

**DATE PRESENTING CLINICAL SIGNS**

8/2/23 Urgent Care visit 7/3 for gastroenteritis. Hiding and not himself since Urgent Vet Care visit 7/2723: Physical exam: NSF.

PATIENT

Raven Omar Current Medications: None.
 Lab Results: Cbc/Chem WNL, u/a: sg >1.050 pH 6.5 prot 500mg/dl, glu neg, ket neg, bili neg, blood neg, WBC <1, RBC 21 hpf. rods/cocci none detected. casts none detected crystals, none detected
 Radiographs: abdomen: ingesta in stomach, gas in intestine/colon, soft tissue opacity just cranial to pelvis ventral to the rectum, cholelithiasis incidental versus hepatobiliary disease. thorax: diffuse bronchial interstitial pattern, lower airway disease - asthma, chronic inflammatory bronchitis vs age related fibrosis
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: STAT requested.
 Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10/1/13

WEIGHT

13.15 Pounds

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

Jacksonville VH

REFERRING VET

Dr. Burk

INVOICE

44550

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 right kidney measured 4.6 cm. The left kidney measured 4.6 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 0.48 cm. The right adrenal gland measured 0.49 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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. Gallbladder sand noted, non-obstructive at the time of the sonogram.

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 stomach was empty, no evidence of foreign body. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No evidence of obstruction was present. Intestinal wall

thickening measured up to 0.25 cm. 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. Slight mesenteric lymphadenopathy noted, reactive, measuring up to 5.0 mm.

Pancreas

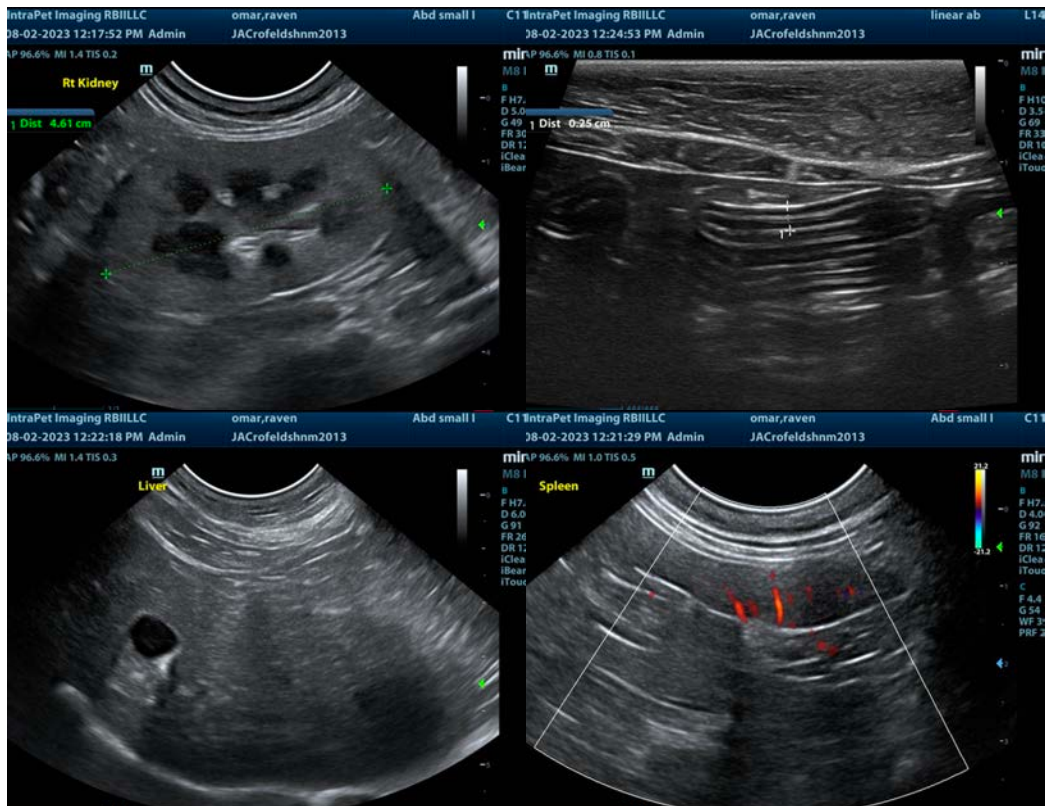
The **pancreas** was enlarged at 1.0 cm with hypochoic parenchyma and dilated duct.

