

**DATE**

9/30/22

PRESENTING CLINICAL SIGNS

History: Presented to rdvm: - Bw: Alp 801, Alt 219, Tbil 6.2, Bun 15 (1 point decrease) - Rads: mild gassy changes, decreased serosal detail ATO in room: - lethargic for and inappetent for past 5 days - noticed vomit for first time yesterday- vomit was white and frothy - P has been hiding which is abnormal - other housemate cat is fine

PATIENT

Lilly Marks

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3/28/17

WEIGHT

15.5 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Nacke-Horney

INVOICE

17499

Current Medications: Vitamin B, Unasyn, Cerenia, Protonix, Buprenorphine.

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.

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 right kidney measured 4.28 cm.

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 0.56 cm. The left adrenal gland measured 0.42 cm.

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** was diffusely hyperechoic. Free fluid was noted between the liver lobes. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

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 intestinal submucosa was slightly irregular, mildly 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. Intestinal wall thickness measured up to 0.3 cm.

Pancreas

The **pancreas** was hypochoic, irregular and nodular with undulating contour and enhanced surrounding mesentery.

Free Abdomen

A minor amount of **pleural effusion** was noted in this patient which raises further concern for round cell neoplasia, sampling is essential.

Other

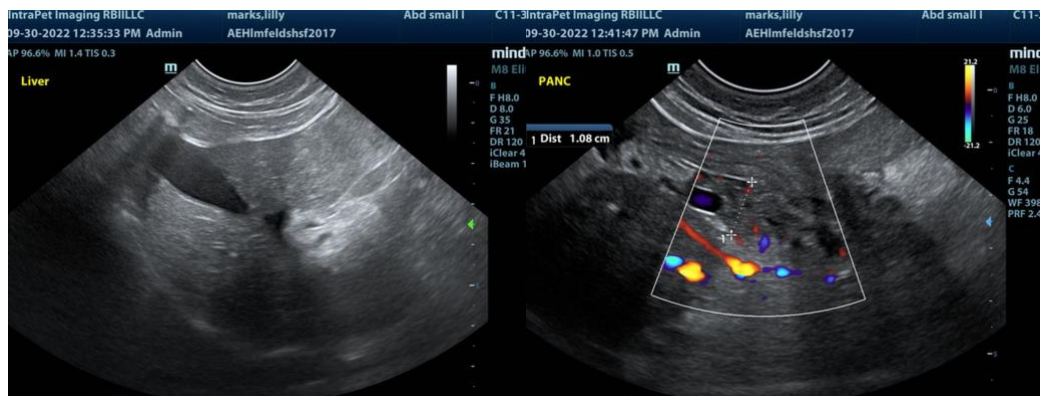
A rapid view of the **heart** revealed no evident volume overload.

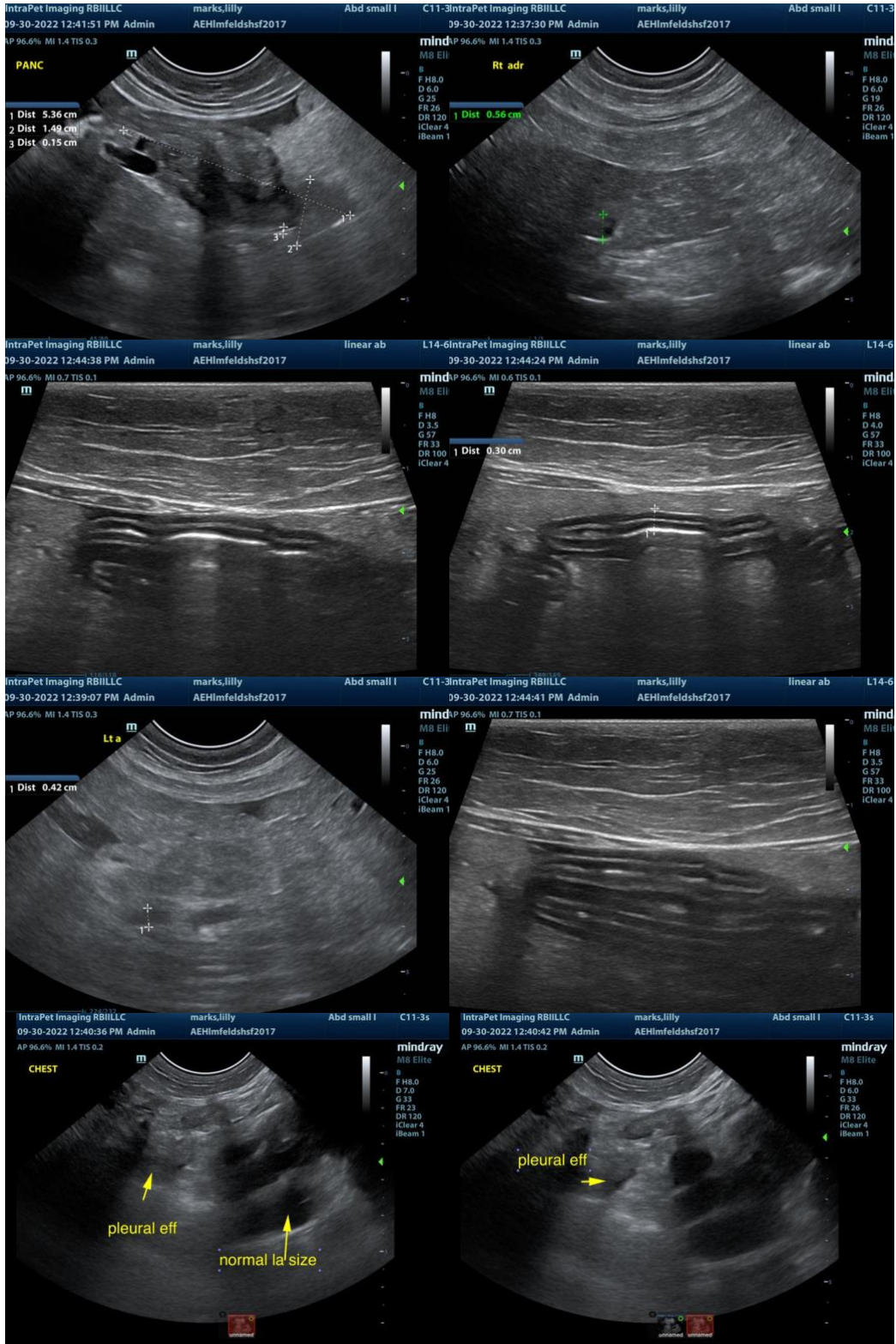
ULTRASONOGRAPHIC FINDINGS

- Pancreatitis presentation
- Hepatic lipidosis pattern with free fluid
- Minor intestinal thickening
- Pleural effusion- sampling is essential

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis and cytospin of the free fluid warranted. Coagulation panel and FNA of the liver are indicated for further definition. Prognosis is guarded. Pancreatitis/lipidosis with secondary inflammatory fluid versus underlying round cell neoplasia or carcinomatosis are primary concerns.





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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