



DATE	PRESENTING CLINICAL SIGNS
12/22/22	Several month history of hyporexia, failure to gain weight/mild weight loss. Had suspected episode of stranguria and went to ER. Was recommended C/D and S/O and O believes this has contributed to his perceived inappetence. Since then O is feeding his previous diet with no abnormal urinary tract symptoms or UA abnormalities.
PATIENT	
Oliver Winstanley	
SPECIES	Current Medications: None currently. Lab Results: Mild azotemia.
Feline	Date of Previous IntraPet Ultrasound: No previous. Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested.
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Birman	Urinary System
SEX	The urinary bladder is moderately 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.
Neutered Male	
AGE	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 right kidney measures 3.71 cm. The left kidney measures 3.38 cm.
10/27/07	
WEIGHT	Adrenal Glands
7.9 Pounds	The right adrenal gland is normal in size (0.32 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	The left adrenal gland is normal in size (0.27 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Spleen
Stephanie Warga RDCS, RVT	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.
HOSPITAL NAME	Liver
Bay Country VH	The 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.
REFERRING VET	
Dr. Bauer	The 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.
INVOICE	Gastrointestinal
43684	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen is empty with no evidence of obstruction or foreign material.

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 in size with swollen irregular contour. Parenchyma is heterogenous characterized by hyperechoic tissue remodeling intermixed with ill-defined hypoechoic nodules. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

There is no evidence of pericardial effusion noted in these images.

PRIMARY FINDINGS

- **Pancreatic nodular hyperplasia** – Infiltrative neoplasia cannot be ruled out but is considered less likely. Low-grade smoldering chronic pancreatitis cannot be definitively ruled out.
- **Inflammatory bowel disease (IBD) pattern** – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.

SECONDARY FINDINGS

- Age related kidney changes
- **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.

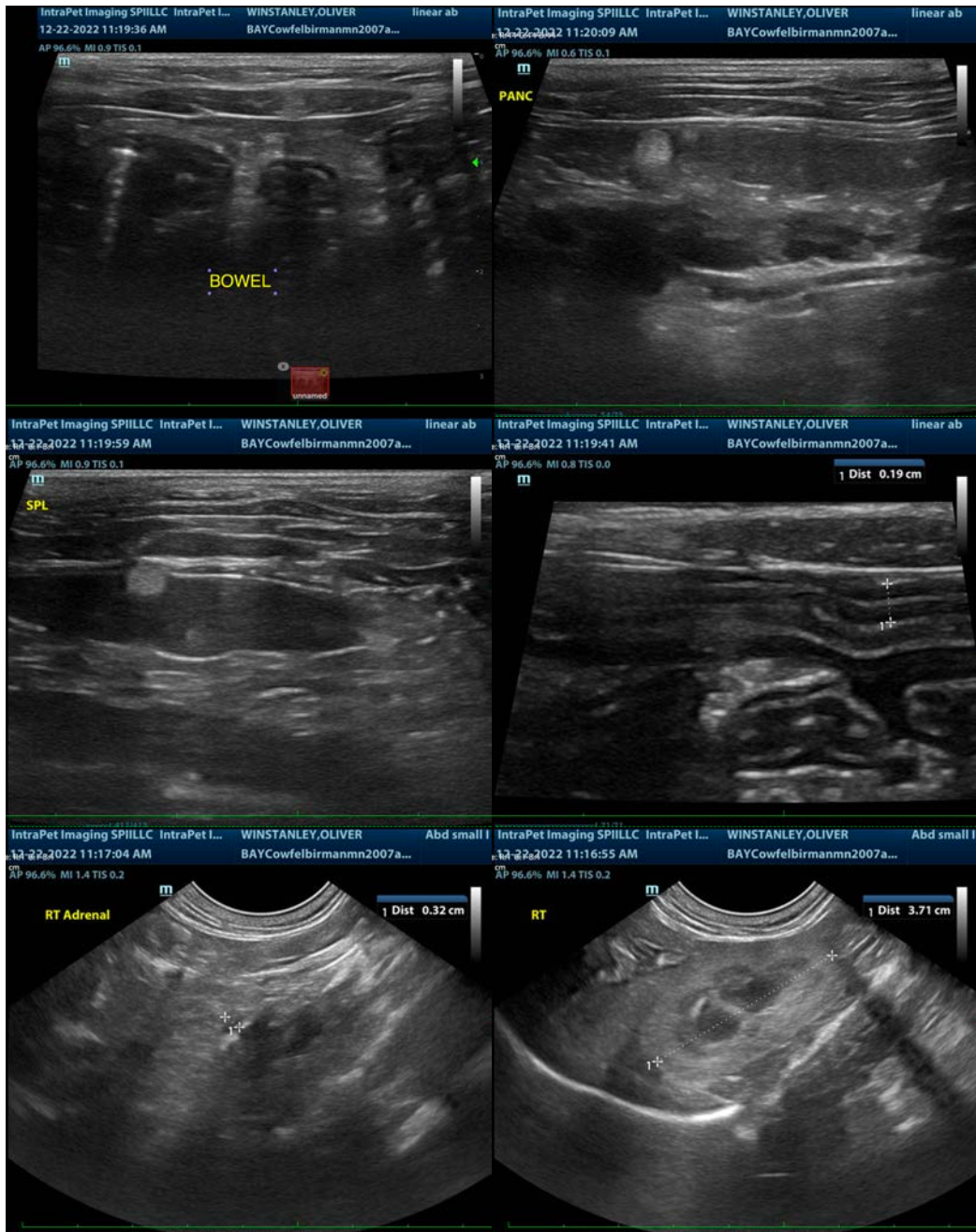
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

