**DATE**

1/25/23

PRESENTING CLINICAL SIGNS

Poor body condition/poor appetite.
 Current Medications: Methimazole, Renal diet.
 Lab Results: Hyperthyroid, renal dz.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Rachel Brilhart, RDMS.

PATIENTMr. Bones Sharp
Merrill**SPECIES**

Feline

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.

BREED

Domestic Shorthair

SEX

Spayed female

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. Cortical infarcts and remodeling were noted as well as mineralization. The left kidney measured 2.84 cm with pyelectasia that measured 0.21 cm. The right kidney measured 3.05 cm.

AGE

9/3/10

WEIGHT

5.1 lbs

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 right adrenal gland measured 0.34 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

HOSPITAL NAME

Mt Airy AH

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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.

REFERRING VET

Dr. Riley

INVOICE

42331

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. The mesenteric lymph nodes were reactive and measured 1.12 x 1.63 cm in length.

Pancreas

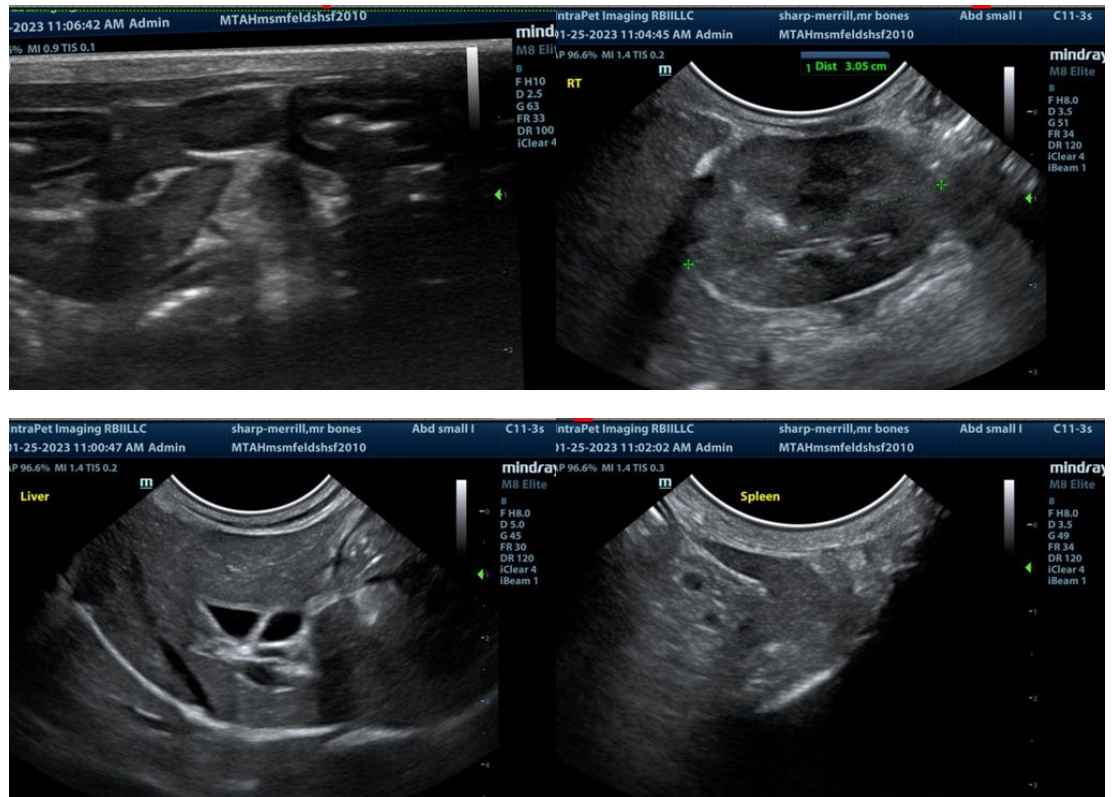
The **pancreas** was enlarged and irregular with undulating contour. The pancreas measured 1.22 cm in the left base. The pancreatic duct was dilated and measured 0.19 cm.

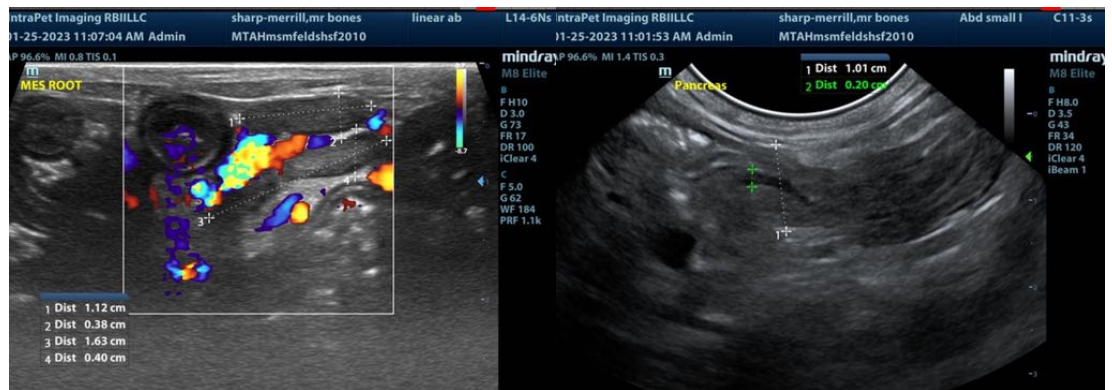
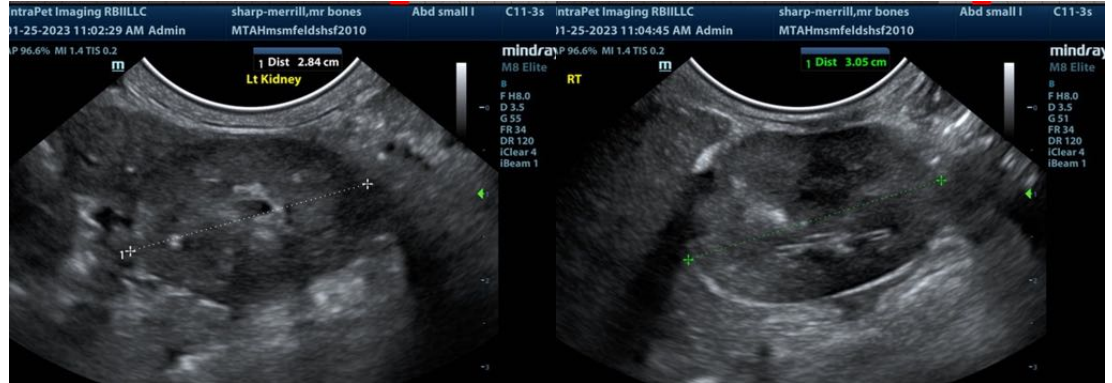
ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen with moderate degenerative renal changes, infarcts and mineralization.
Prominent, irregular pancreas.
Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain in the pancreas. There is a potential for low-grade pancreatitis. Underlying inflammatory bowel is likely. Fecal exam is recommended. Malassimilation of nutrients is likely in this patient. Diet change to geriatric hydrolyzed diet is recommended. Full urinary work-up and blood pressure measurements are all indicated if not already performed.





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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