

**DATE PRESENTING CLINICAL SIGNS**

9/30/22 Chronic intermittent vomiting and diarrhea. Elevated BUN, creatinine, ALT, amylase. PE: bcs 5.0/9. trace calculus and gingivitis. retracted eyes. otherwise normal exam

PATIENT

Tucker Koermer

Current Medications: None.

Lab Results: BUN 35 (15-28), Crea 2.2 (0.8-1.7), ALT 509 (9-98), ALK 53, GGT 4.0, amy 1573 (500-1400) Other chem normal, hematology, thyroid normal. urine = usg 1.040, pH 6.5, trace glucose, uchem normal

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

4/20/10

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 right kidney measured 4.27 cm. The left kidney measured 3.95 cm.

WEIGHT

10.4 Pounds

INTERPRETED BYEric 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 right adrenal gland measured 0.5 cm. The left adrenal gland measured 0.43 cm.

IMAGING PERFORMED BYStephanie Warga
RDCS, RVT**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.

HOSPITAL NAME

Friendly Paws VC

REFERRING VET

Dr. Price

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.

INVOICE

17513

Gastrointestinal

The **gastrointestinal tract** revealed variable jejunal thickening with loss of mural detail and reactive mesentery with infiltrated intestine, measuring 1.0 cm. Regional lymph nodes were slightly enlarged, reactive.

Pancreas

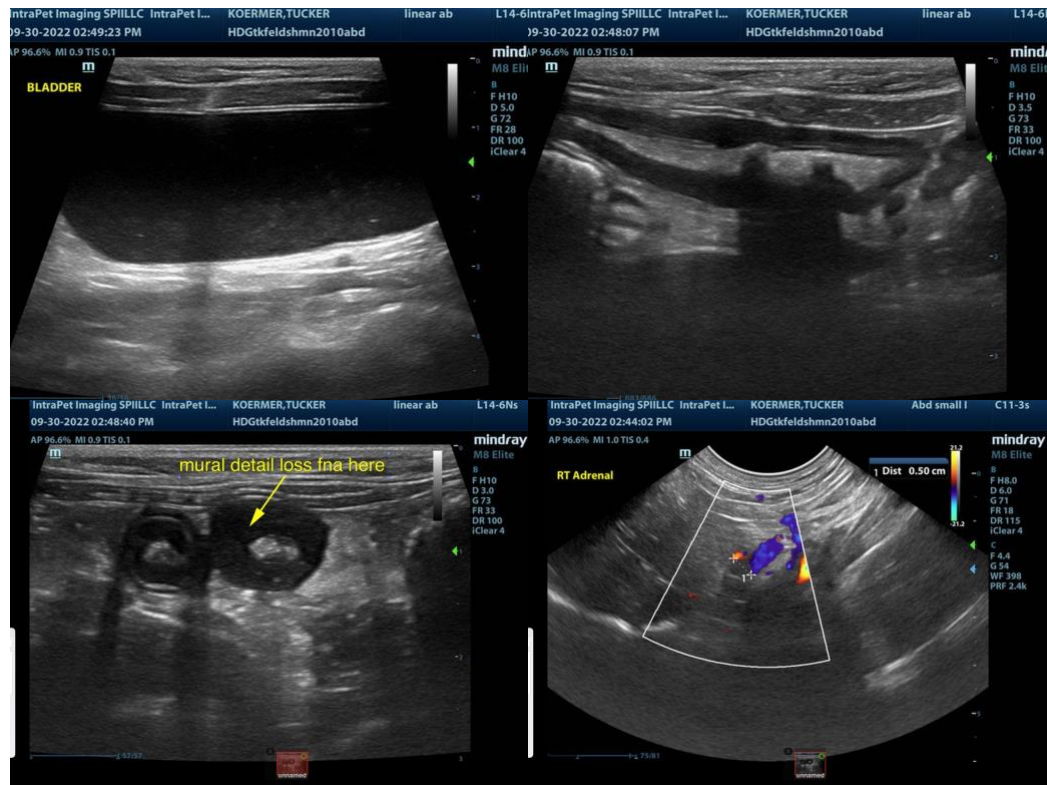
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes.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

