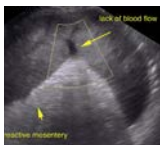
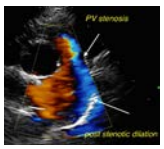
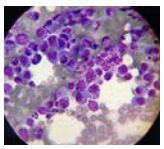
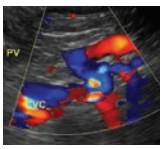

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1-800-838-4268 info@sonopath.com

PATIENT

Elmer Nichols

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years

WEIGHT

11 Pounds

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

IMAGING PERFORMED BY

Dr. Chrissy Krell

HOSPITAL NAME

Paws & Prairie AC

REFERRING VET

Dr. Wasson

INVOICE

43833

DATE

12/29/22

PRESENTING CLINICAL SIGNS

Chronic history of GI upset, March 2021 he was treated for severe esophagitis at an ER. He has periodic episodes of vomiting every 6-8 months, usually resolves with supportive care. pDVM recommended ultrasound as his vomiting has persisted again.

Abnormal PE/Chem/CBC/UA Results: PE: WNL Chem, CBC, TT4: wnl X-rays: wnl Comments from US in March 2021 had suspicions of IBD/neoplasia. No prednisone was ever started UA pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** exhibited a moderate amount of suspended sediment. There was a grouping of shadowing sand/small stones near the trigone, the largest of which measured 0.18 cm. The urethra was imaged 3 cm beyond the cystourethral junction. Urethral sand was present along the length of the urethra, non-obstructive at the time of the sonogram. The bladder wall and urethra were mildly thickened.

The **left kidney** was normal in size and shape, measuring 3.9 cm in length. A pronounced medullary rim sign was present, which is nonspecific, but it can also be found with FIP. Blood flow to the kidney was found to be normal on Doppler exam.

The **right kidney** was normal in size and shape, measuring 4.35 cm in length. There was a pronounced medullary rim sign present in the right kidney as well, which is nonspecific but can also be found with FIP.

The **iliac trifurcation w**as examined with color flow and showed no evidence of thrombosis. There was no evidence of iliac lymphadenopathy.

Adrenal Glands

The **left adrenal gland** was visualized and found to be normal in size and shape with normal echogenicity. The left adrenal gland measured 0.4 cm by 1.25 cm.

The **right adrenal gland** was visualized and found to be normal in size and shape with normal echogenicity. The right adrenal gland measured 0.37 cm by 1.5 cm.

Spleen

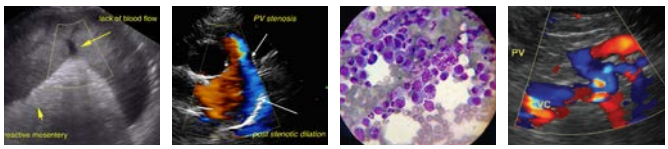
The **spleen** was borderline enlarged at 0.99 cm in width at the hilus, with a mildly scalloping capsule. The parenchyma is finely textured with no focal abnormalities. There was no evidence of thrombosis on color flow evaluation of the hilus. The spleen was folded on itself cranially, a normal variant.

Liver

The **liver** was normal in size, shape and capsule contour. The liver had normal vasculature and echogenicity with mild congestion, likely secondary to sedation. The **gall bladder** had thin walls and anechoic contents. The hepatic and common bile duct were normal in size, with no sign of obstruction.

Gastrointestinal

The **stomach** presented normal size, shape and intact wall layering. There were several adjacent lymph nodes that were hypoechoic and mildly enlarged and rounded, measuring 0.9 cm by 0.8 cm. The **duodenum** was normal in appearance. The **small intestine** exhibited a generalized, variably thickened muscularis layer, with a 1:1 ratio of muscularis to mucosal layers. The wall layering remained intact and



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there was no visible disruption in the submucosal layer. The **colon** wall was normal thickness and layering.

The **ileocolic junction** was visualized and found to be normal in size, shape and layering.

Pancreas

The **pancreas** was isoechoic to the surrounding fat and maintained normal curvilinear pattern in regard to the capsule and pancreatic duct. There were no obvious masses or inflammation present.

ULTRASONOGRAPHIC FINDINGS

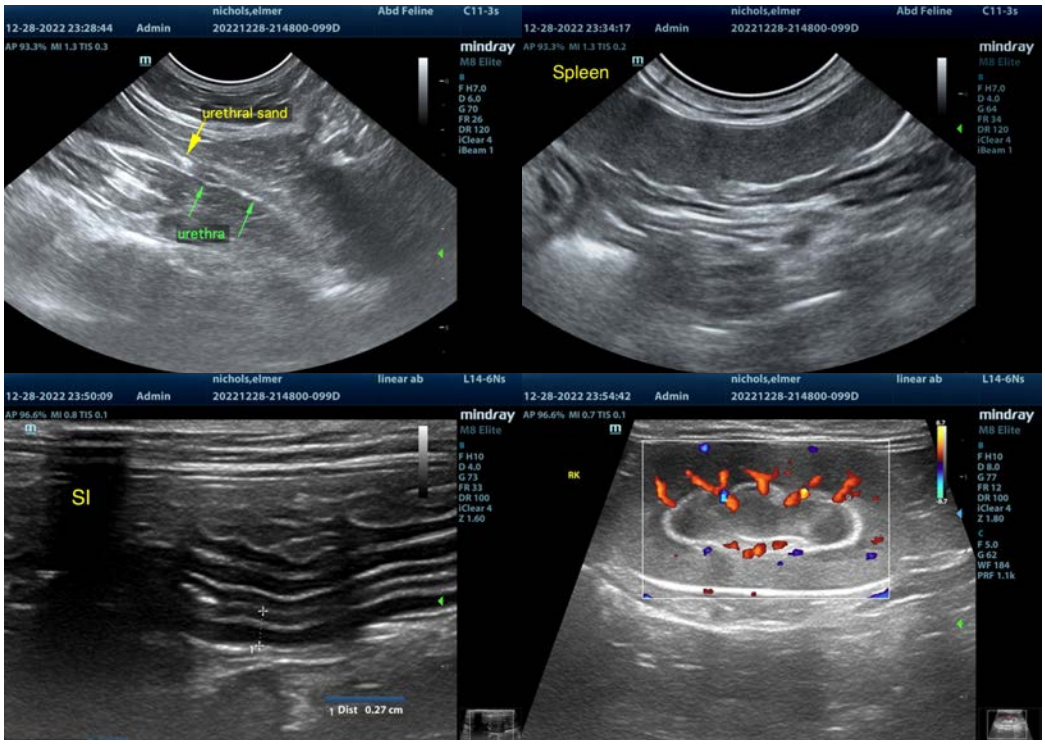
- Bladder and urethral sand/small stones – non-obstructive at time of sonogram
- Pronounced medullary rim sign bilaterally
- Moderate, diffuse small intestinal muscularis thickening
- Mild cranial abdominal lymphadenopathy
- Mild splenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder and urethral sand could cause urinary obstruction, although it is non-obstructive at the time of the sonogram.

