



DATE	PRESENTING CLINICAL SIGNS
10/15/21	History: History of chronic diarrhea and weight loss.
PATIENT	BAR. HR 200, RR 40. 7% dehydrated. Wt:2.50 kg BCS: 3/9.
Gilligan McDonough	Heart/Lungs: no murmurs or arrhythmias. pulses strong and synchronous. Eupneic, lungs clear. Abdomen: tense on abdominal palpation, growls. Integument: matted haircoat with feces, significantly increased skin turgor. Neuro: Appropriate mentation. Rectal: Not preformed, dripping feces.
SPECIES	Current Medications: Administered 10/14: Cerenia 10 mg/ml 0.30 mls SC, Convenia 80 mg/ml 0.30 mls SC. Previously placed on Hills biome. Owner states pet would not eat so she discontinued.
Feline	Lab Results: Full CBC/chemistry and T4 performed by Dr. Smith in February. Only abnormality was mildly elevated WBC count, specifically neutrophils. All Fecal testing normal.
BREED	Date of Previous IntraPet Ultrasound: No previous
DSH	Sedation: Declined.
SEX	Stat Report: Not requested.
Neutered Male	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
AGE	Urinary System
2012	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.
WEIGHT	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 3.55 cm. The right kidney measured 3.0 cm.
2.5 kg	Adrenal Glands
INTERPRETED BY	The adrenal glands were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.68 cm. The right adrenal gland measured 0.5 cm.
Eric Lindquist, DMV DABVP, Cert. IVUSS	Spleen
HOSPITAL NAME	The spleen in this patient was uniform, yet volume contracted. Hydration status should be assessed.
Banfield Towson	Liver
REFERRING VET	The liver revealed increased portal markings with a mild to moderate amount of remodeling. Occasional hypoechoic nodular change was noted in the liver. The gallbladder revealed biliary calculi, non-obstructive. The patient may be passing calculi periodically. The common bile duct was normal with no evidence of obstruction.
Dr. Lewis	Gastrointestinal
INVOICE	The stomach revealed hair ball type density in the pyloric outflow. Variable minor small intestinal thickening noted. A large amount of intestinal gas was noted throughout the mid abdomen. The colon was fluid filled in this patient. The colon presented a strictured wall with areas of hypertrophied muscularis in the proximal descending colon.
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Pancreas

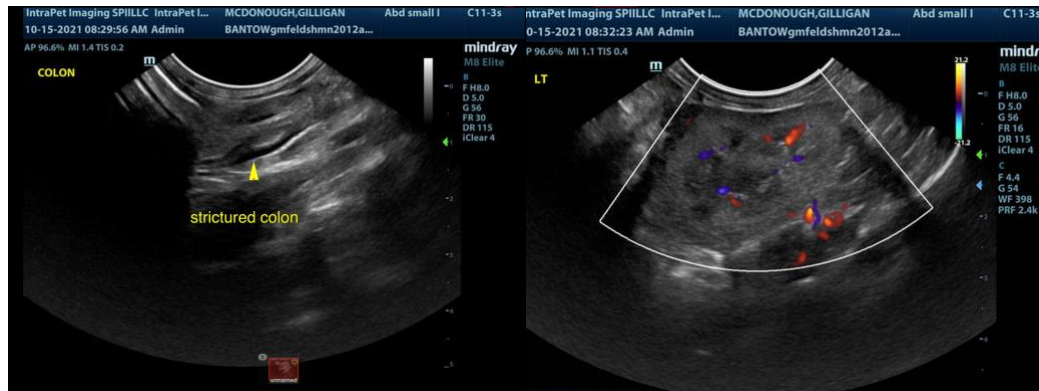
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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. The left limb of the pancreas measured 0.97 cm.

