



PATIENT

Gabana Lagos

PRESENTING CLINICAL SIGNS

pancreatitis eosinophilia, increased BUN weight loss vomiting, large appetite

SPECIES

Feline

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. Minor suspended debris present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

BREED

DSH

The **kidneys** presented a moderate interstitial nephrosis pattern with pyelectasia. The right kidney measured 4.67 cm. The left kidney was subnormal in size at 2.78 cm. The kidneys appear significantly compromised.

SEX

Neutered Male

Adrenal Glands

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

AGE

14 Years

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.

WEIGHT

9.2

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

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. 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.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

Pancreas

The **pancreas** was enlarged, hypoechoic, and expansive with enhanced surrounding mesentery, measuring up to 1.0 cm. Dilated pancreatic duct noted.

INVOICE

25240

ULTRASONOGRAPHIC FINDINGS

DATE

9/8/21

- Diffuse intestinal thickening with hypertrophied muscularis
- Moderate to near end stage degenerative renal changes – severe on the left, moderate on the right with pyelectasia



PATIENT

- Prominent, irregular pancreas – suspect pancreatitis

Gabana Lagos

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72 hour IV fluid protocol and broad-spectrum antibiotics, pain management all warranted and reassessment of the clinical status. Prognosis is guarded. Possibility of emerging intestinal lymphoma, yet neoplastic criteria was not evident.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

9.2

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

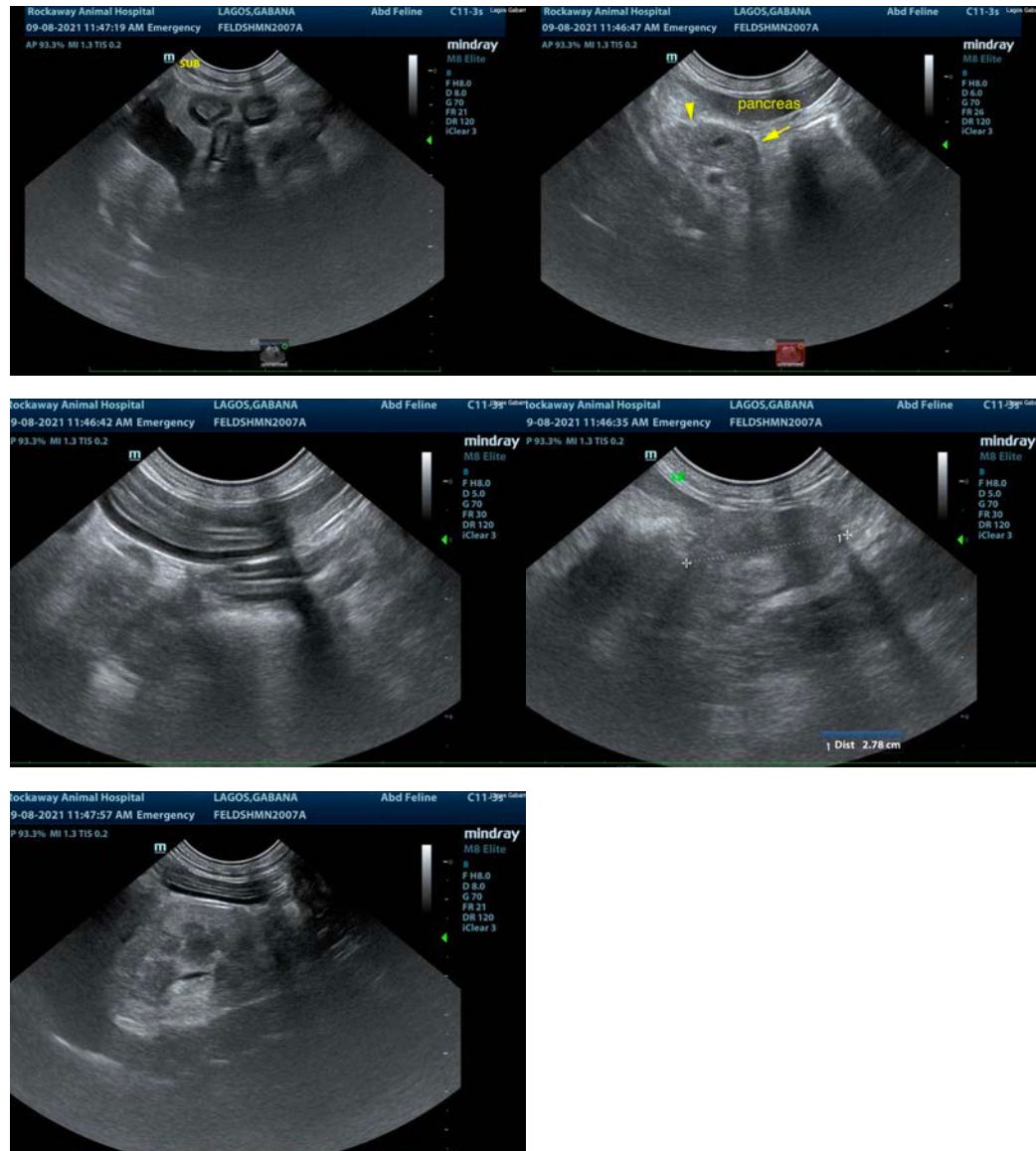
Dr. Maniar

INVOICE

25240

DATE

9/8/21



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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com