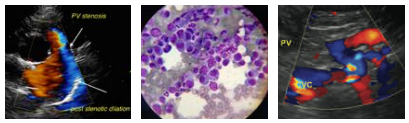
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
1/12/22

PATIENT
Argyle Gerling

SPECIES
Feline

BREED
Domestic Longhair

SEX
Spayed Female

AGE
3/06

WEIGHT
13.6 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Cat Hospital at Towson

REFERRING VET
Dr. Brunt

INVOICE
95203

PRESENTING CLINICAL SIGNS

History: CKD2, had been in a FDA clinical trial for Investigational New Animal Drug for ~2 years. Hx of recurring UTI's; C/S ~ 1 wk ago -E.coli and pending Enterococcus; treated with Convenia at time of culture. Had dermal MCT excised July 2021; exited from study at that time.
Current Medications: Convenia 12-29-21, Cerenia, Mirtazapine.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Gabapentin.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Multi focal cortical collapse was noted. The left kidney revealed cortical infarcts and mineralization. The left kidney measured 2.92 cm. The right kidney measured 3.5 cm.

Adrenal Glands

Both **adrenal glands** were 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.

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 was noted.

Liver

The **liver** was slightly enlarged with minor, non-obstructive biliary calculi. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation

of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

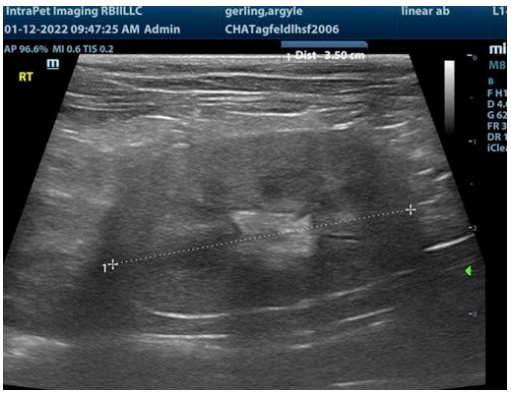
The right cranial abdomen revealed a 4.0 x 2.8 cm hypoechoic mass that occupied the **pancreas**. Inflammatory pattern was noted around the mass. The inflammatory pattern appears to encompass the body of the mass and extends to the right and left lobes of the pancreas.

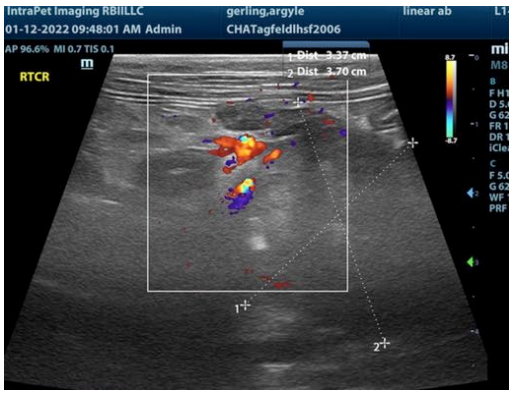
ULTRASONOGRAPHIC FINDINGS

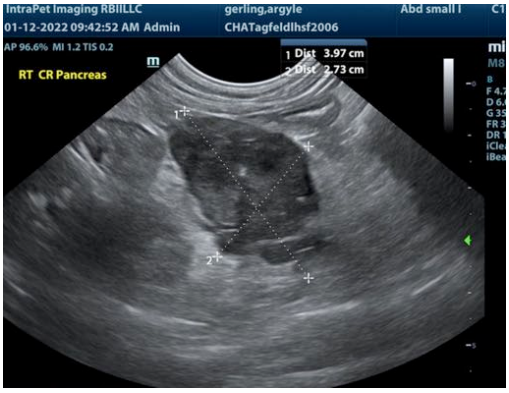
Age related hepatic changes with slight biliary calculi.
Pancreatic mass. The mass is ill-defined and not overtly resectable.
Renal dystrophy.

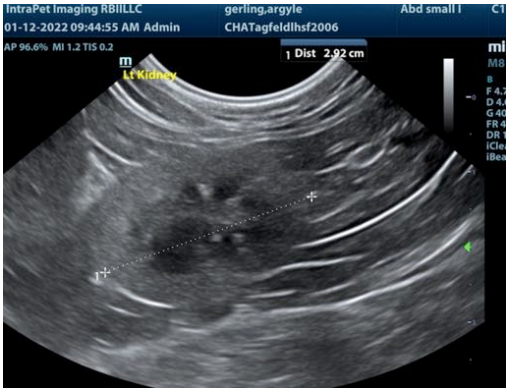
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

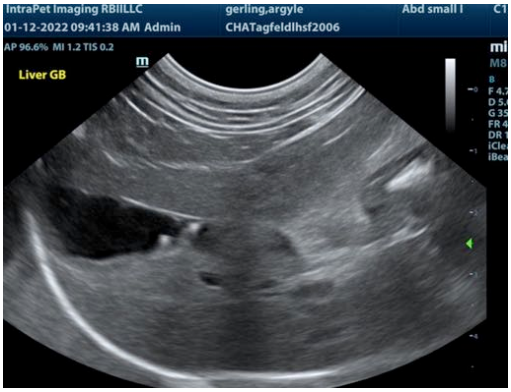
FNA of the pancreas is indicated to assess non-neoplastic mass/necrosis versus carcinoma, pancreatic lymphoma and adenoma are all possible. Sampling is essential in this case. Ultrasound-guided 25-gauge FNA is indicated.

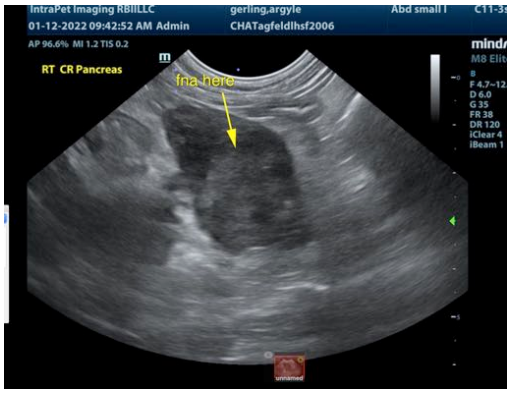












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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