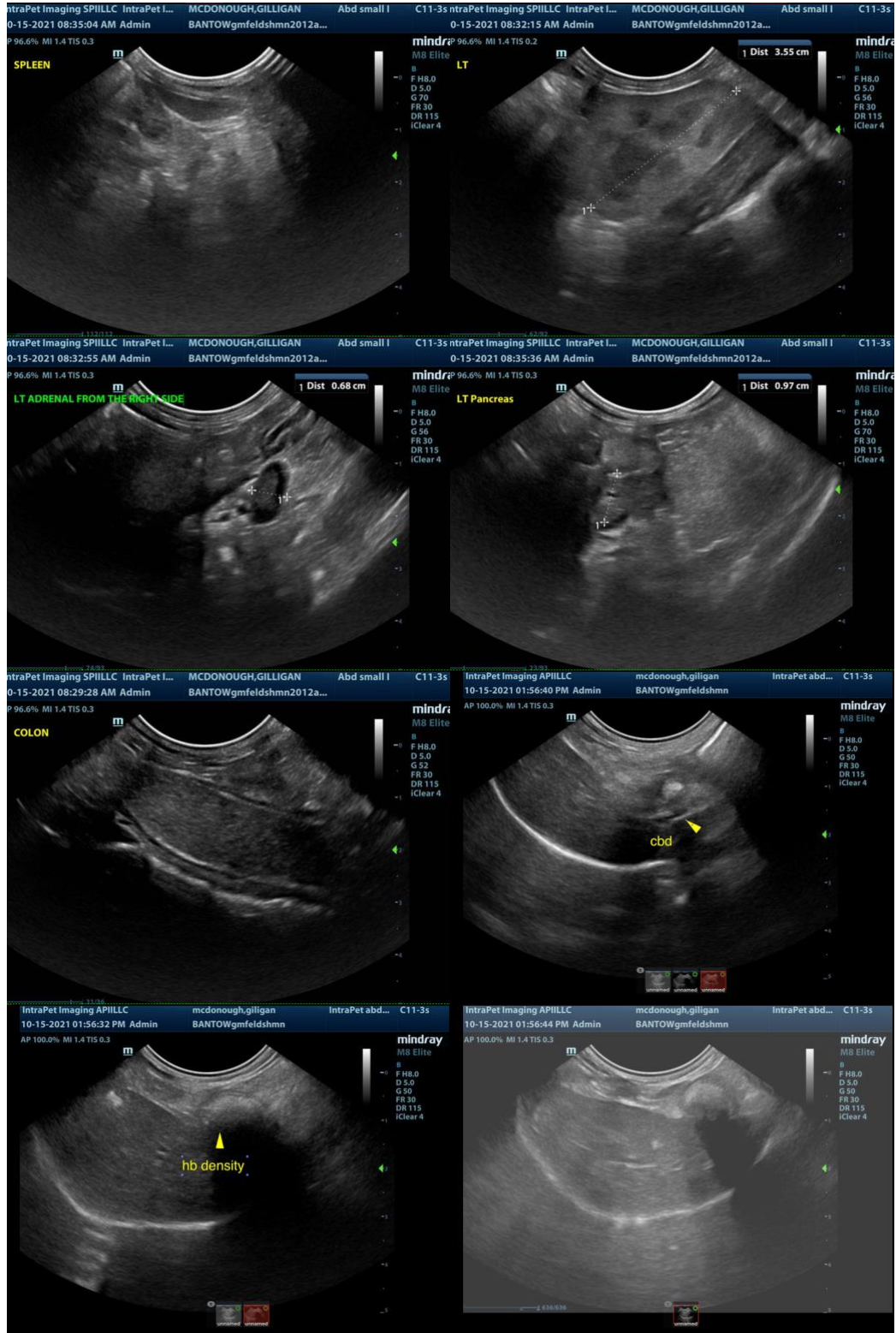
ULTRASONOGRAPHIC FINDINGS

- Biliary calculi
- Moderate hepatic remodeling
- Hairball density in the stomach
- Chronic colitis with secondary stricture likely, minor potential for colonic carcinoma
- Chronic pancreatic changes
- Stressed adrenals
- Volume contracted spleen
- Moderate chronic degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of neoplasia yet emerging neoplastic event cannot be completely ruled out. If clinical signs persist, recheck sonogram in 7-10 days warranted. Patient may be passing biliary calculi periodically contributing to the clinical signs, however, hair ball therapy, supportive GI care and assessment for malassimilation of nutrients all indicated.







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