

**DATE**

8/25/21

PRESENTING CLINICAL SIGNS

History: Patient presented on 8/20/21 for routine adult exam. Historically owner reports that patient eats large volumes and defecates large volumes - usually 3-5x daily. Pet is also occasional vomiting. Previous hx of Vit B12 deficiency. (TLI was normal in 2019). Receives monthly B12 injections here. Last BW was >1 year ago. Hx of normal albumin and protein, but the albumin did decrease significantly between two BW checks (went from ~4 down to 2.2). Pendulous abdomen and ascites was confirmed with a quick US scan. Moderate muscle loss was appreciated in patient's hindlimbs. Bloodwork was completed including Folate and B12. Pet was switched to an i/d diet until abdominal US could be completed.

PATIENT

Chewy Phillips

SPECIES

Feline

BREED

Domestic Shorthair

Current Medications: Cobalamin by SQ injection 250mcg once per month-started in 12/2019, Diazepam 2mg PO SID PRN for sedation at home or for vet visits-started 06/2020.

Lab Results: 08/20/21: CBC: no significant abnormalities; Chem: Potassium mildly elevated; Cholesterol decreased; TT4: no concerning abnormalities; UA: no concerning abnormalities, B12/Folate: elevated Folate. Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Diazepam 2mg PO prior to drop off to the hospital.

Stat Report: Not requested.

SEX

Neutered male

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.

AGE

12/3/17

WEIGHT

13.13 lbs

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 4.67 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 right adrenal gland measured 0.4 cm.

HOSPITAL NAME

Westminster VH

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 was noted.

REFERRING VET

Dr. Hall

INVOICE

91507

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 upper **gastrointestinal tract** was unremarkable. There were minor areas of muscularis hypertrophy noted in the small intestine. Increased submucosal echogenicity was noted in the small intestine. The colon was severely repleted with hard stool. The colon was full to the level of the ileocecal junction.

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.

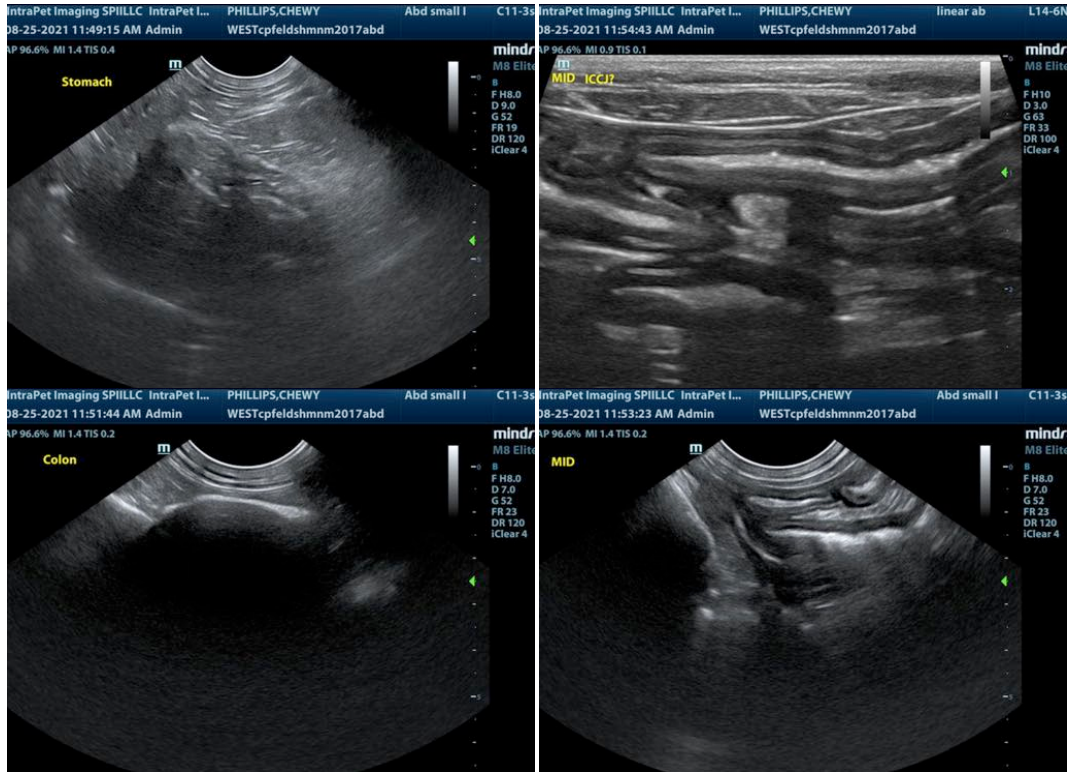
ULTRASONOGRAPHIC FINDINGS

Diffuse small intestinal thickening without neoplastic criteria and over distended colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect obstipation. Enema is indicated. There was no evidence of neoplasia. No evidence of ascites. If obstipation is an issue and recurrent then subtotal colectomy would be warranted as well as intestinal biopsies at that time. The low albumin is concerning for inflammatory bowel or potential emerging intestinal lymphoma, yet neoplastic criteria is not met. There is no evidence of ascites.





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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