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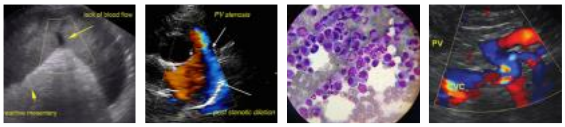


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**

Deacon Sturman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

8.46 Pounds

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**HOSPITAL NAME**

Cottage Grove VC

**REFERRING VET**

Dr. Damewood

**INVOICE NUMBER**

21487

**DATE**

3/6/23

## PRESENTING CLINICAL SIGNS

History: Losing weight, coughing. Possible abdominal mass. Primary Question/Differential to Be Answered in This Exam What is the cause of his weight loss?

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are normal in size with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. Infiltrative disease (infectious, neoplastic, etc.) or nephritis cannot be ruled out but is considered less likely. The left kidney measures 3.79 cm. The right kidney measures 4.28 cm.

### *Adrenal Glands*

Adrenal glands are bilaterally uniformly plump egg-shaped adrenals, hypoechoic in echogenicity with bilateral dystrophic mineralization noted. This is most likely a benign age-related change. This change can be caused by chronic stress/disease, so investigation for/management of other disease (chronic kidney disease, hyperthyroidism, etc.) is recommended. The left adrenal gland measured 0.32 cm. The right adrenal gland measures 0.6 cm.

### *Spleen*

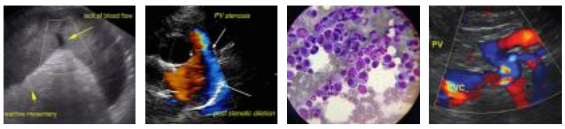
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

### *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. The cystic and common bile duct are tortuous in appearance But not pathologically distended, which can be a normal anatomic variant in a cat. Chronic or resolved cholangitis can't be ruled out and this finding should be interpreted in combination with supporting clinical signs and/or laboratory changes.

### *Gastrointestinal*





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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness 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 no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Chronic active pancreatitis

### Secondary Findings

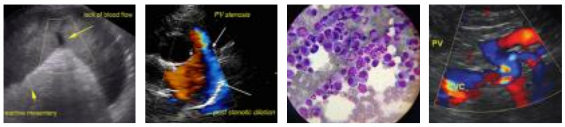
- Urinary bladder debris
- Age-related adrenal gland changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographically visible definitive explanation for this patients weight loss. Additioanally, there was no visible evidence of an intraabdominal mass. Recommendations, given the reported cough include, if not recently evaluated, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated, in case respiratory disease is contributing to decreased appetite and weight loss.

Additionally, if not recently evaluated, a general metabolic health screen is recommended, including CBC chemistry panel, elecrolytes and urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Finally, pending results of the above, further evaluation of the gastrointestinal tract and pancreas, if another diagnosis is not obtained, could be considered beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M





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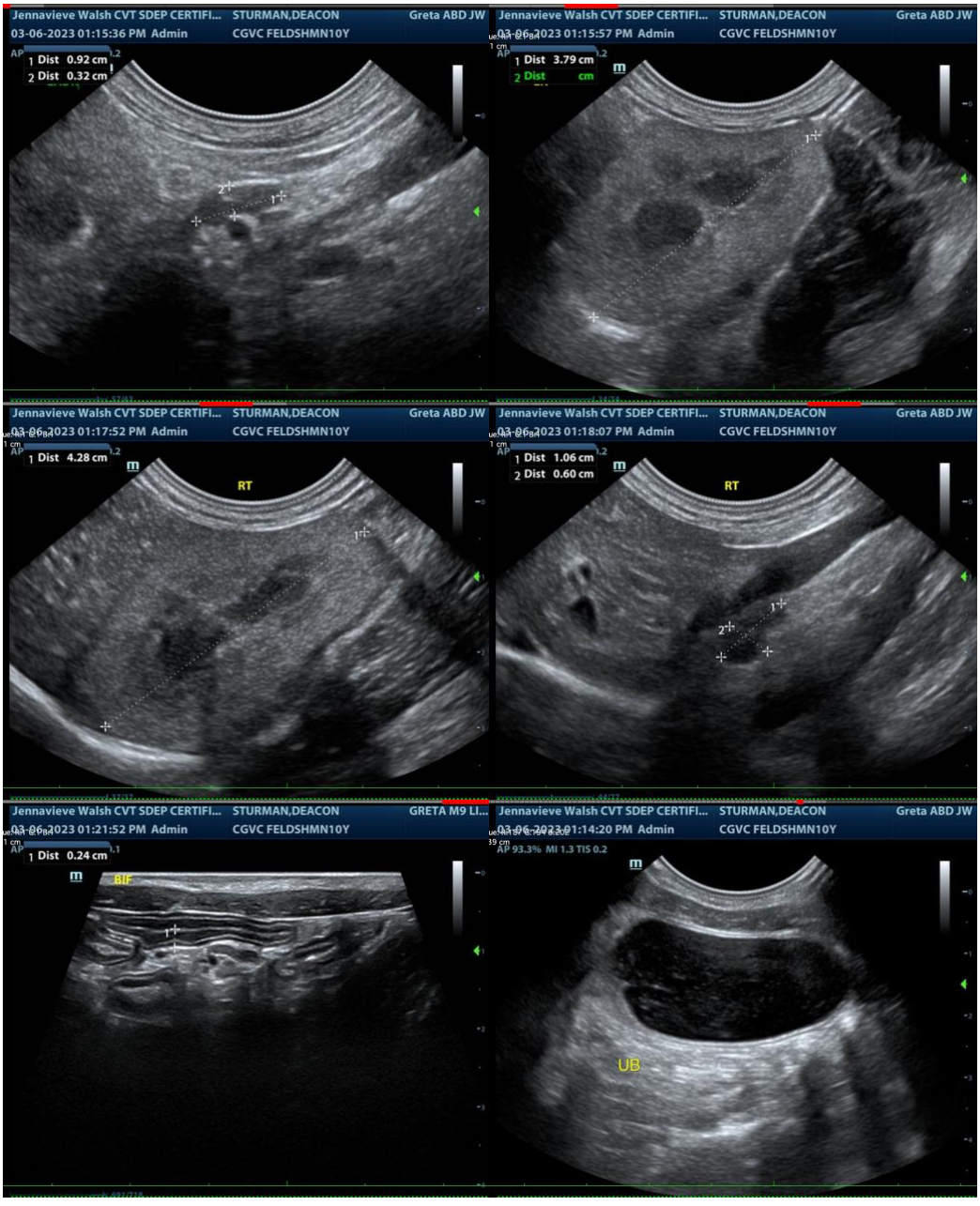
GI Laboratory, for further evaluation of GI and pancreatic function, as occult gastrointestinal disease can be present without obvious ultrasonographic changes.



