**PATIENT**

Alanna Clark

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

6.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

44339

DATE

1/18/23

PRESENTING CLINICAL SIGNS

Current Medications:

RC GI high energy 1/2 can + 3/8 cup dry per day

panacur 100mg/ml 1.5mL PO SID x7d

Metronidazole 100mg/ml 0.5mL PO BID x 5d #5mL

Propectalin paste 1cc PO up to every 8 h as needed for loose stool

Patient History: AUS on 1/18/23. NPNC. History of chronic diarrhea and weight loss. IH CHP 1/13/23.

Abnormal PE/Chem/CBC/UA Results

Exam 1/13/23:

1. QAR- presented with gabapentin premed- hx of being fractious for visits per O

5. Good dental condition on PE- per O dental with extractions within past year

9/10. Soft abdomen, fluid filled loops of bowel. mucoid brown diarrhea on towel in carrier 13. Thin BCS- per O prev weight prior to start of diarrhea approx. 9 lbs.

Reviewed differentials for chronic diarrhea including IBD, Food intolerance, EPI, Pancreatitis, neoplasia, fb, parasitism. Recommended diagnostics:

CHP- O consented

CBC- WNL

Chemistry- mild stress hyperglycemia

T4- 2.8- WNL, recommend monitoring, reviewed potential for borderline result greater than 2.5 Felv/fiv negative

AUS- Scheduled for next week (O next available on wed)

Maldigestion panel - needs to be fasted- scheduled for next week with AUS Fecal - suspect giardia, insufficient sample size for giardia antigen testing

Dx: Chronic diarrhea- OPEN

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 were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.4 cm. The left kidney measured 3.28 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. The left adrenal gland measured 0.31 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen measured 0.65 cm. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal

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volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver**SPECIES**

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The **liver** presented non-specific mild increased portal markings with trace ascites between the liver lobes and the gallbladder.

Gastrointestinal**BREED**

DSH

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Intestinal wall thickness measured up to 0.37 cm. Slight mesenteric lymphadenopathy noted at 0.50 cm. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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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.

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ULTRASONOGRAPHIC FINDINGS

- Minor diffuse intestinal thickening with slight mesenteric lymphadenopathy
- Minor hepatic remodeling with slight free fluid between liver lobes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of neoplasia. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. I recommend a fresh fecal smear and fecal floatation analysis. If clinical signs persist over the next 1-2 weeks, then recheck sonogram warranted in case an emerging underlying neoplastic event is occurring, especially given the minor free fluid, yet this was trace and may be deriving secondarily from inflammation in the GI tract.

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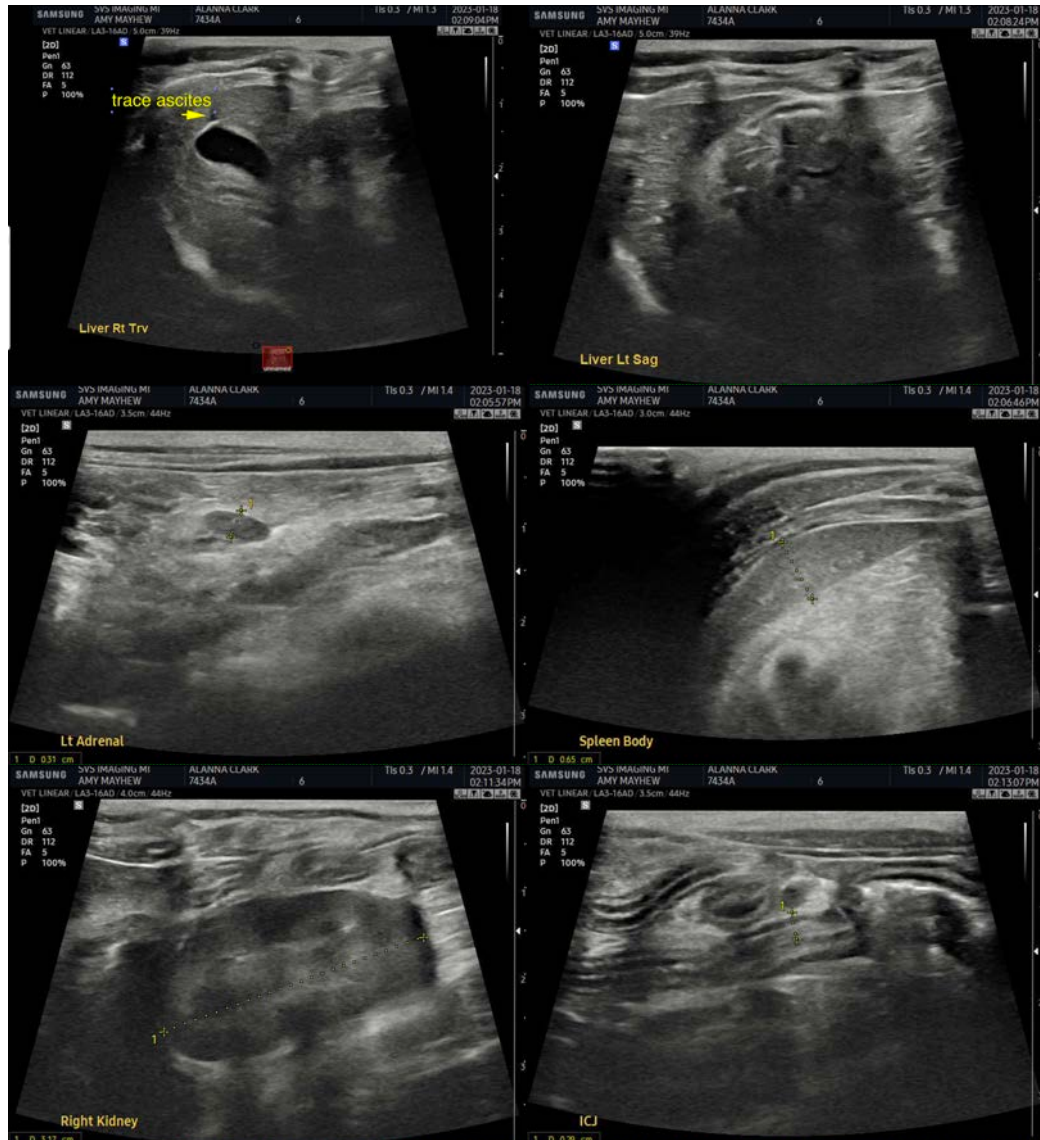
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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