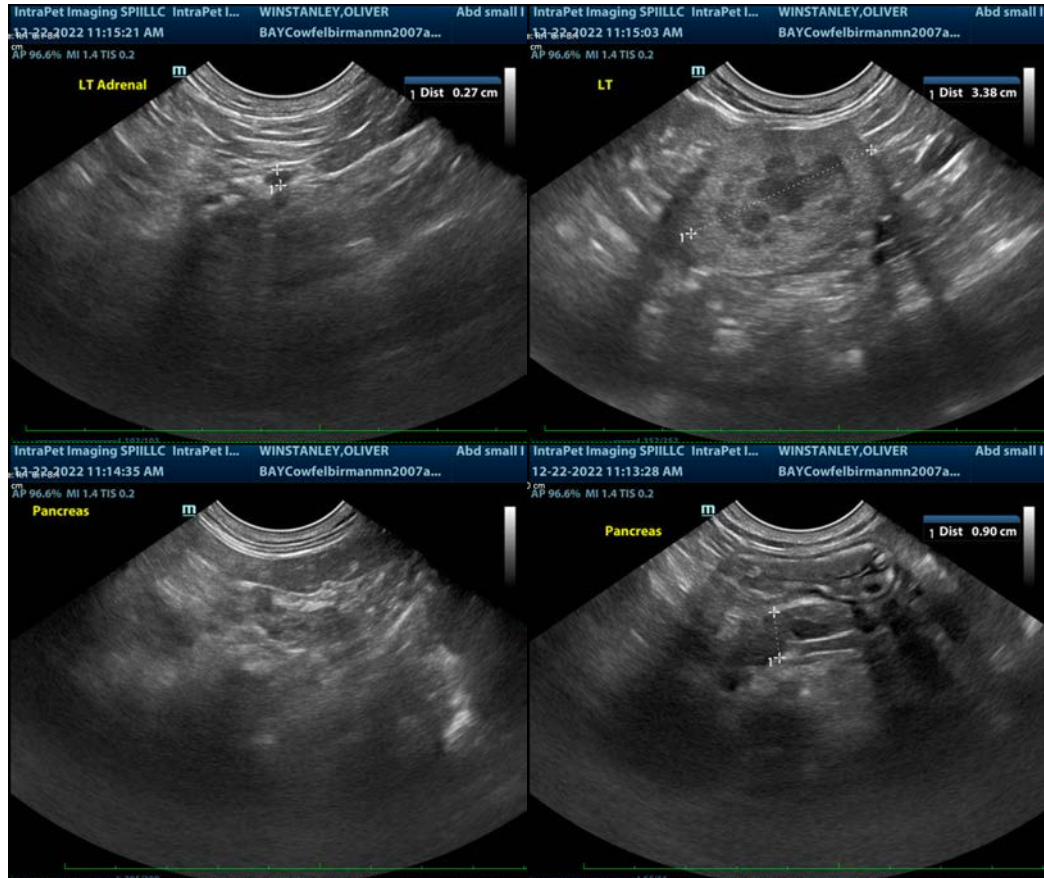
If this patient's weight loss began with a change in diet, and the diet has returned to normal and patient is eating better, then weight loss may improve. However, if weight loss continues, next diagnostic steps, given this imaging, could include:

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.

Additionally, while both the pancreatic and splenic pathology described above trend in appearance toward benign, fine needle aspirates of the pancreas and/or spleen could also be considered if patient's coagulation status is appropriate.

Ultimately, if weight loss continues, biopsies of the gastrointestinal tract may be necessary to definitively diagnose and therefore manage the underlying process.





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.

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