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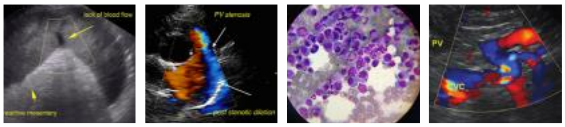

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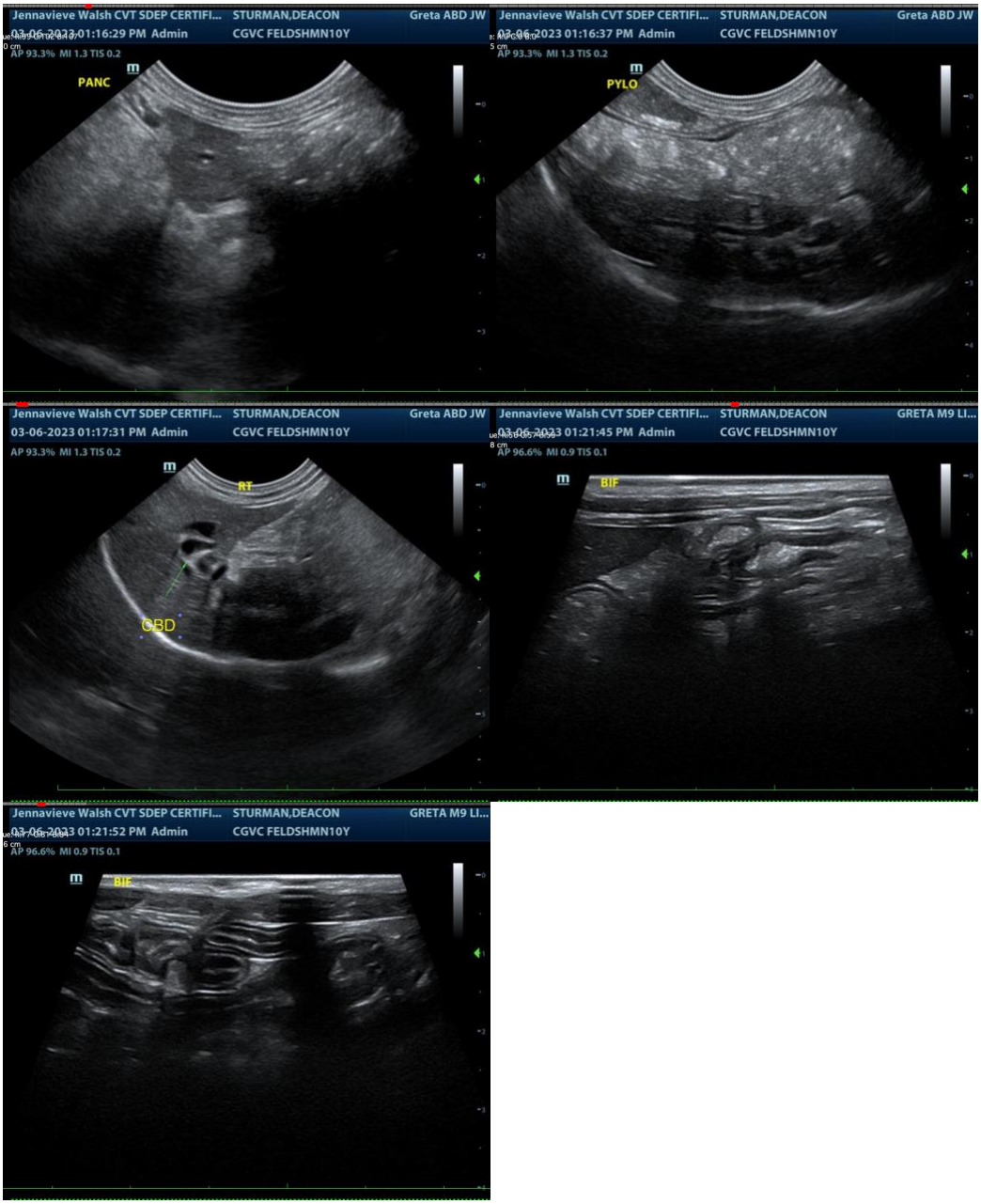


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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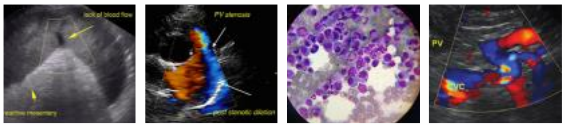

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