



PATIENT

PRESENTING CLINICAL SIGNS

Guinevere Strobbe

History: Chief complaint: vomiting 3 times since yesterday. P was seen for this same issue on August 1st and diagnosed with constipation. Dr recommended 1/8 tsp of Miralax on food once a day. Owner has been doing that since August 1st. P is eating and drinking normally. P is indoor only.
Abnormal PE/Chem/CBC/UA Results: Xray: Thickened small intestine with gas noted in the colon.
CHEM/T4: SDMA 22, GGT 16 BNP: Normal

SPECIES

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic Shorthair

Urinary System

SEX

Female

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 was noted. Ureteral papillae were normal.

AGE

13 years

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 and no evidence of pelvic dilation was present. The left kidney measured 3.0 cm.

WEIGHT

10 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 and right adrenal gland measured 0.4 cm.

IMAGING PERFORMED BY

Mack

Spleen

HOSPITAL NAME

Northside VC

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 was noted.

REFERRING VET

Dr. Mack

Liver

INVOICE

39695

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.

DATE

9/29/22



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Gastrointestinal

Guinevere Strobbe

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The stomach revealed a minor amount of echogenic ingesta. There was no evidence of obstruction. 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.

SPECIES

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BREED

Domestic Shorthair

SEX

Pancreas

Female

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

AGE

13 years

WEIGHT

ULTRASONOGRAPHIC FINDINGS

10 lbs

Mild pancreatic remodeling.

Delayed outflow gastric pattern, otherwise, unremarkable abdomen.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fecal exam and diet change to a hydrolyzed diet is recommended in this patient. Medical management should prove effective. There was no evidence of neoplasia.

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside VC

REFERRING VET

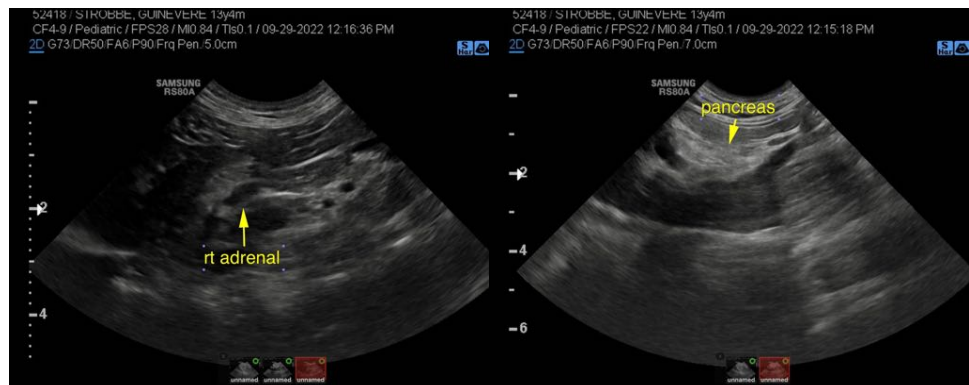
Dr. Mack

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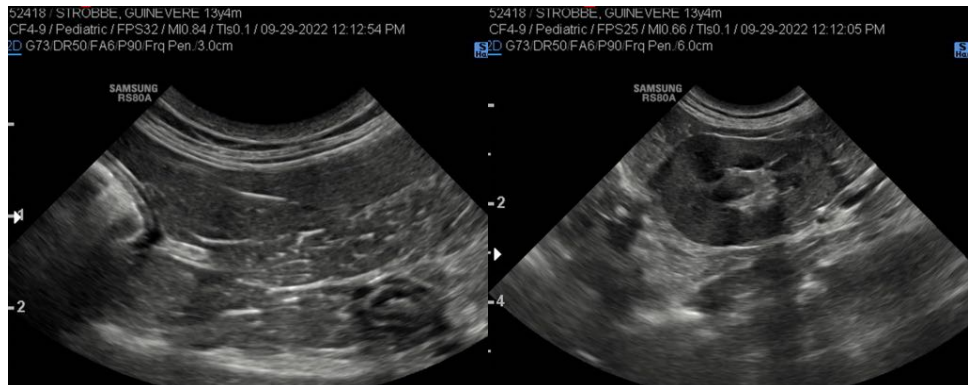
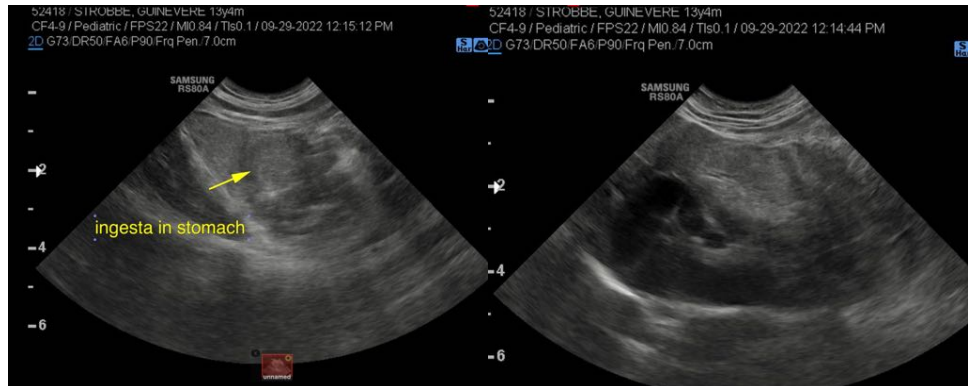
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Guinevere Strobbe

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SEX

Female

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WEIGHT

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