



PATIENT

Chip Baumgarth

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Goodman

HOSPITAL NAME

Evendale Blue Ash Pet
Hospital

REFERRING VET

Dr. Goodman

INVOICE

76376

DATE

8/2/23

PRESENTING CLINICAL SIGNS

History: Presented 7/19/2023 for acute diarrhea and accompanying anal gland sacculitis Diarrhea continues to present 8/2/23, with streaks of blood. Stool is soft, pudding-like, and light brown. Weight loss of 0.9 pounds within 3 weeks No improvement on bland food (HSD i/d) - won't eat it readily Diarrhea has not improved with treatment of metronidazole, Provable forte, or Propectalin
Abnormal PE/Chem/CBC/UA Results: 7/19/23 - BUN 44, Potassium 5.5, RBC 6.23, HGB 9.3, 1+ protein in urine, Mucus and casts present in urine BCS 4/9, loss of muscle mass

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 was noted. Ureteral papillae were normal.

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 3.81 cm. The right kidney measured 3.87 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.

Spleen

The **spleen** was mildly enlarged and folded upon itself.

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.



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Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The gastric lumen was mildly fluid filled. 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. 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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

Multiple lymph nodes were enlarged measuring up to 2.0 cm.

ULTRASONOGRAPHIC FINDINGS

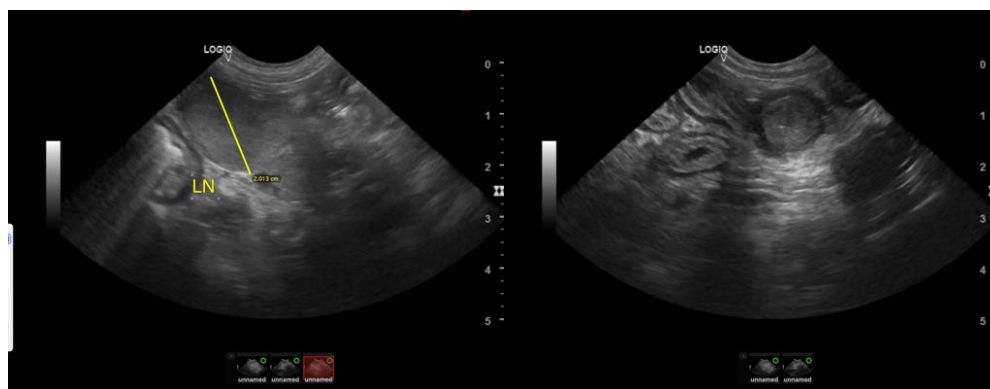
Generalized splenic enlargement.

Diffuse intestinal thickening.

Enlarged lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Reactive spleen versus round cell neoplasia. FNA of the spleen and lymph nodes are indicated to assess for neoplasia. Round cell neoplasia is a strong potential. There were some areas of loss of mural detail noted in the small intestine. The prognosis is guarded depending on cytology results. Chest radiographs are recommended to assess for metastatic disease.





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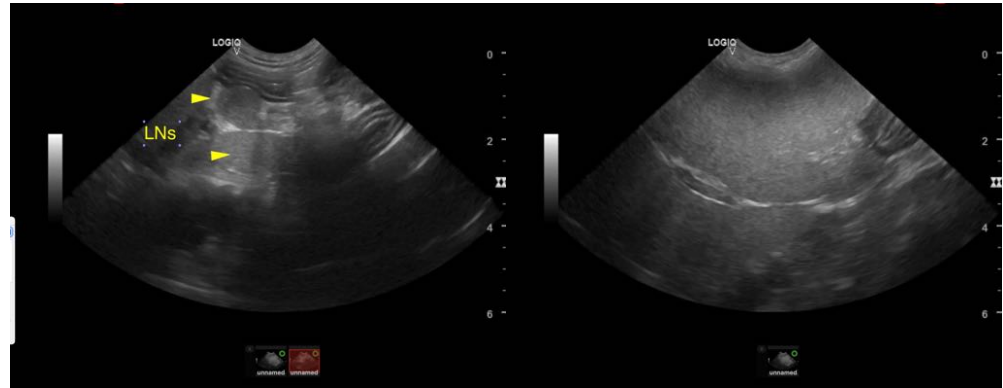
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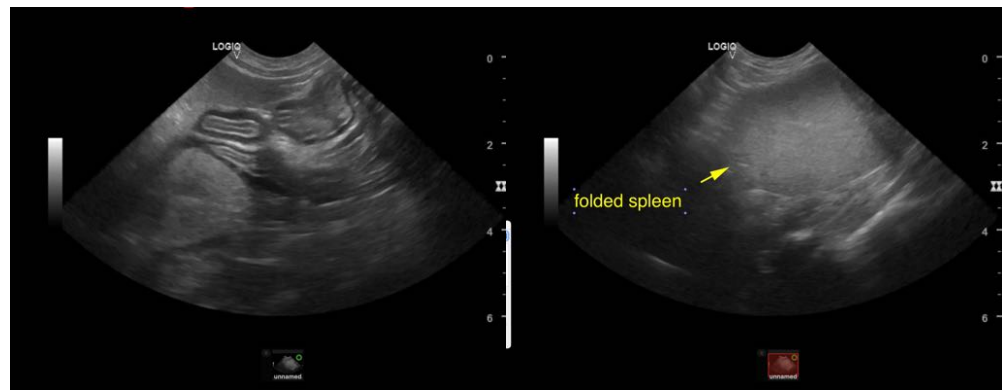
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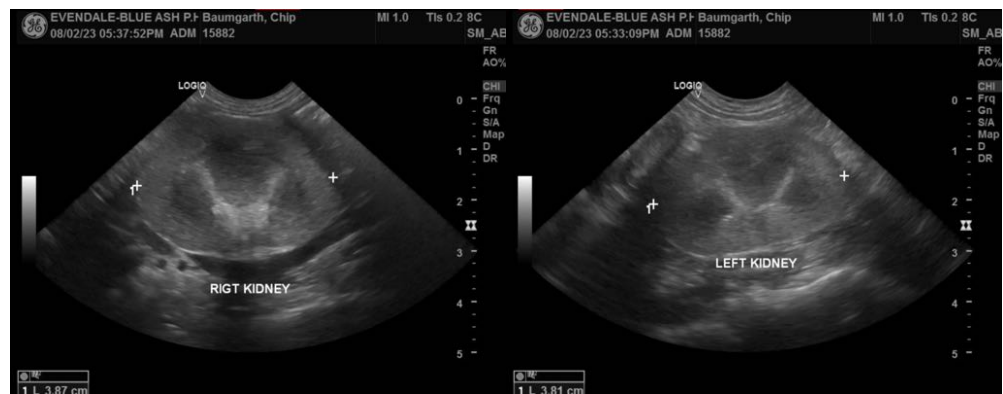
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com