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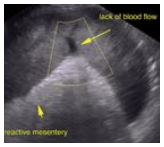
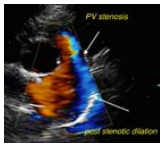
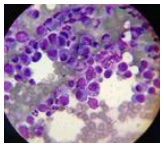
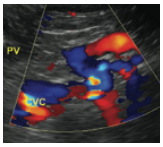

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1-800-838-4268 info@sonopath.com

PATIENT
Igor Greenwood

SPECIES
Feline

BREED
Siamese

SEX
Neutered male

AGE
14 years

WEIGHT
9.5 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Lincoski

HOSPITAL NAME
University Drive VH

REFERRING VET
Dr. Lincoski

INVOICE
40081

DATE
10/13/22

PRESENTING CLINICAL SIGNS

History: Patient is a well-controlled hyperthyroid and diabetic cat. Over past month or 2 having loose stool, sometimes with blood, and weight loss. All blood chemistry including TP, Alb, glucose, fructosamine, and T4 are WNL as of yesterday. CBC unremarkable except as noted below. Symptoms are coincidental with starting new formulation of YD diet.
Abnormal PE/Chem/CBC/UA Results: Low-normal HCT (31.4%) mild reticulocytosis suggestive regeneration, negative parasite and giardia screen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measured 3.55 cm and the right kidney measured 3.74 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.55 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.34 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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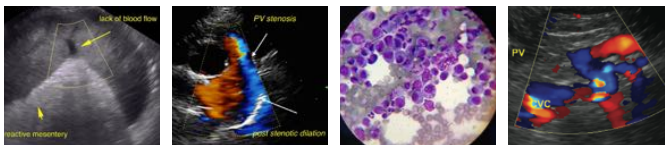

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen

There is a very scant amount of anechoic free fluid noted between bowel loops and a mildly enlarged, hypoechoic medial iliac lymph node.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- **Chronic active pancreatitis.**
- **Medial iliac lymphadenopathy,** both reactive lymphadenopathy as well as infiltrative neoplasia are differentials cannot be differentiated without tissue sampling.
- **Mesenteric lymphadenopathy.**

Secondary Findings

- **Hyperechoic splenic nodules –** most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.
- **Age related renal changes.**

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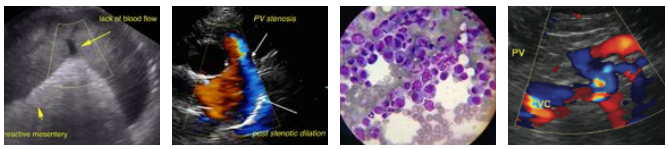

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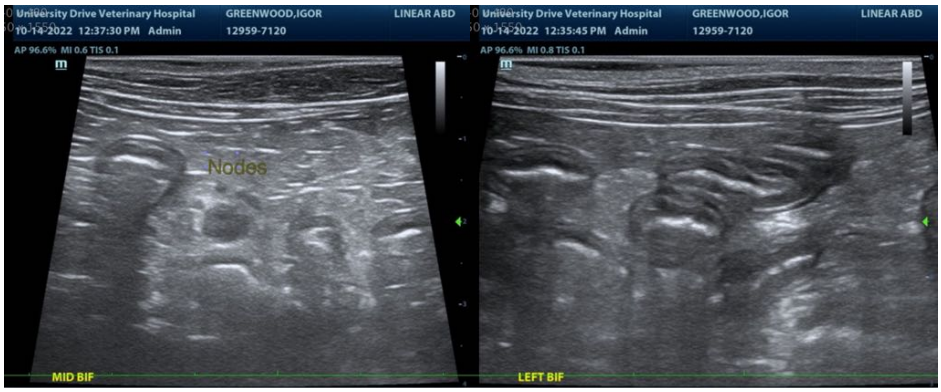
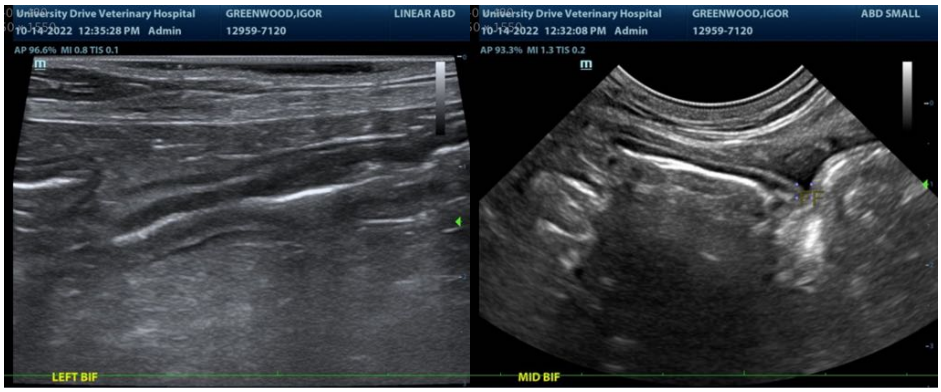
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

