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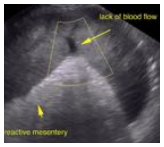
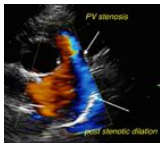
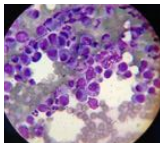
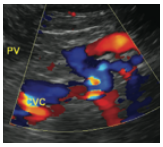

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1-800-838-4268 info@sonopath.com

PATIENT

Conan Tipp

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

10.96 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Hadi

INVOICE

42151

DATE

1/16/23

PRESENTING CLINICAL SIGNS

History: P presents for anorexia and lethargy. Started on Friday. O has only been able to get P to eat via syringe feedings. On exam, P BAR. TPR WNL. Calculus 3/4 with mild hypersalivation seen. Chem 27, CBC, T4, UA, fPL pending. Serum mildly icteric.
Abnormal PE/Chem/CBC/UA Results: Chem 27, CBC, T4, UA, fPL pending. Serum mildly icteric.

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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.5 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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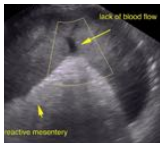
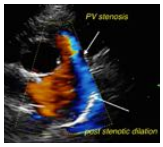
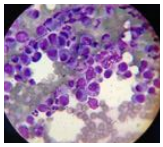
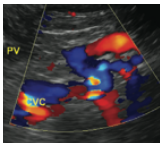

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Gastrointestinal

The **gastrointestinal tract** revealed minor, increased submucosal echogenicity and wall thickness. Mural detail loss was noted in the small intestine. Wall thickness measured 0.4 cm. This appears to be jejunum and is just cranial to the urinary bladder.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

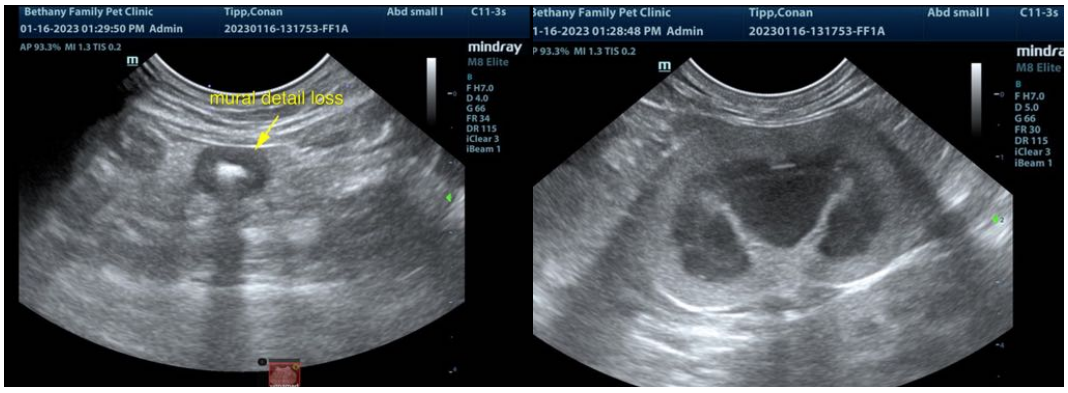
ULTRASONOGRAPHIC FINDINGS

Minor intestinal wall thickening. Potential emerging intestinal round cell neoplasia versus focal, inflammatory bowel.

Structurally unremarkable age related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a potential for emerging round cell neoplasia. Intraoperative ultrasound is recommended with full thickness biopsies would be ideal. Acute hepatic insult is likely given the icterus unless hemolytic disease is an issue. If the liver enzymes are elevated then FNA of the liver is indicated after coagulation panel. Occult neoplasia cannot be ruled out.



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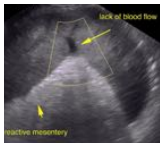
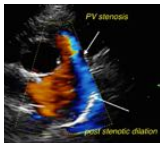
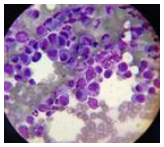
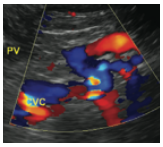

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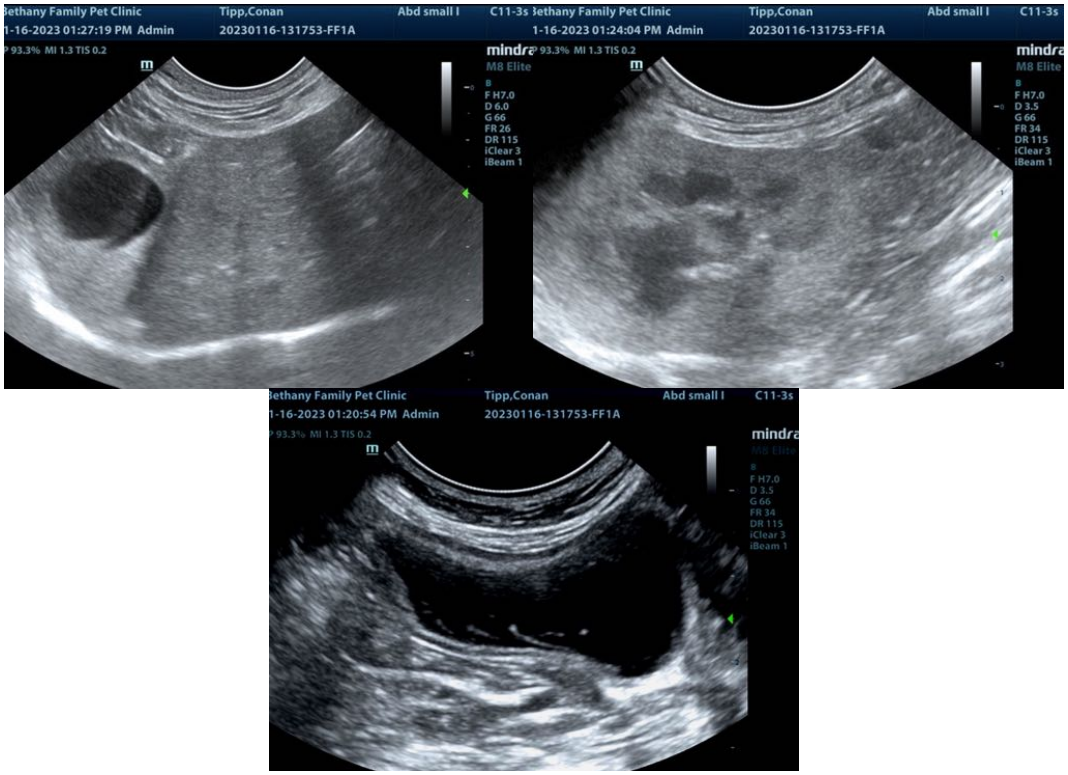

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com