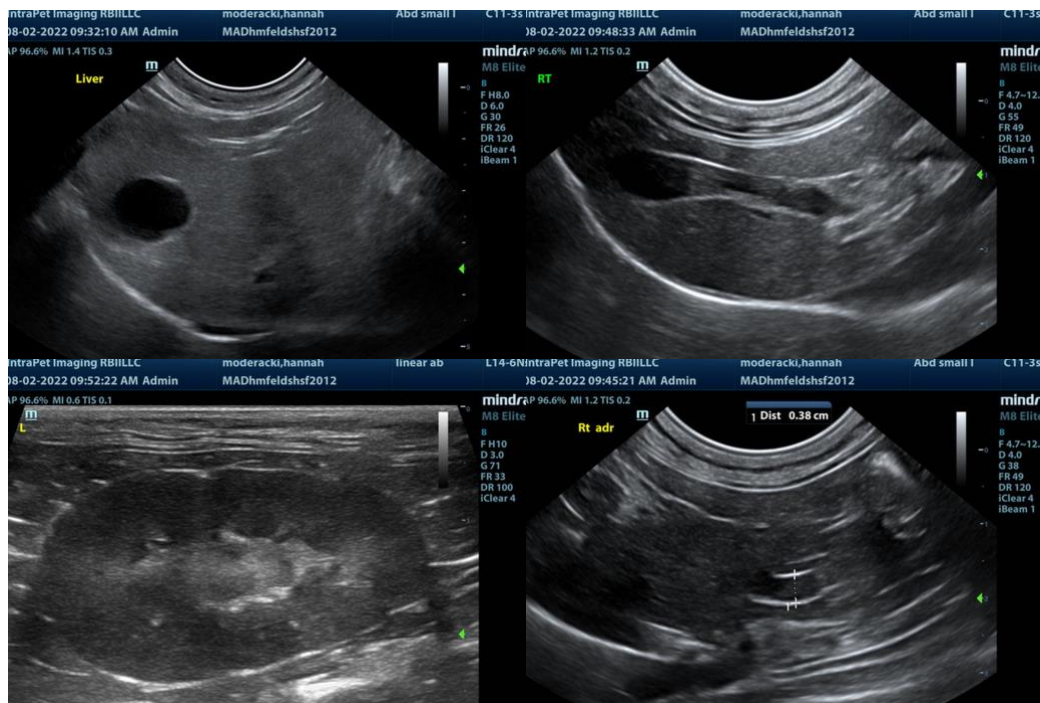
The **pancreas** was hypoechoic with dilated duct at 0.12 cm. Undulating contour was noted. Pancreatic width measured 0.5 cm.

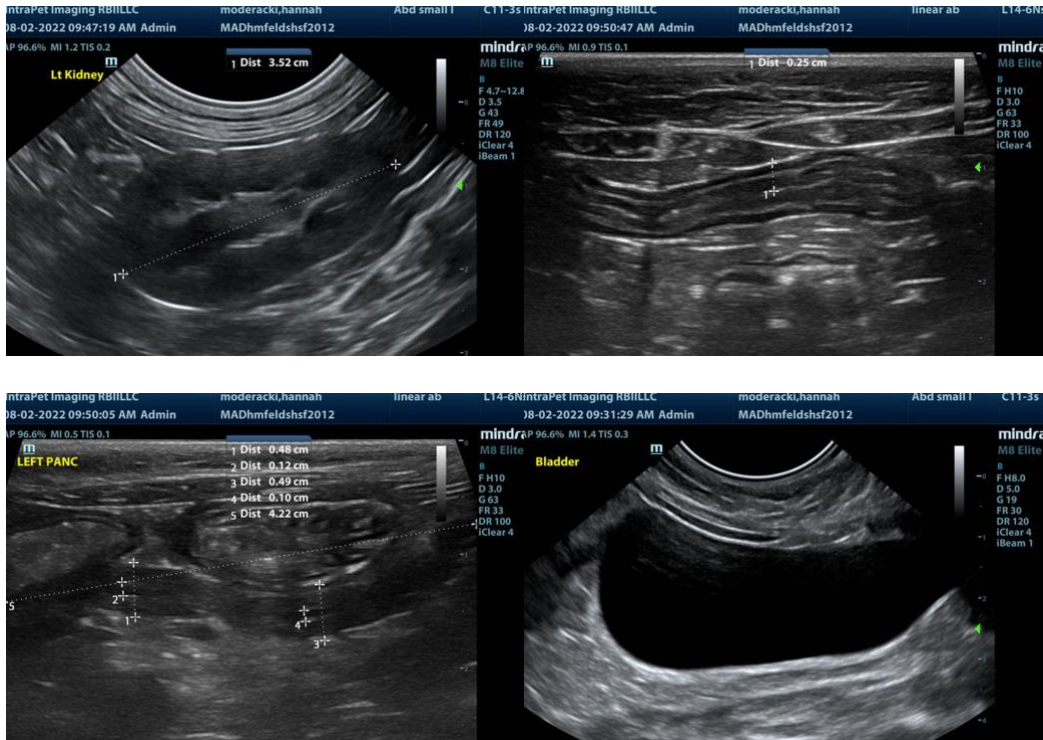
ULTRASONOGRAPHIC FINDINGS

- Minor pancreatitis
- Inflammatory hepatopathy pattern
- Minor intestinal thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a triad presentation. Complicating factors, such as salmonella infection or similar should be considered. Enrofloxacin/metronidazole and clindamycin combination would be recommended with fluid support. No evidence of neoplasia. Hepatic FNA is warranted. if liver enzyme elevations remain high.





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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