This GI presentation can be found with IBD, but dry FIP or emerging lymphoma are also possible. Full thickness biopsies are needed to differentiate.

Consider a cystotomy with GI and renal biopsies at the same time, as would be convenient and offer direction for long term management.



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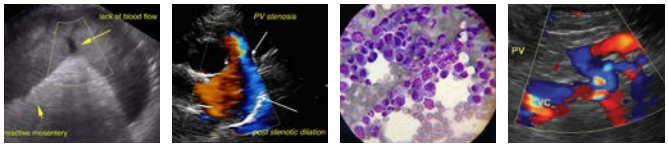

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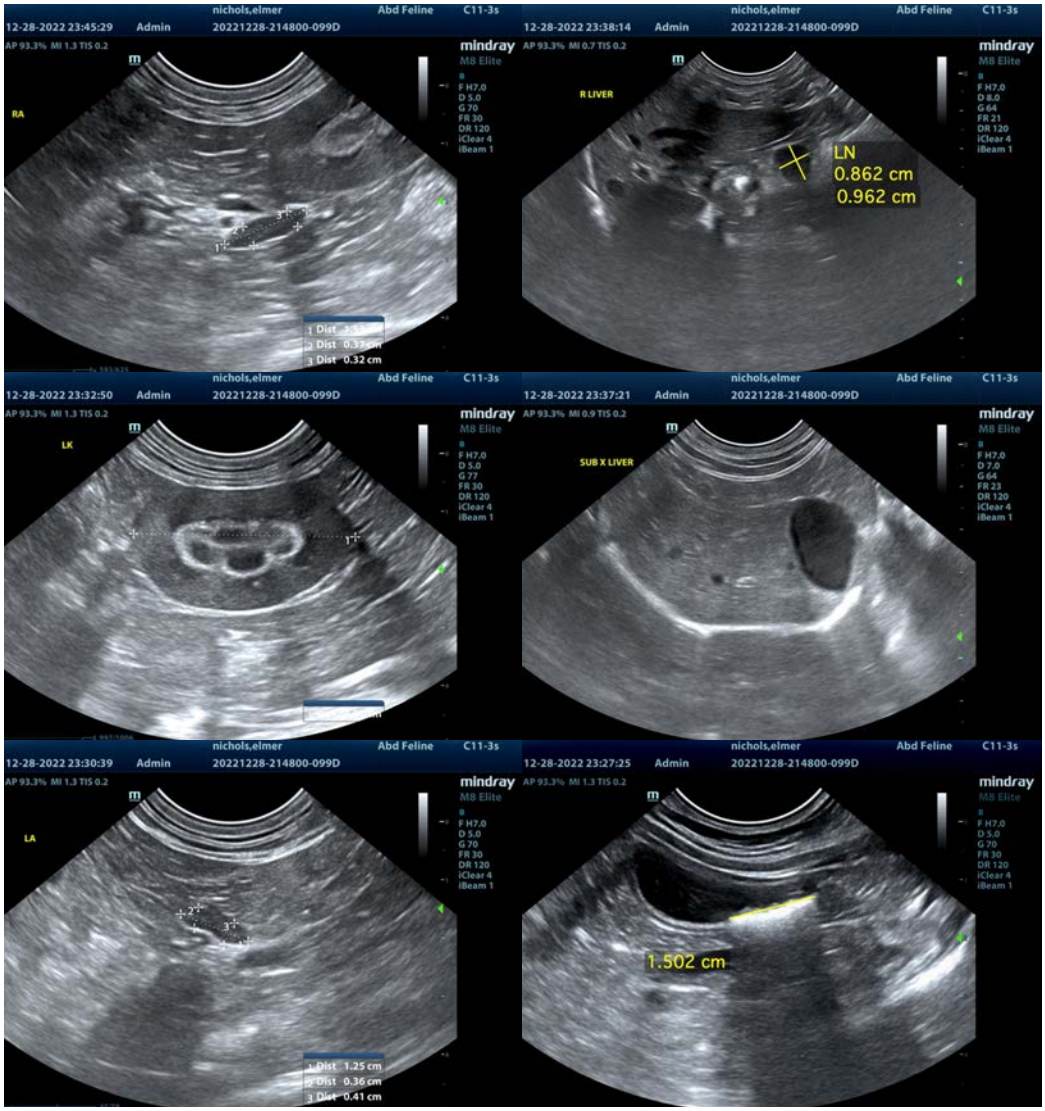

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com