

**DATE**

9/26/22

**PRESENTING CLINICAL SIGNS**

History: Meander is a 9 y/o MN DSH who presents for vomiting and anorexia - 2 weeks ago vomited twice and was fine, O went out of town - Sunday vomiting a small amount, then alot - stopped eating on Sunday - has been hiding - was at pet ER Tuesday, got fluids and anti-nausea medications, no diagnostics - was eating tuna, then stopped eating that today - vomited twice this morning - indoor only - Fev/FIV: got from humane society - no diarrhea - no C/S, drinking and urinating less - FB no known ingestion - Toxin - does chew on plants, no toxic plants did chew on spider plant. recently put plant food in plant - hx - none, attacked animal previously when - UTD vx - 104.6 fever at pet ER Medications: - none, no preventatives

**PATIENT**

Meander Zimmerman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2/7/13

**WEIGHT**

13.9 Pounds

Current Medications: Buprenorphine, Amoxicillin, Gabapentin, Vitamin B12, Cerenia.

Lab Results: See attached.

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.

Both **kidneys** presented the same increased cortical echogenicity and interstitial nephrosis pattern with slight pyelectasia. The left kidney measured 4.67 cm. The right kidney measured 4.5 cm.

**INTERPRETED BY**Eric 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 left adrenal gland measured 0.57 cm.

**HOSPITAL NAME**Animal Emergency  
Hospital**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

**REFERRING VET**

Dr. Thompson

**Liver**

The **liver** revealed increased portal markings. The gallbladder was mildly edematous and overdistended with excessive debris. Emerging mucocele formation noted. Slightly tortuous cystic duct was noted.

**INVOICE**

17460

**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 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.

### ***Free Abdomen***

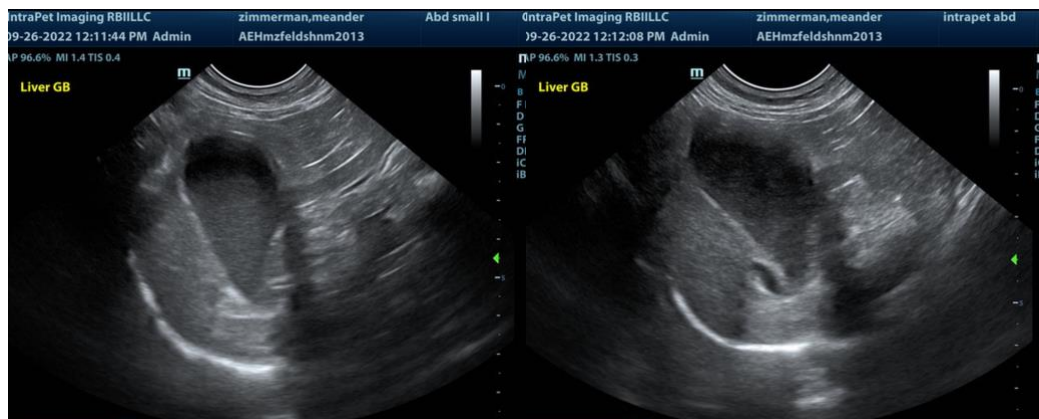
A dystrophic mineralized **structure** was noted in the caudal abdomen cranial to the urinary bladder, measuring 1.33 cm, likely a bates body or lipogranuloma, not likely pathological.

