

**DATE**

9/17/21

**PRESENTING CLINICAL SIGNS**

History: Patient was seen at ER on 9/5/2021 for vomiting blood. Physical exam was unremarkable.

DDX: gastric ulcers, FB, dietary indiscretion, neoplasia or other.

Current Medications: Sucralfate 1/g - 2.5ml po q8hr.

**PATIENT**

Binger Forrester

Lab Results: NSF.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not needed.

Stat Report: Not requested.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Domestic Shorthair

**Urinary System**

The **urinary bladder** revealed a trace amount of sand, a grouping of which measured approximately 5.0 mm.

**SEX**

Neutered male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Slight pyelectasia was noted in the right kidney, measuring 0.44 cm. The right kidney measured 4.26 cm. The left kidney measured 3.87 cm.

**AGE**

6/23/04

**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 0.54 cm. The left adrenal gland measured 0.54 cm.

**WEIGHT**

14.16 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**HOSPITAL NAME**

Northwind AH

**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.

**REFERRING VET**

Dr. Cross

**INVOICE**

13139

**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.

## Pancreas

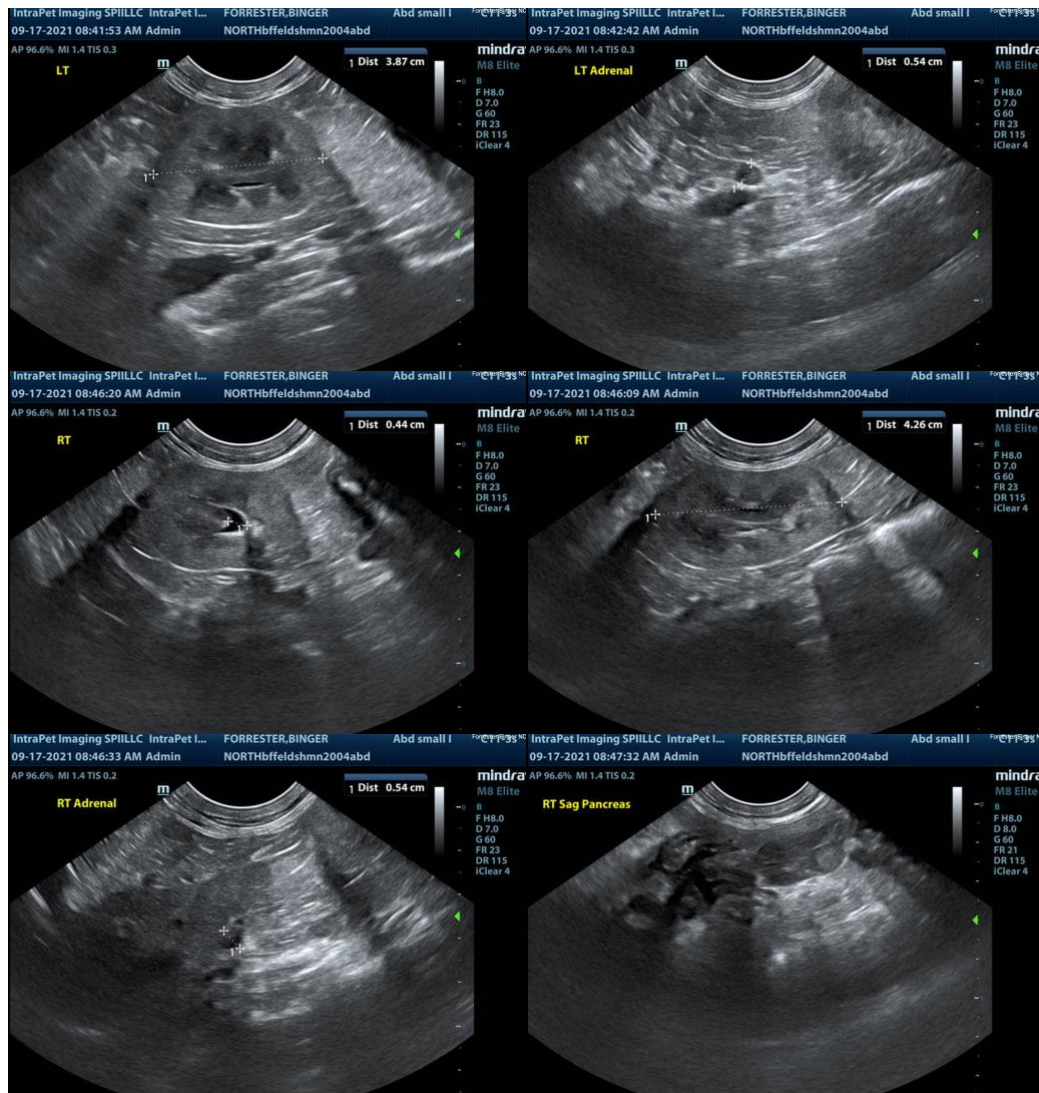
The pancreas was hypoechoic, irregular, enlarged and nodular with dilated duct.

