

**PATIENT**

Sam Cremasco

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

5.1 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Beatties PH Stoney  
Creek

**REFERRING VET**

Dr. Baskin

**INVOICE**

97861

**DATE**

3/28/22

**PRESENTING CLINICAL SIGNS**

History: Vomiting after meals on and off for 1 year. Unable to fully examine mouth due to aggression. Abdomen possibly uncomfortable on palpation but difficult to determine, soft. Generalized muscle loss. Abnormal PE/Chem/CBC/UA Results: CBC WNL, FPI abnormal, chemistries WNL.

**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 was 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 left kidney measured 3.84 cm with cortical infarcts and some loss of corticomedullary definition. Pinpoint mineralization and irregular contour was noted. Multi-focal, minor cortical collapse was noted. The right kidney measured 4.07 cm with similar changes. Blood flow to the kidneys was subnormal.

*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 0.57 cm. The left adrenal gland measured 0.3 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 was noted.

*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.



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**Gastrointestinal**

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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. The stomach revealed hairball density that occupied the majority of the gastric lumen. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. 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 more significant disease than IBD.

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**Pancreas**

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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.

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

5.1 kg

Intestinal thickening, consistent idiopathic muscularis hypertrophy owing to inflammatory bowel.

Moderate, chronic renal changes with cortical infarcts and interstitial nephrosis pattern.

Hairball density in the stomach.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt neoplastic criteria was met. I recommend ideally full thickness intestinal biopsies and evacuation of the gastric material to ensure that emerging round cell neoplasia is not an issue. However, even though muscularis thickening is significant the submucosal layers are intact. Otherwise, empirical treatment with hydrolyzed diet, hairball therapy, Zithromax and Metronidazole to cover for infectious agents +/- low dose Prednisolone. However, full thickness gastric and intestinal biopsies with evacuation of the stomach would be ideal in this patient for long term management as Prednisolone could technically partially suppress an emerging neoplastic event such as lymphoma. There is a minor potential for intestinal mass cell or FIP.

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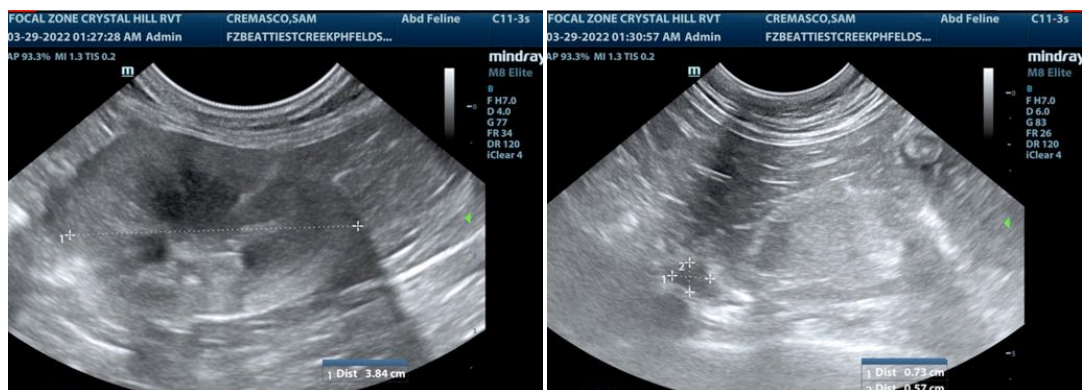
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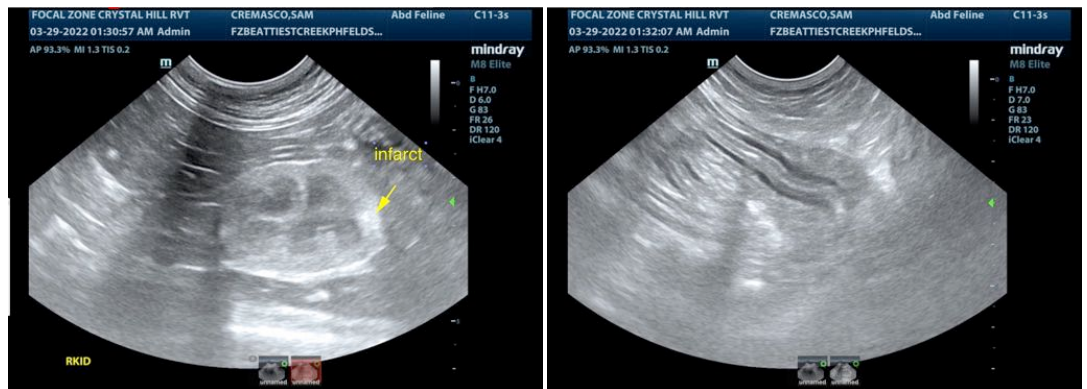
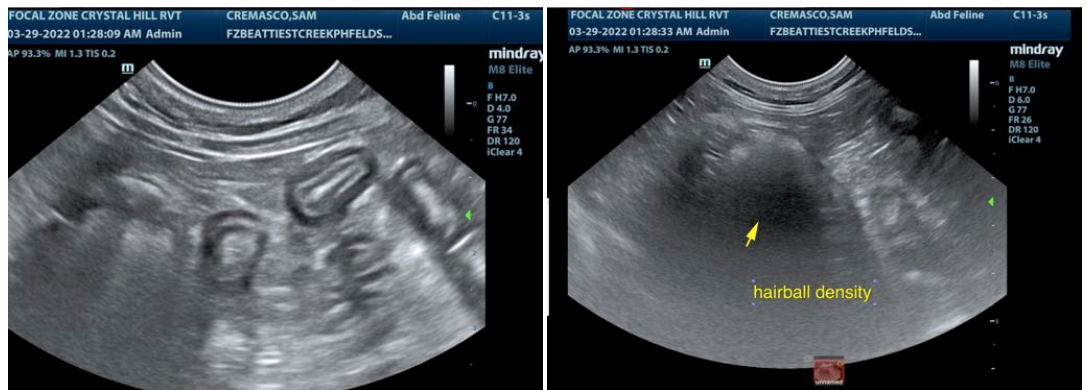
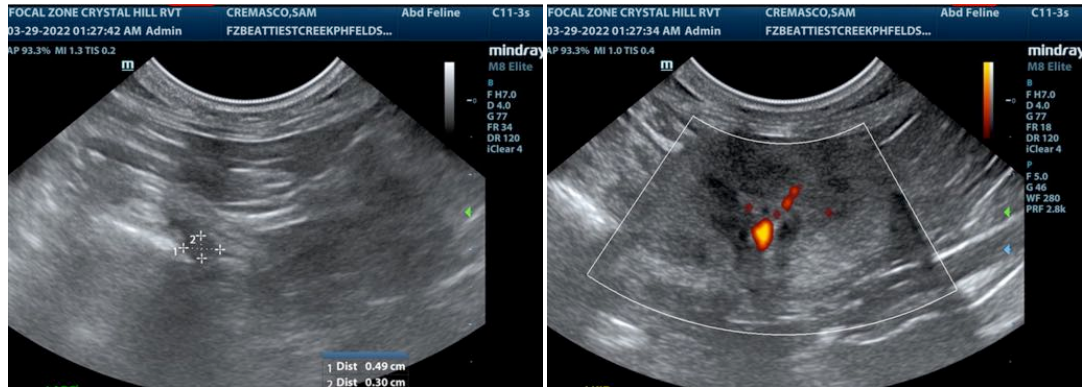
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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