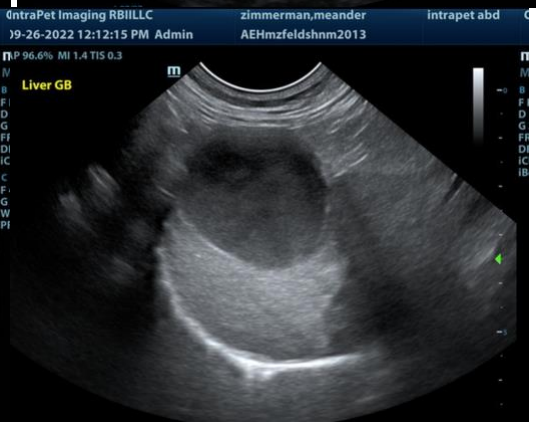
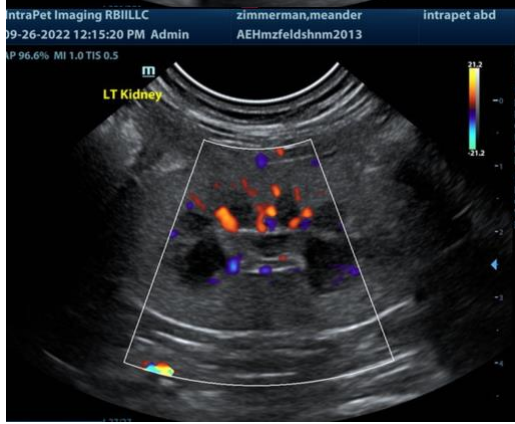
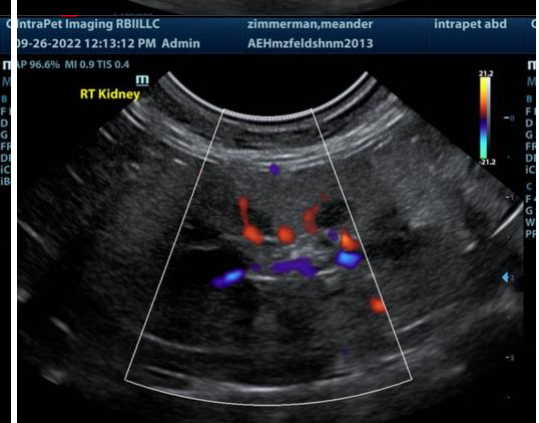
### **ULTRASONOGRAPHIC FINDINGS**

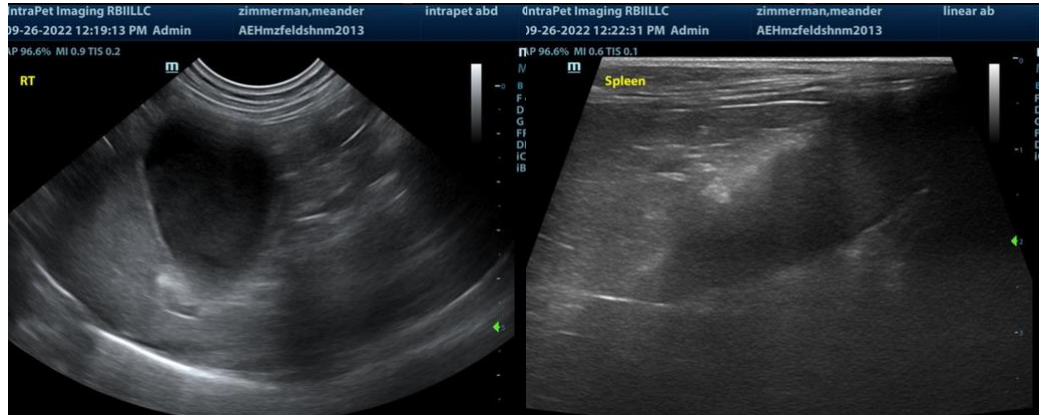
- Chronic cholangitis with excessive gallbladder debris with emerging mucocele formation. Tortuous cystic duct noted.
- Increased cortical echogenicity and interstitial nephrosis pattern with slight pyelectasia in the kidneys
- Spleen, scalloping contour
- Mineralized structure in the caudal abdomen cranial to the urinary bladder, likely bates body or lipogranuloma, not likely pathological.

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

Cholecystocentesis and culture could be considered. FNA of the liver would be ideal for further definition. Ursodiol therapy and empirical treatment for cholangitis is indicated. FNA of the spleen is also indicated to assess for splenitis versus possibility of round cell neoplasia or reactive spleen.







**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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