

**DATE**

10/31/22

PRESENTING CLINICAL SIGNS

History: Patient presents for evaluation of chronic GI signs. Recently has been doing well.

PATIENT

Mugsy Whitney

Current Medications: None current.

Lab Results: Cobalamine >1000 WNL, Folate 24.2 High- suggestive of small intestinal dysbiosis, PLI 1.1 WNL, TPLI 37.9 WNL.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Declined.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4/1/15

WEIGHT

16 Pounds

PRESENTING CLINICAL SIGNS**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.

Corticomedullary mineralization was noted in the **right kidney**, nonobstructive. The right kidney measured 4.82 cm.

Cortical infarct and mineralization were noted in the **left kidney**. The left kidney measured 4.27 cm. The largest calculus in the left kidney measured 0.61 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

The **right adrenal gland** was 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 0.43 cm.

HOSPITAL NAME

Perry Hall AH

The region of the **left adrenal gland** revealed no evident pathology.

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. The spleen measured 9.0 mm in width.

REFERRING VET

Dr. Miller

INVOICE

17921

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.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 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. This is a mild change. Intestinal wall thickness measured up to 0.28 cm.

Pancreas

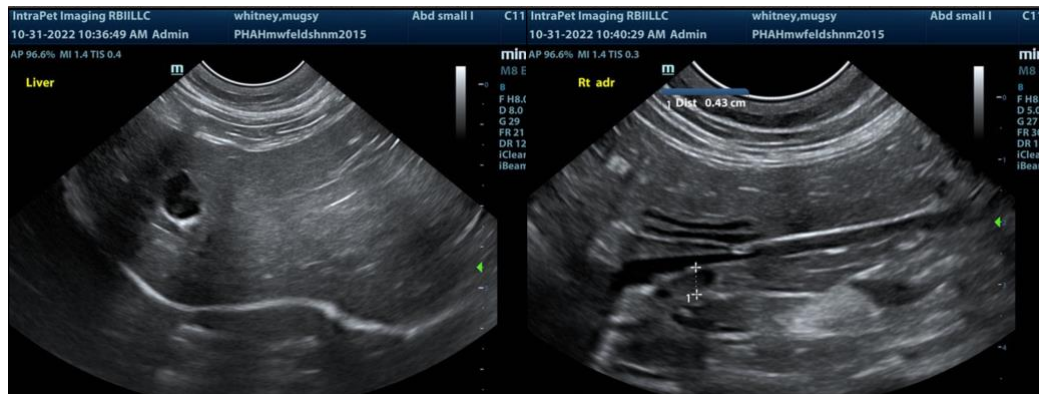
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

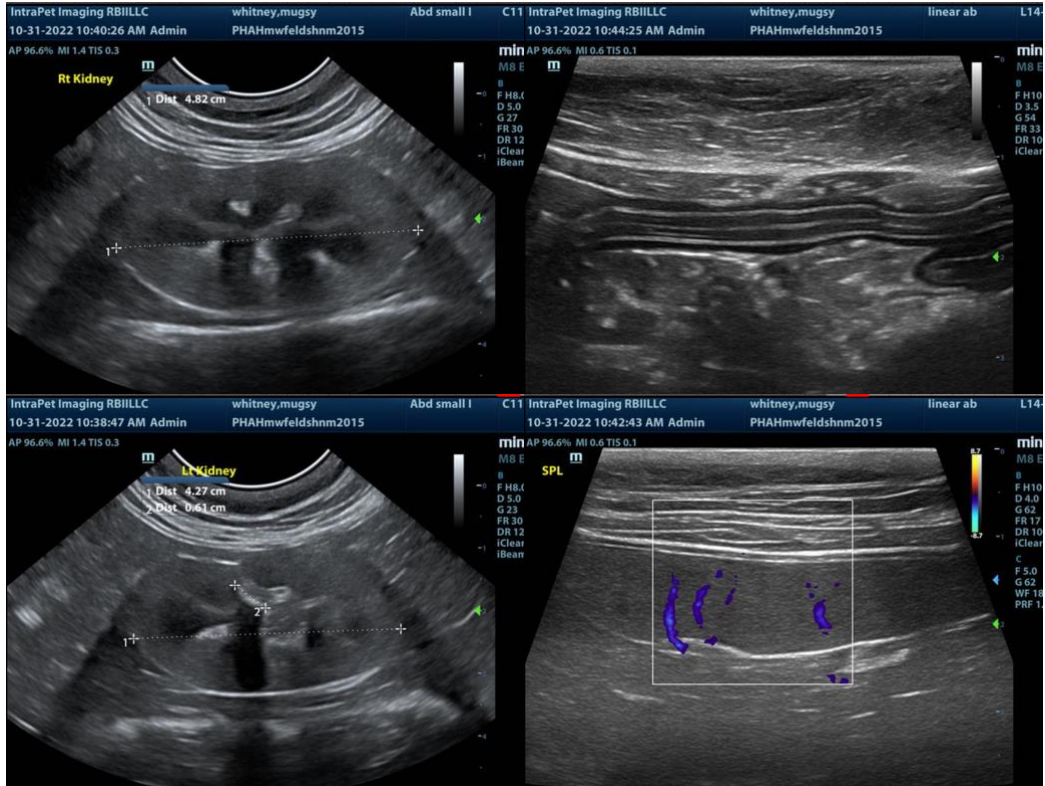
ULTRASONOGRAPHIC FINDINGS

- Nonobstructive nephrolithiasis, infarcts and mild degenerative changes
- Diffuse intestinal thickening, consistent with inflammatory bowel- no neoplastic criteria was met

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work up is warranted if not already performed. B-12 injections, treatment for inflammatory bowel, hydrolyzed diet warranted. A low dose prednisolone trial may be necessary. Nutraceuticals/probiotics may be appropriate.





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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