

**DATE PRESENTING CLINICAL SIGNS**

8/3/23

**PATIENT**

Tabi Gibeck

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

3/15/13

**WEIGHT**

11.3 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Saubier

**INVOICE**

44639

Beginning in April owner moved back in with parent's took Tabi with him. Since then has been having episodes of scooting hind end and owner was seeing blood. Was seen at rDVM several times - anal gland expressed - were full initially then at next visit, 2 weeks later empty. Approx. 2 weeks ago stole chicken with bone from owner's plate - seen at rDVM following - X-rays - no bones visible but gas noted. Recheck X-rays - improved. Owner has noted eating less, less active / not himself. Does have occasion vomiting episodes - especially hairballs. Has been on Miralax for extended period of time - vocalizes when defecates. Has been eating and drinking. History of urinary issues - had PU - no issues since.

Current Medications: Lactulose, Gabapentin, Cisapride, Metronidazole.

Lab Results: See attached.

Radiographs: large amount of stool in colon, small intestines slightly bunched. Medium sized urinary bladder. Spondylosis lumbo-sacral junction

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.96 cm. The right kidney measured 4.4 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 0.56 cm. The right adrenal gland measured 0.36 cm.

**Spleen**

The **spleen** measured 0.90 cm and 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** 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 was bifid yet not pathological. The common bile duct and cystic duct were unremarkable.

### ***Gastrointestinal***

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### ***Pancreas***

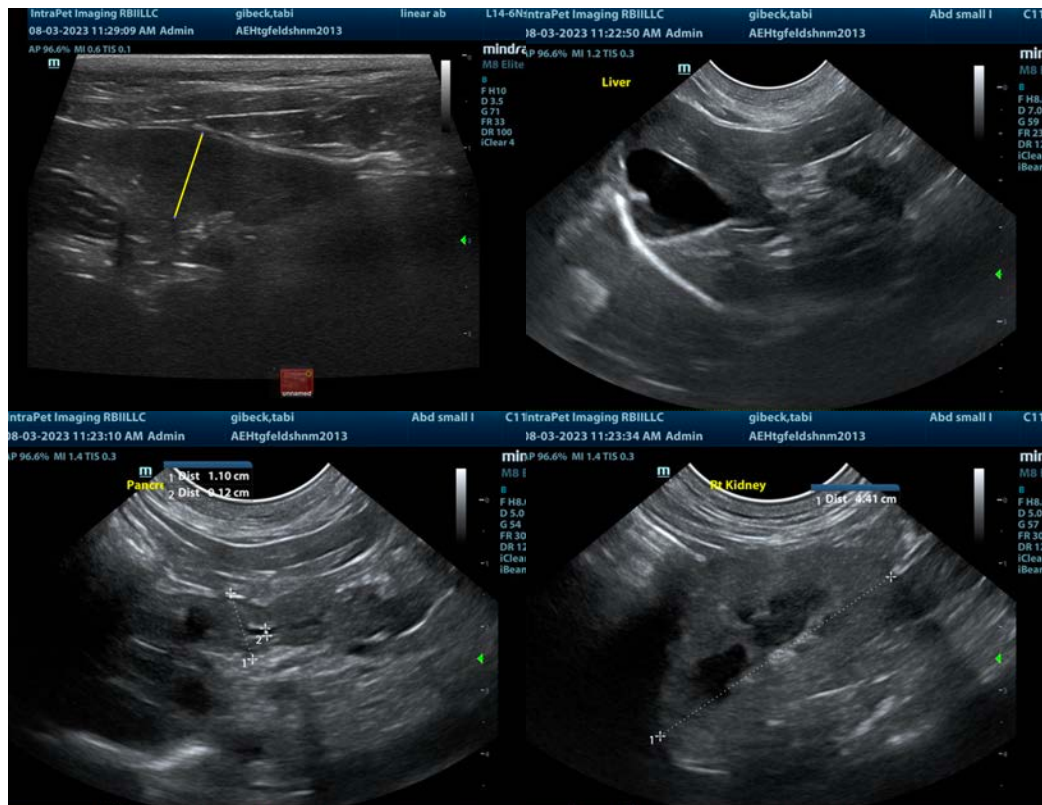
The **pancreas** was hypochoic to surrounding fat with swollen irregular contour and generalized enlargement at 1.1 cm. Slight duct dilation present at 0.12 cm.

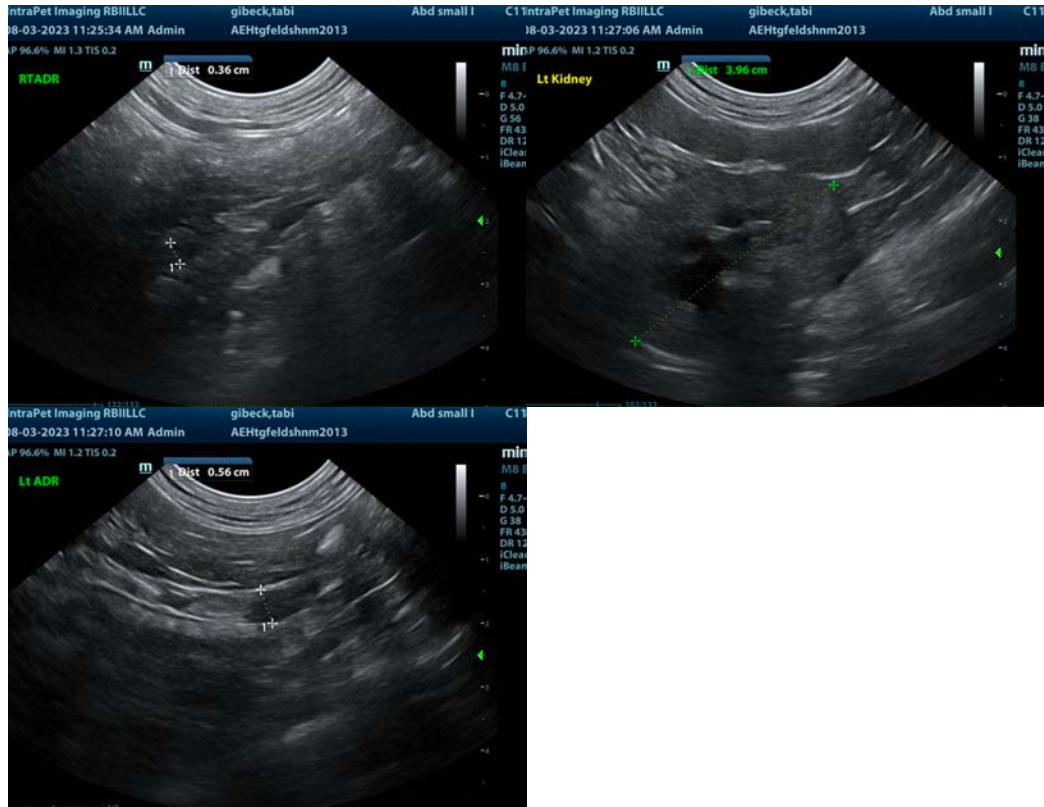
### **ULTRASONOGRAPHIC FINDINGS**

- Prominent, irregular pancreas – possibility of pancreatitis.
- Interstitial nephrosis renal pattern
- Unremarkable abdomen otherwise

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.





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](mailto:info@SonoPath.com)