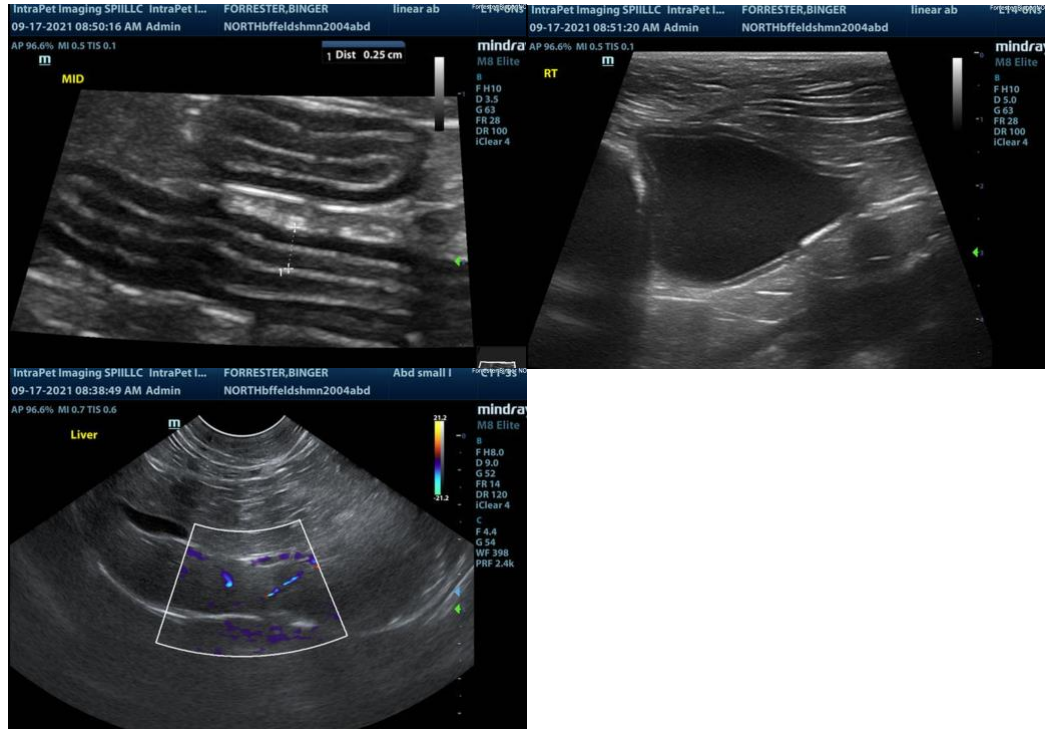
## ULTRASONOGRAPHIC FINDINGS

- Slight bladder sand
- Moderate degenerative renal changes with pyelectasia, likely passing calculi periodically
- Minor intestinal thickening
- Prominent irregular pancreas- chronic active pancreatitis with nodular changes, minor potential for neoplasia

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work up warranted and treatment for any evidence of UTI. No evidence of gastric neoplasia or foreign bodies.





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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
Eric.Lindquist@SonoPath.com