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DATE

1/30/23

PRESENTING CLINICAL SIGNS

Weight loss, chronic history of vomiting.
Current Medications: None listed.
Lab Results: October 2022 CBC/Chem/T4 NSF.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient received Gabapentin prior to scan.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

PATIENT

Scout Fitzpatrick

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

4/9/11

WEIGHT

11.65 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

North Laurel AH

REFERRING VET

Dr. Steere

INVOICE

42431

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 multiple cortical infarcts with an interstitial nephrosis pattern. The left kidney measured 3.91 cm. The right kidney measured 3.41 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 0.5 cm.

Spleen

The **spleen** was folded upon itself with slight, irregular contour, yet appears to have normal size and normal parenchyma. This is likely reactive spleen.

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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph node was slightly enlarged and measured 1.0 x 0.5 cm and was reactive.

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

Chronic degenerative renal changes with infarcts and interstitial nephrosis pattern.

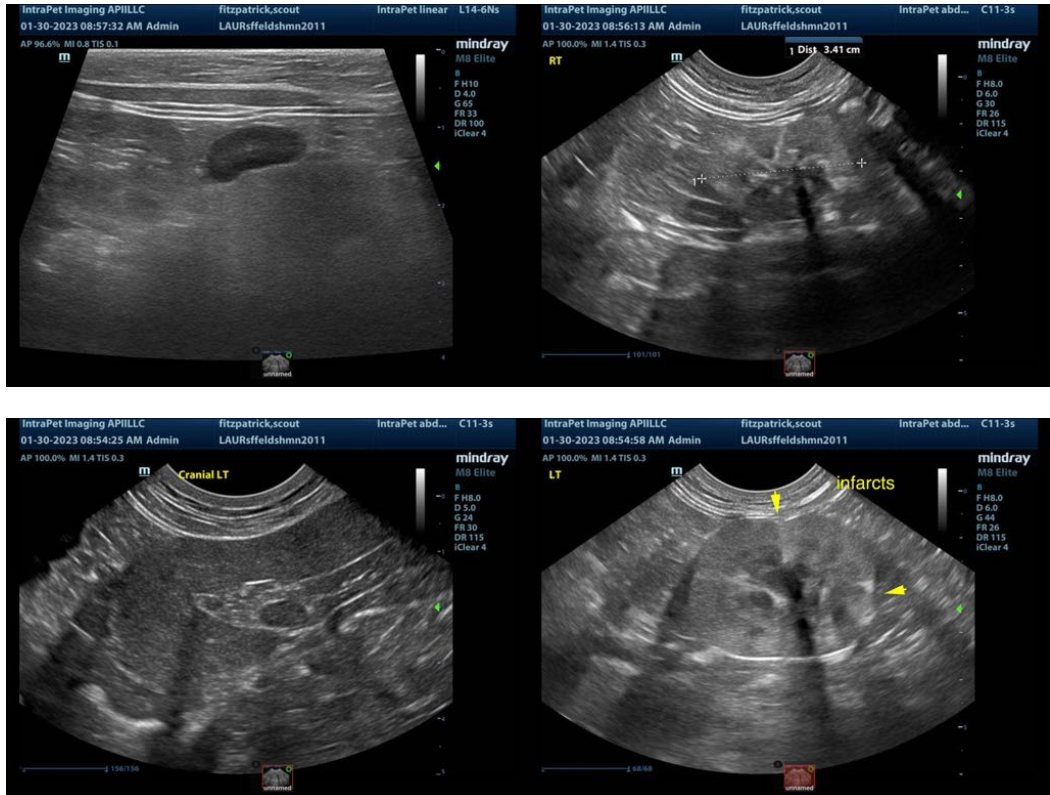
Reactive mesenteric lymphadenopathy.

Reactive spleen.

Otherwise, geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease. The cause of weight loss is not evident. Underlying food intolerance or inflammatory bowel, occult parasitism and malassimilation are all potential issues in this patient. Assessment of any inflammatory sediment and urine specific gravity is warranted with urinalysis assessment. BUN, creatinine and urine specific gravity should be monitored carefully as well as blood pressure measurements in this patient as the kidneys appear near end stage.





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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