

**DATE**

9/17/21

PRESENTING CLINICAL SIGNS

History: Vinnie has been experiencing episodes where he appears to be painful, sitting in a hunched position, for the last 2 months. They will last for a few hours and then he seems better, but they have become more frequent. Initially were 2-3 weeks apart but now every few days. Bloodwork in April was wnl. Previous veterinarian had initially treated him with an injection of Convenia, an injection of Dexamethasone and Droncit (cat does go outside and is an active hunter). Clindamycin was tried. Then sq fluids and a barium swallow were tried. Vinnie has lost weight over the past 2 months (about 1.5 pounds? weights not recorded in the record). Current bloodwork has been submitted. Wondering about pancreatitis/IBD flares. Current Medications: Sent home with meds to be used when he is having an episode: Gabapentin 25mg BID and Cerenia 4mg SID.

PATIENT

Vinnie Cantler

SPECIES

Feline

BREED

Domestic Shorthair

Lab Results: Attached separately.
 Radiographs: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

Stat Report: not requested

SEX

Neutered male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

1/29/10

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.

WEIGHT

10.25 lbs

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 and no evidence of pelvic dilation was present. The left kidney measured 4.04 cm. The right kidney measured 4.08 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

The **left adrenal gland** was 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 0.52 cm.

HOSPITAL NAMECat Sense Feline
HospitalThe region of the **right adrenal gland** revealed no evident pathology.**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.

REFERRING VET

Dr. Sinclair

LiverThe **liver** was slightly enlarged, uniform. The gallbladder and common bile duct were unremarkable.**INVOICE**

13134

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. Minor 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. Intestinal wall thickness measured up to 0.24 cm. Some minor reactive mesentery was noted in the ileocecal junction region.

Pancreas

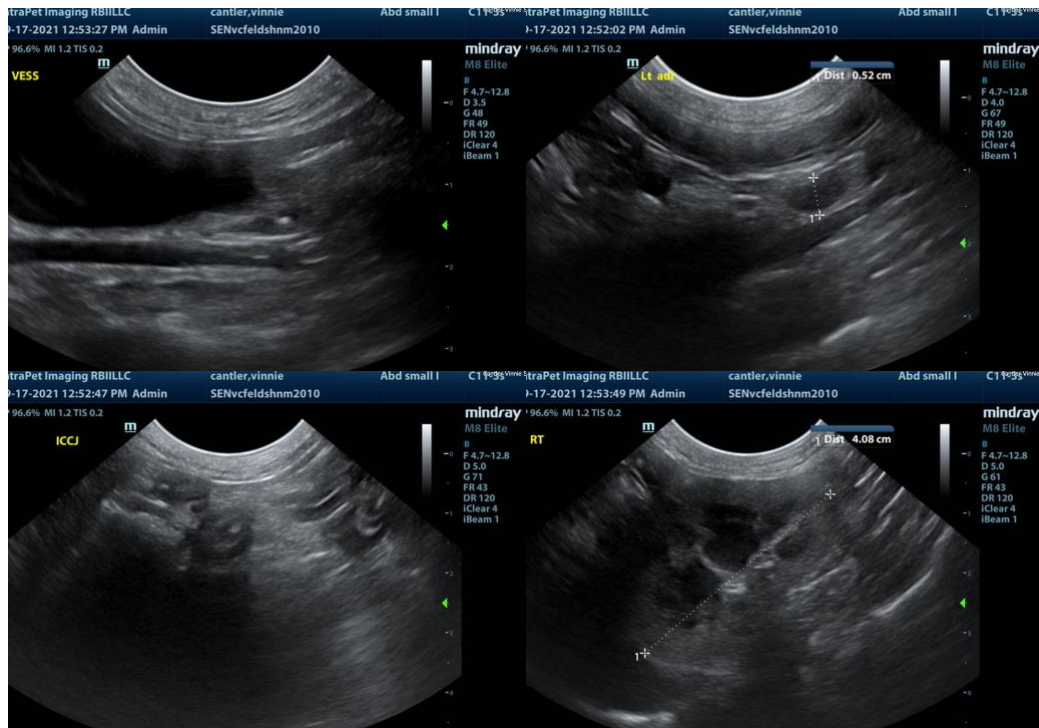
The **pancreas** was hypoechoic and mildly enlarged, measuring 1.0 cm in the right limb. Minor enhanced surround mesentery noted.

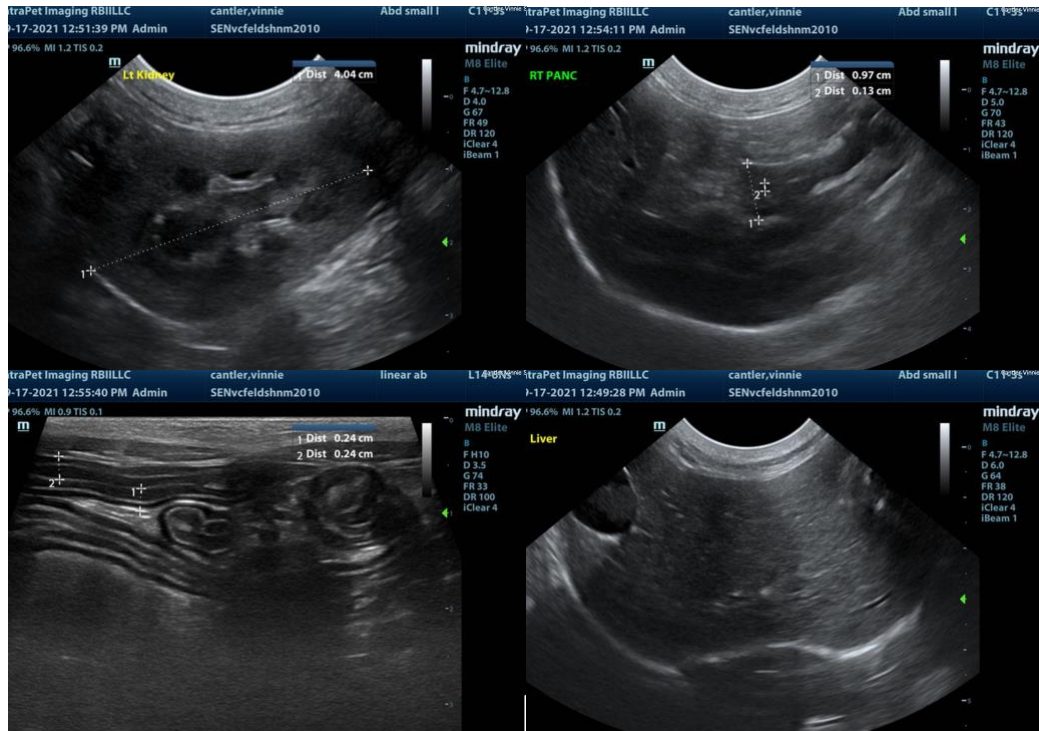
ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening
- Minor inflammatory pattern in the ileocecal junction
- Liver, slightly enlarged
- Prominent pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatitis/enteritis, fairly mild from a sonographic standpoint. Other causes of pain such as referred back pain should be considered. However, pain management, broad spectrum antibiotics and IV fluid support all indicated based on the sonographic findings.





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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