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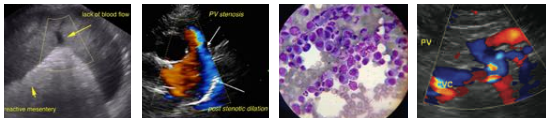


imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Carlos Druiz

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2008

WEIGHT

9.56 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

94986

DATE

01/04/22

PRESENTING CLINICAL SIGNS

History: Weight loss 1.5 lbs

History of Renal disease – apparently stable

Evaluate for IBD, lymphoma, renal progression

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.81 cm. The left kidney measured 3.54 cm.

Adrenal Glands

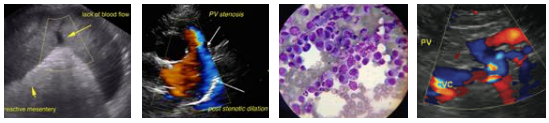
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.39 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 0.92 cm.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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. Intestinal wall thickness measured up to 0.4 cm.

Pancreas

The **pancreas** in this patient was swollen, hypoechoic and presented irregular contour with mixed ill-defined hyper and hypoechoic changes that are consistent with pancreatic remodeling and nodular hyperplasia with chronic active or acute-on chronic inflammatory disease. Areas of peri-serosal ill defined hyperechoic reactive fat were also noted suggestive for inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted or suspected. The left limb measured up to 1.0 cm.

ULTRASONOGRAPHIC FINDINGS

Chronic active pancreatitis.

Mild intestinal thickening.

Minor age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas appears to be the primary issue in this patient. There was no evidence of neoplasia. The remainder of the abdomen is consistent with geriatric changes that are expected for this age patient. If azotemia has historically been an issue then prerenal disease owing to pancreatitis is likely playing a major role as the kidneys subjectively appear to be largely unremarkable with minor age related changes.

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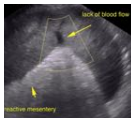
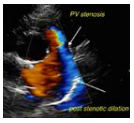
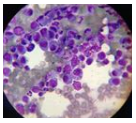
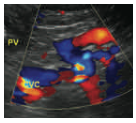

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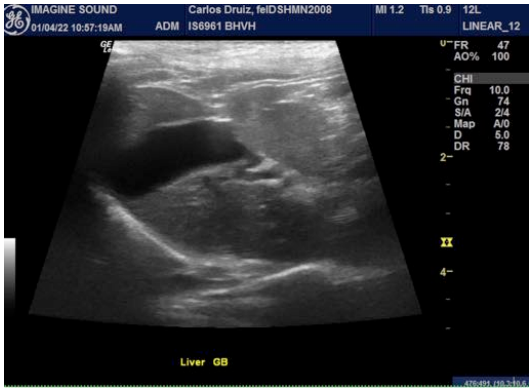

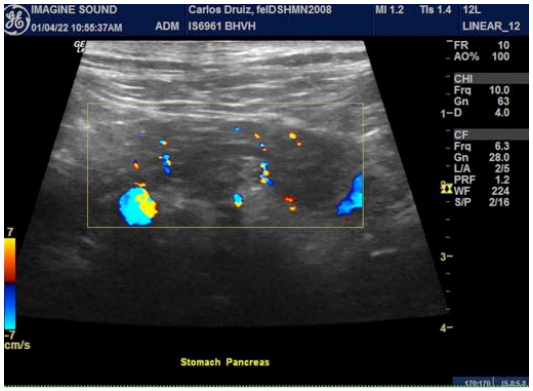

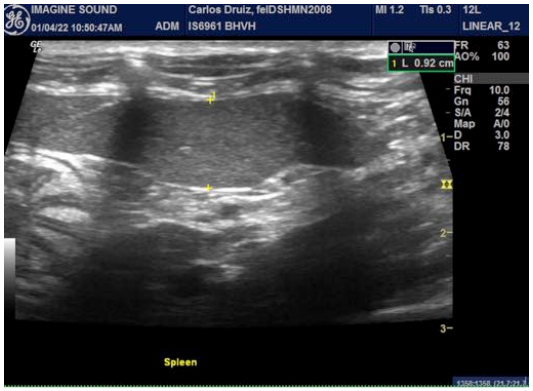

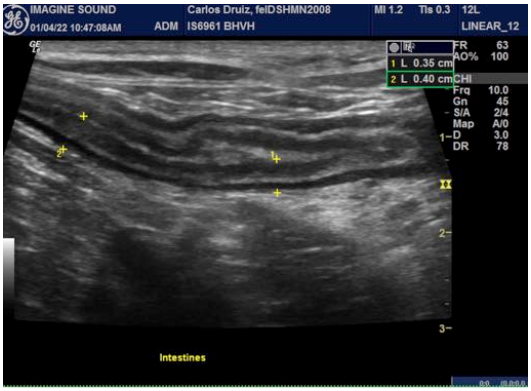

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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