

**DATE PRESENTING CLINICAL SIGNS**

10/22/21

PATIENT

Xavier Allen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8/3/2006

WEIGHT

5.98 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Northwind AH

REFERRING VET

Dr. Wilson

INVOICE

14000

History: Patient presented on 10/18/2021 for chronic intermittent weight loss, lethargy, and polyphagia. Historically, patient gets constipated and will sometimes have bouts of diarrhea. Owner is only feeding wet food now. Additionally, patient will occasionally vomit. Exam revealed 7-9% dehydration, a newly diagnosed II/VI Systolic HM, Tricuspid, Cachexia 3/9 BCS, pale tacky gums.

Current Medications: LRS 100 cc SQ EOD.

Lab Results: CBC 4/18/2021- RBC 4.34 (7.12-11.46), HCT 22.0 (28.2-52.7), Hemoglobin 7.11 (10.3-16.2).

Attached separately.

Radiographs: Abd Rads 4/15/2021: firm stool in colon, generalized loss of serosal detail. Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not needed.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** presented chronic interstitial nephritis pattern with irregular contour and areas of infarcts. The right kidney measured 4.47 cm. The left kidney measured 4.47 cm.

Adrenal Glands

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

Spleen

The **spleen** was mildly enlarged and slightly irregular, measuring up to 1.2 cm in width.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal contour and structure. The liver was slightly enlarged. Some mild age-related parenchymal remodeling was noted. Multifocal hyperechoic nodular changes were noted. Vascular tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.

Gastrointestinal

The **stomach** was empty. The gastrointestinal tract revealed mucosal fogging. Minor areas of muscularis hypertrophy noted. No overt neoplastic criteria noted in the GI tract.

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 pancreatic duct was dilated to 0.42 cm. Toruosity of the pancreatic duct also noted.

Free Abdomen

Minimal to no **abdominal** fat was noted in this patient. Minor mesenteric lymph node enlargement noted, reactive.

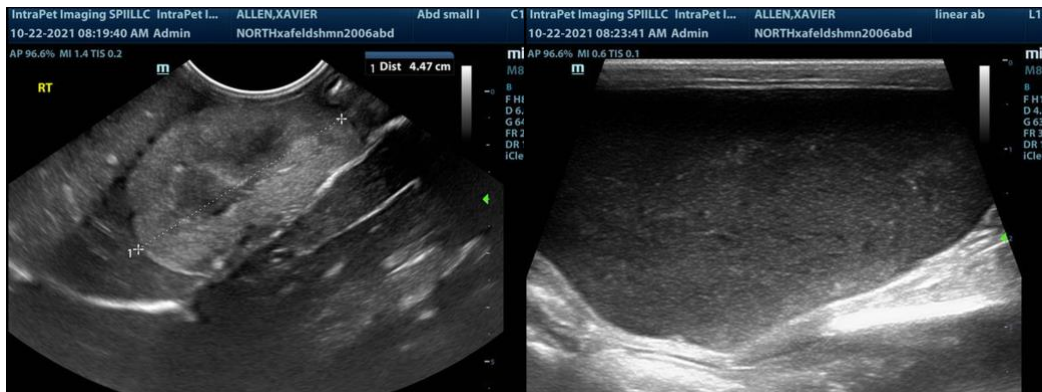
ULTRASONOGRAPHIC FINDINGS

- Minor splenohepatomegaly- 25 gauge FNA of both spleen and liver recommended. However, no overt masses were noted. Chronic triad disease and maldigestion suspected.
- Minor mesenteric lymph node enlargement, reactive
- Suspect chronic inflammatory bowel and Intestinal mucosal fogging
- Age-related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. History of pancreatitis with maldigestion. Reactive spleen and liver or potential splenohepatic neoplasia. Screening FNA of spleen and liver recommended.







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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