



DATE PRESENTING CLINICAL SIGNS

10/19/21 Appetite Decreased & Matted Fur. History: Date: 10-14-2021 Notes: About 2 weeks ago, owner noted that she had a decreased appetite. He normally feeds both cats dry and wet food (mixed with water). Last week she began having no interest in her food, and only ate treats. The last few days, she has become lethargic, and has no interest in anything. She is an indoor only cat.

PATIENT

River Abate

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

2011

WEIGHT

9.3 Pounds

Current Medications: Omeprazole 10 mg (per ml), Maropitant Citrate (Cerenia) Tablets 16mg, Mirtazapine 1mg (per cap), Metronidazole Oral Susp 100mg/mL, Ursodiol 100 mg (per ml), Denamarin Advanced 61 mg (Cats & Small Dogs), Pantoprazole (Protonix) 40mg/vial Injection (Per mL), Gabapentin Capsules 100mg
Lab Results: Glucose 271, ALT 180
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested

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 **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 left kidney measured 3.52 cm. The right kidney measured 3.91 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was folded upon itself caudally, yet uniform. No evident pathology.

Liver

The **liver** was diffusely hyperechoic to falciform fat. The gallbladder was unremarkable.

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 malabsorption of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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. The pancreas measured 0.53 cm in width with duct dilation of 0.19 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Goessling