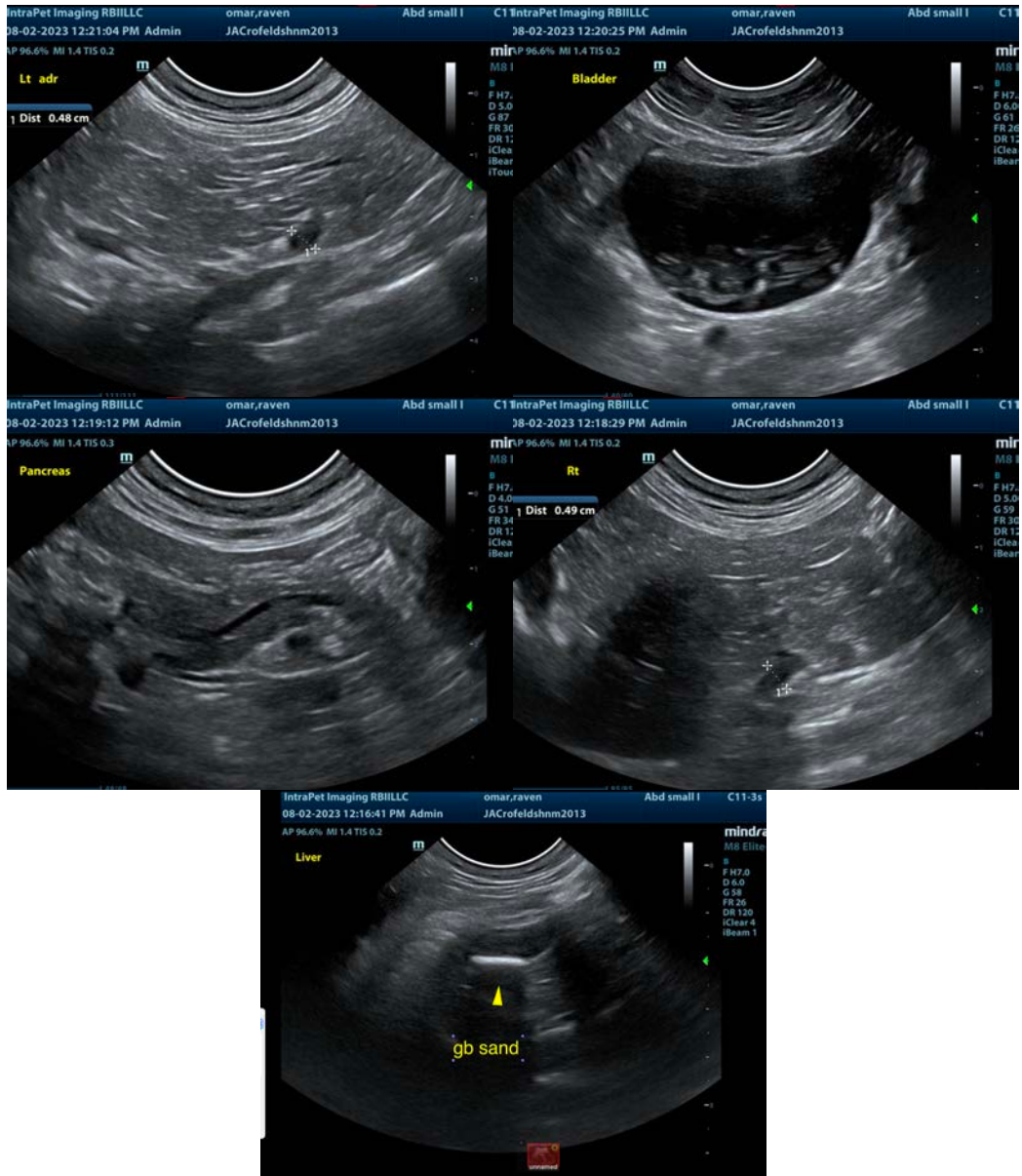
ULTRASONOGRAPHIC FINDINGS

- Minor IBD GI pattern with reactive mesenteric lymph nodes
- Prominent pancreas, suspect pancreatitis
- Bladder debris
- Gallbladder sand
- Volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign body noted. Ursodiol therapy recommended for long-term management of the biliary sand. Regarding the pancreatic and GI presentation, pain management, broad-spectrum antibiotics, IV fluid support indicated, and fecal test recommended.





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.

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