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DATE

9/23/22

PATIENT

Cyrus Caprinola

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3/14/21

WEIGHT

7.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Martinoli

INVOICE

41610

PRESENTING CLINICAL SIGNS

Vomiting-- treated outpt on 9/18, then continue to vomit. Fever-intermittent. Thickened guts on xrays. Full labs -nsf. Clinically doing well, eating, no vomiting, but based on films-- recommended US. Fever, was gone after the metro, but had spike tonight. Still need fecal, prophylatic deworm.

Current Medications: Buprenorphine, Ondansetron, Cerenia, Metronidazole.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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** 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 left kidney measured 3.4 cm. The right kidney measured 3.78 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.

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 **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with 1:1 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Intestinal wall thickness measured up to 0.33 cm. 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. Reactive mesenteric lymph nodes noted up to 2.09 cm x 0.74 cm.

Pancreas

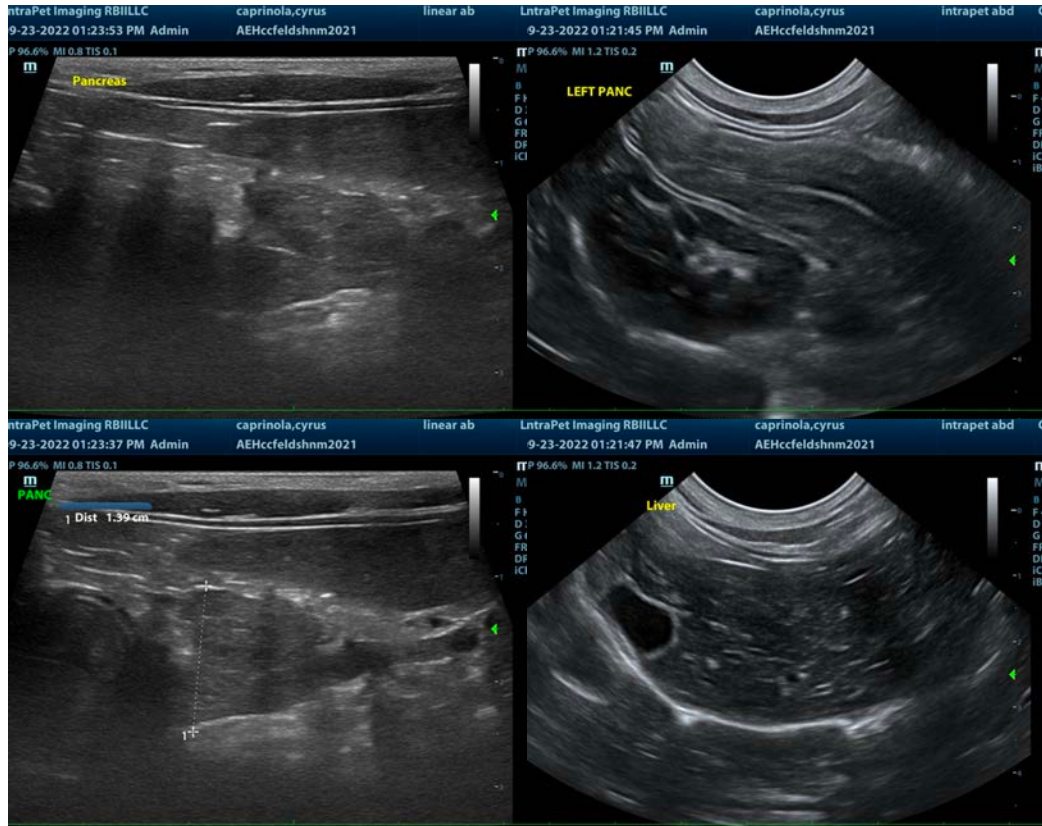
The **pancreas** was enlarged and irregular with undulating contour, measuring 1.39 cm.

ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening with hypertrophied muscularis, no loss of mural detail
- Enlarged, irregular pancreas – history of pancreatitis likely.
- Mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Inflammatory bowel likely. No neoplastic criteria present. Ideally, full thickness intestinal, mesenteric lymph node, and pancreatic biopsies would be performed in this patient for further definition. However, treatment for inflammatory bowel should prove effective. Hydrolyzed diet, probiotics, antibiotics such as Zithromax or Metronidazole, B12 injections recommended depending on if weight loss is an issue. Subxiphoid 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.

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