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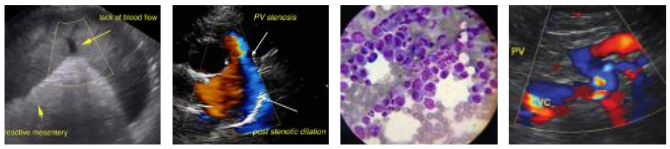
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Kai Jones

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
13.6 Years

WEIGHT
14 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Carter

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Carter

INVOICE
17673

DATE
10/13/22

PRESENTING CLINICAL SIGNS

History: Presented in Feb 2021 for wt loss. At that time labs were unremarkable. Possibility that was competing with other cats in home for food, so owner monitored. In July 2022 had gained wt; gained 3#. Labs were normal at that time. Sept 2022 presented for vomiting and diarrhea, had lost wt again. very quiet, sitting sternal recumbency 2. eyes: OU mydriasis; slow, incomplete direct and indirect PLR 3. wt loss; 14% in last 2 months; o has had him on a diet, but that is too much, too fast to be accounted for by diet 4. vomiting, hyporexia, diarrhea 5. double checked temperature; within normal limits 6. abdomen; seems slightly distended, no overt palpable abn, not overtly painful Treated with metronidazole and cerenia; clinical signs resolved. Presented again yesterday with same signs; Chronic bouts of diarrhea and vomiting, currently liquid diarrhea approximately 2 times daily No increased gut sounds Mild dehydration very quiet, sitting sternal recumbency eyes: OU mydriasis; slow, incomplete direct and indirect PLR, no menace-suspect vision impaired vomiting, hyporexia, diarrhea temperature; within normal limits abdomen; seems slightly distended, no overt palpable abn, not overtly painful

Abnormal PE/Chem/CBC/UA Results: Labs; TP 9.4 (5.2-8.8) Alb 4.1 (2.5-3.9) BUN 65 (14-36) Glucose 181 (64-170) Mg 3.7 (1.5-2.5) Na 139 (145-158) Cl 101 (104-128) urine usg 1.070, 2+ protein, remainder within normal

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 left kidney measured 4.09 cm. The right kidney measured 4.3 cm.

Adrenal Glands

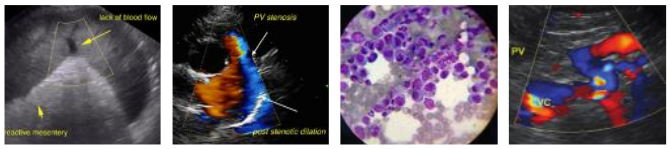
The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was diffusely hyperechoic to falciform fat with minor coarse architecture. The common bile duct was dilated (to 0.85 cm) in this patient, yet no post hepatic obstruction was present. Hyperechoic mesentery was noted around the common bile duct- this may be sequalae from prior episodes of



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pancreatitis with tethering of the duodenal papilla/common bile duct, yet given that lobar biliary dilation is not present, this may not be an immediate surgical issue.

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.

Pancreas

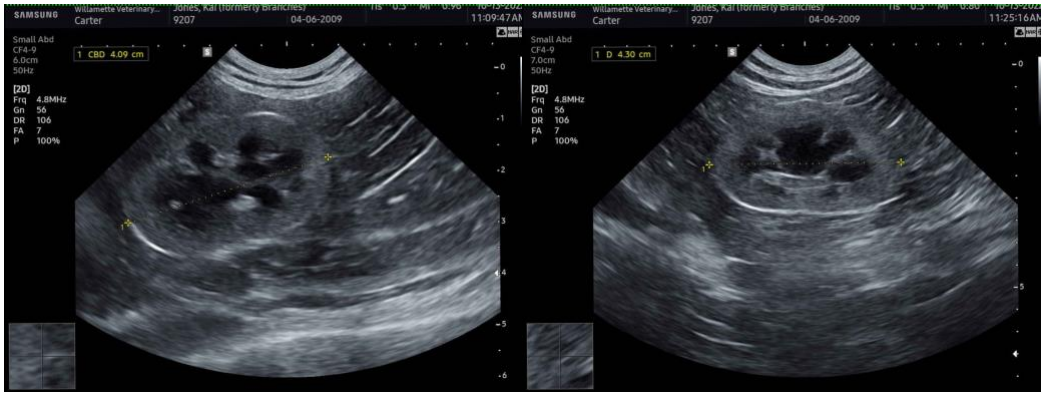
The **pancreas** was remodeled.