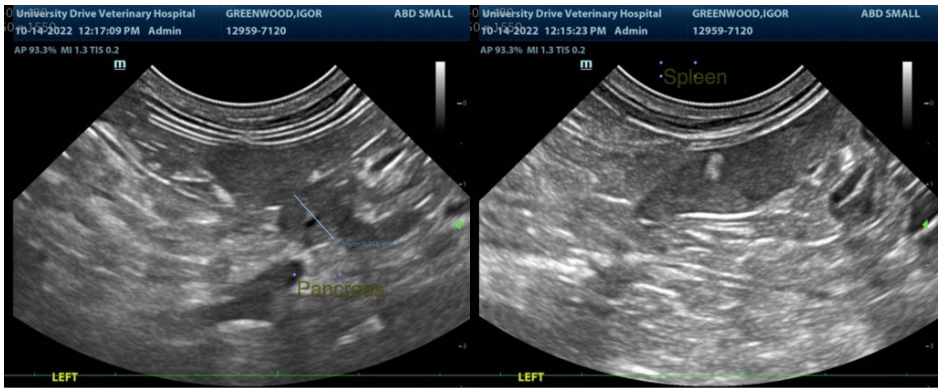
Given this patient's reported history of chronic diarrhea and hematochezia a fecal exam and a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

In the meantime, empirical deworming with a 5 day course of Panacur, probiotic either proviable or Visbiome and an alternative diet based on trial and error response beginning with either a hydrolyzed protein diet or a potentially a fiber response colitis diet, etc. is recommended. Ultimately if clinical signs persist a colonoscopy for further evaluation of the colon and biopsies may be warranted.







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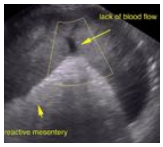
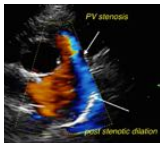
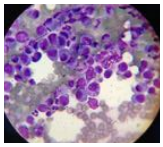
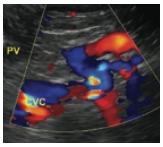

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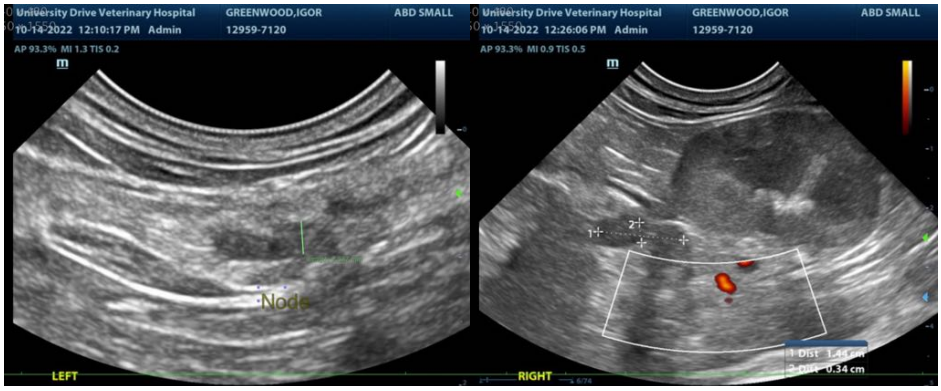

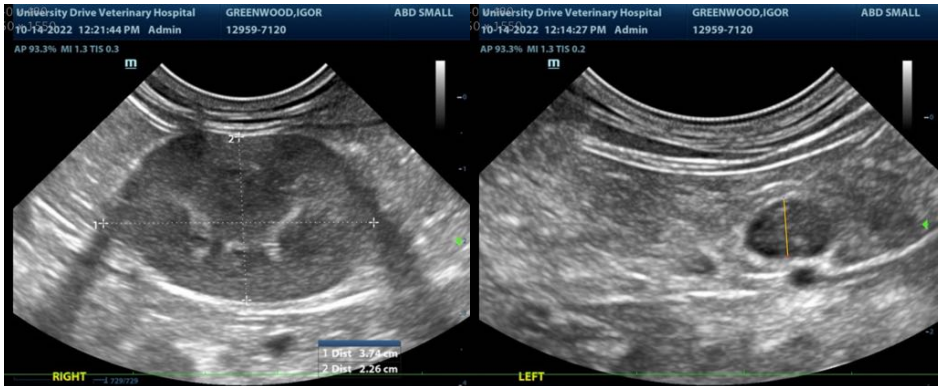

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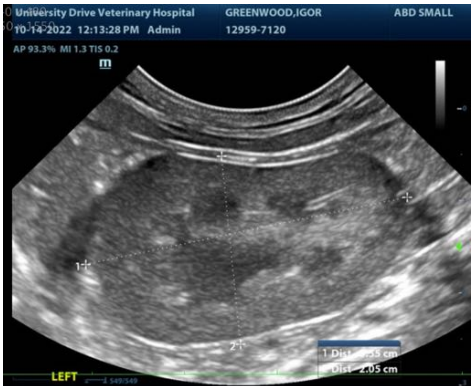

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com