INVOICE

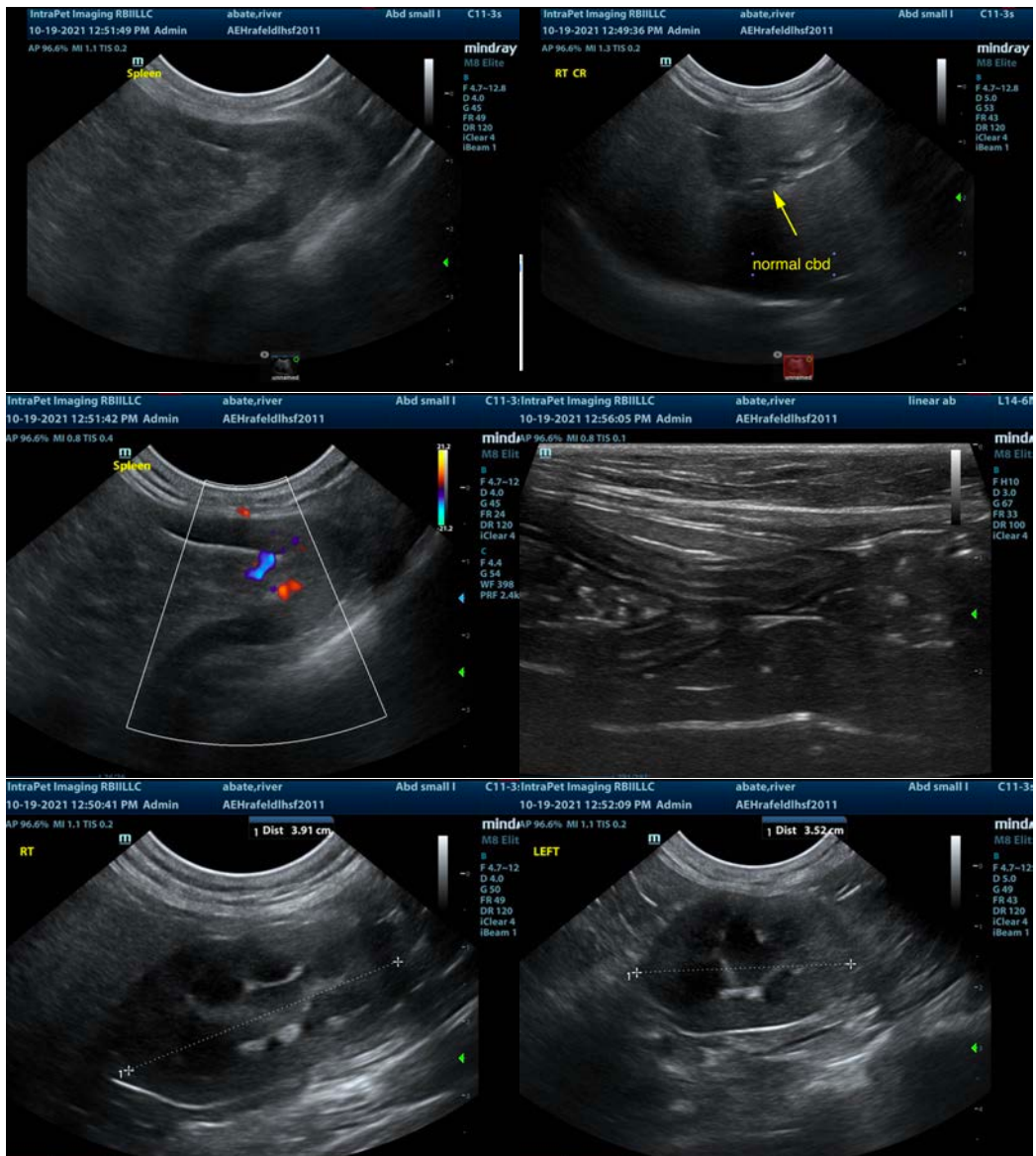
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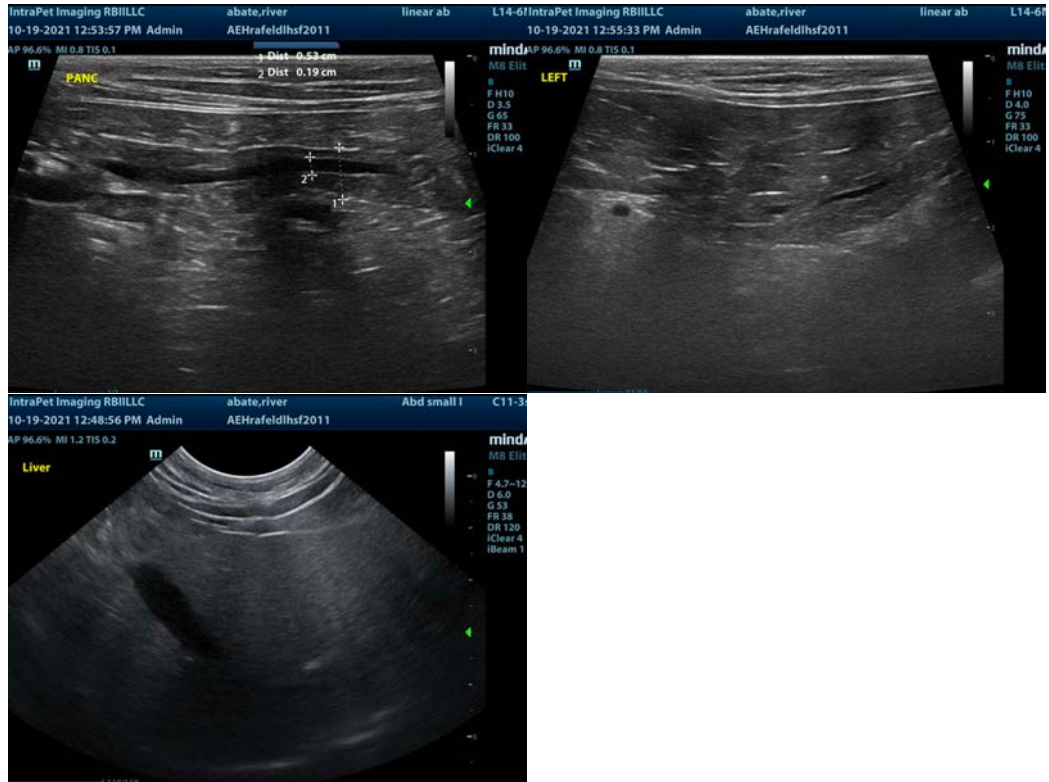
ULTRASONOGRAPHIC FINDINGS

- Hepatic lipidosis pattern
- Chronic pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and 25-gauge FNA of the liver warranted to confirm suspicion of lipidosis. Underlying lymphoma possible. Possible history of pancreatitis with secondary lipidosis. Otherwise, underlying neoplasia could be an issue.





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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