ULTRASONOGRAPHIC FINDINGS

- Dilated common bile duct and chronic inflammatory hepatopathy liver pattern with remodeling
- Pancreatic remodeling
- Mild age-related renal changes
- Age-related gastrointestinal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the common bile duct dilation is unclear. Supportive care is warranted in this patient. Ursodiol therapy could be considered to attempt to enhance bile flow, yet given that liver enzyme elevations are not present, lobar biliary dilation is not evident, only common bile duct dilation is noted, and this appears to somewhat stable, the cause of weight loss is unclear. 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. Likely underlying inflammatory bowel given the minor GI thickening. No evidence of neoplasia. Strictured duodenal papilla or common bile duct is likely yet clinically stable.



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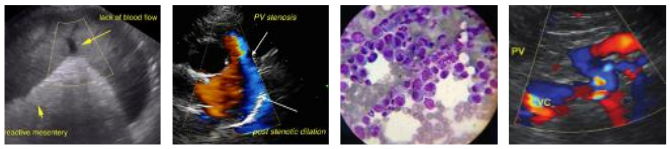

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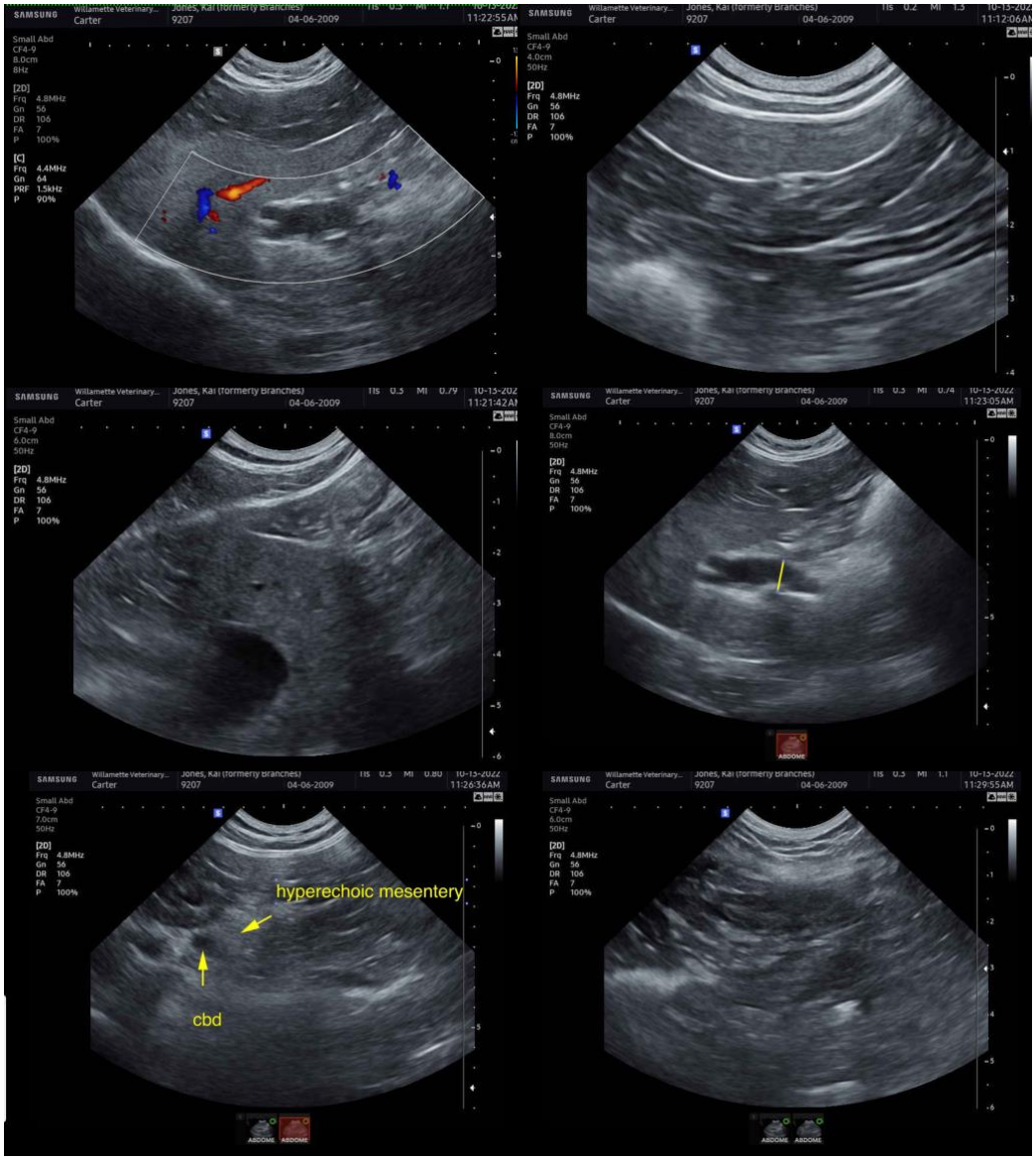

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com