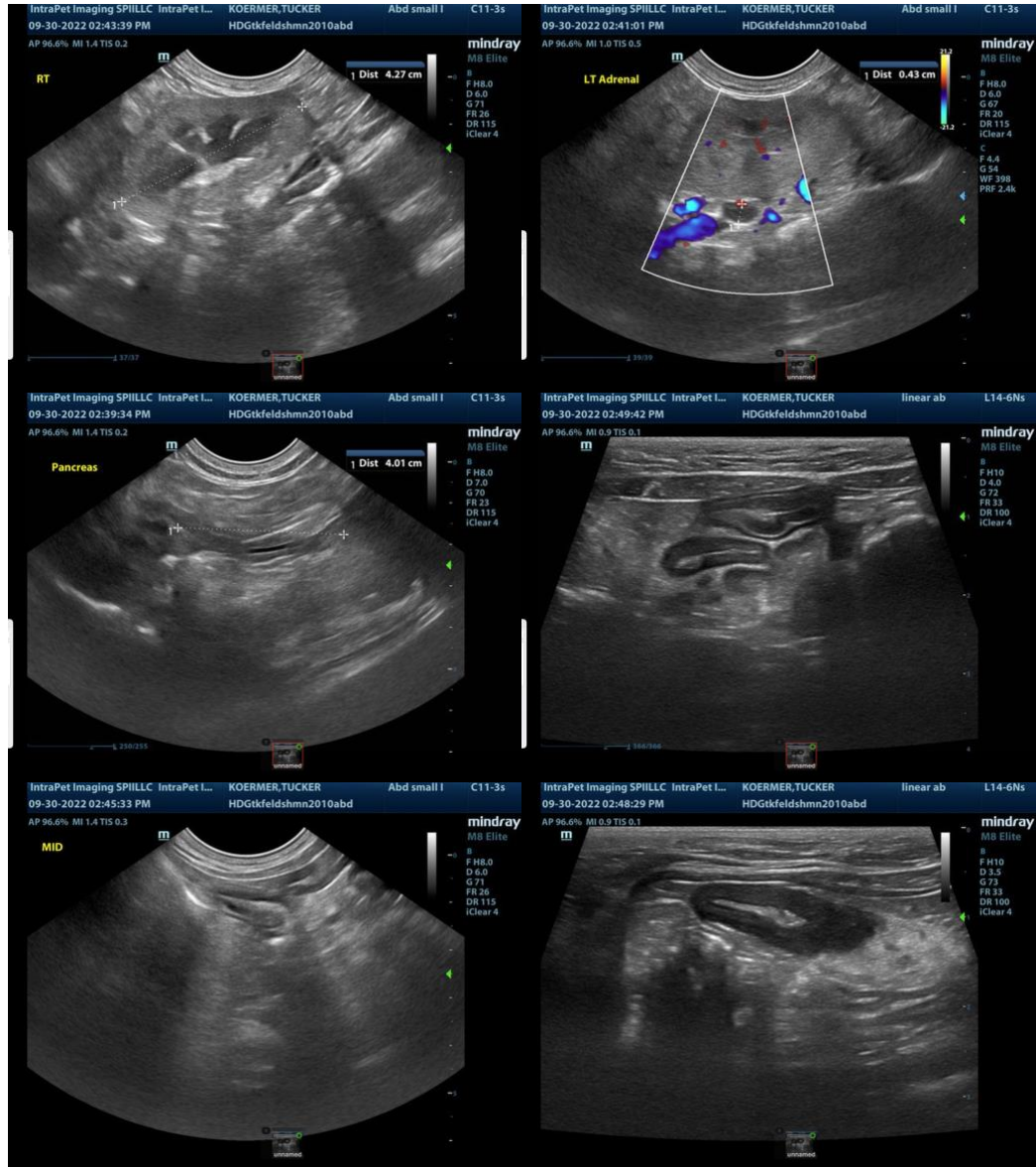
ULTRASONOGRAPHIC FINDINGS

- Infiltrated portion of intestine with regional lymphadenopathy
- Concurrent pancreatitis is possible
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intraoperative ultrasound with resection anastomosis of the intestine could be considered or FNA for medical management. The infiltrated portion of intestine appears to be the only overt area of significant pathology in the GI tract. Focal intestinal lymphoma is suspected. Complicated inflammatory bowel, mast cell disease, and dry form FIP are all possibilities. Chest radiographs are warranted to assess for metastatic disease or comorbidities.





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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