

**DATE**

1/6/23

PRESENTING CLINICAL SIGNS

Poor appetite for last several weeks, will eat novel foods for a short time, then refuse, recent weight loss

PATIENT

Blue Sgrou

Current Medications: None listed.

Lab Results: elevated AlkP 120, ALT 303, mild hyperbilirubinemia, amylase

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

SPECIES

Feline

BREED

Siamese

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Minor amount of debris noted, not overtly pathological unless evidence of UTI is present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

AGE

11/22/08

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 right kidney measured 3.43 cm. The left kidney measured 3.24 cm.

WEIGHT**INTERPRETED BY**

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.39 cm. The left adrenal gland measured 0.32 cm.

HOSPITAL NAME

Festival Vet Clinic

Spleen

The **spleen** was volume contracted. Hydration status should be assessed. Hyperechoic nodular changes noted, consistent with lipogranulomas.

REFERRING VET

Dr. Beron

Liver

The **liver** was mildly enlarged with coarse architecture. The gallbladder and common bile duct were unremarkable. No evidence of post-hepatic obstruction.

INVOICE

44052

Gastrointestinal

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. No concerning lymphadenopathy was visible. 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. Intestinal wall thickness measured up to 0.21 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat.

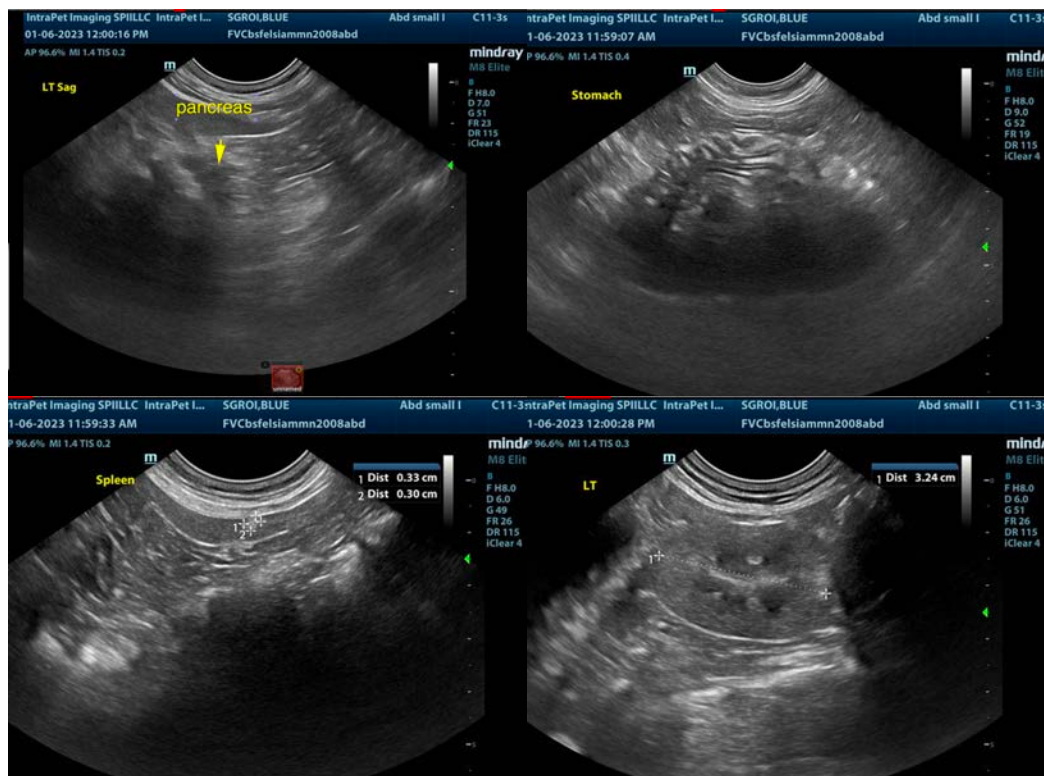
Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

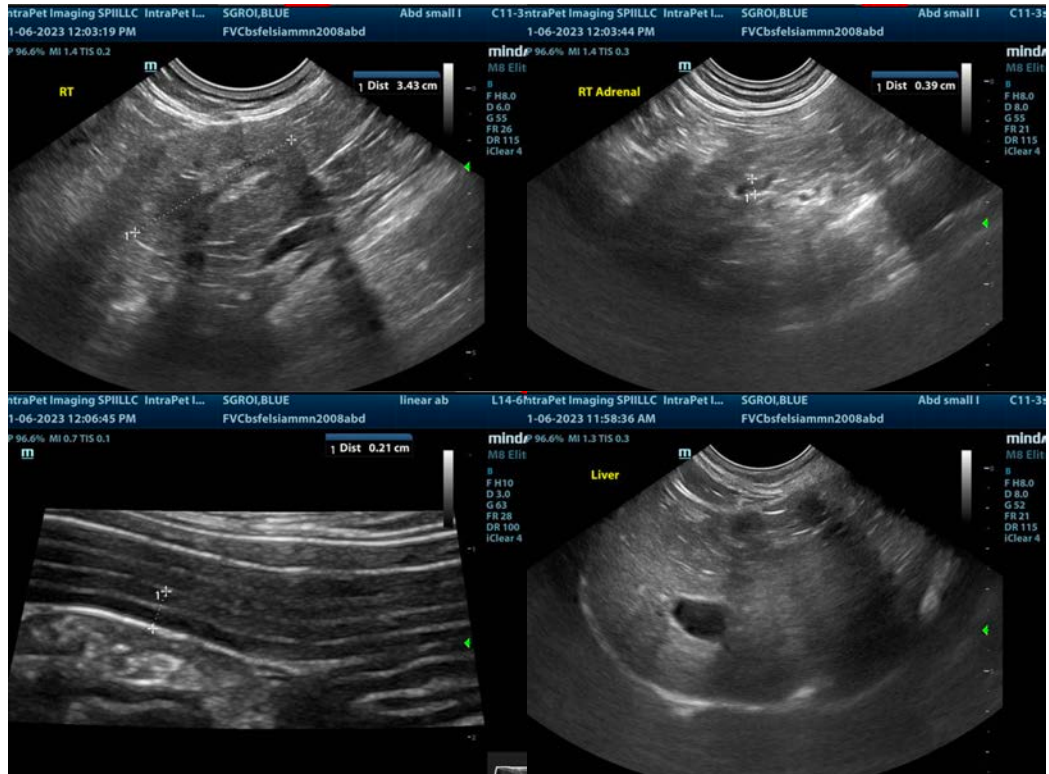
ULTRASONOGRAPHIC FINDINGS

- Non-specific hepatic remodeling, minor
- Mild intestinal thickening
- Lipogranulomatous type splenic nodules
- Pancreatic remodeling
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver warranted to assess for inflammatory hepatopathy and lipidosis versus occult neoplasia. The intestinal thickening would be consistent with inflammatory bowel and muscularis hypertrophy.





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