IMAGING PERFORMED BY

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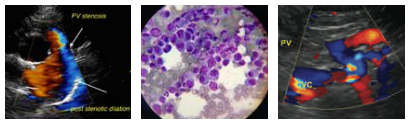

SonoPath
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DATE
10/26/21

PATIENT
Shortstop Koehler

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
7/21/11

WEIGHT
17 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. King

INVOICE
92674

PRESENTING CLINICAL SIGNS

History: **Presenting Complaint:** Referral; Not Eating. **Date:** 10-25-2021 **Notes:** about 4 weeks ago-- not eating, owner changed to chicken and lunch meat, then started to eat normal food again now vomiting, not eating At RDVM--- bili is 9.5, ALT 155, chol low at 56, aKp normal 63, albumin low 2.3, SDMA 27, but renal wnl. IVC in back leg here for continued care and US tentative hepatic lipidosis. **Assessment:** Hepatopathy-- reviewed hepatic lipidosis vs hepatitis vs neoplasia vs pancreatitis vs triaditis vs other. Discussed that the hope if hepatic lipidosis is if we can get them eating consistently, we can reverse the process, but sometimes other underlying issues, cancer, pancreas other
If hepatic lipidosis-- sometimes need to place feeding tube
discussed even if hepatic lipidosis, they can decline, not respond or even pass can take 6-8 weeks. If another cause, treat as comes, monitor hct/ts ensure not occult IMHA. Discussed if seems reasonable tomorrow during US, get ahead of game and do FNA of liver-- if questionable, then may hold. **Plan:** proceed with liver support, repeat liver at 24 hours, US, coags, +/- FNA tomorrow if appropriate.
Current Medications: Cerenia, Pantoprazole, Metronidazole, Vitamin B12.
Lab Results: Attached separately.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Ace
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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.03 cm. The right kidney measured 4.35 cm.

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.

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 was noted.

Liver

The **liver** was diffusely hyperechoic to the falciform fat. Heterogenous parenchymal changes were noted in the liver. The gallbladder and common bile duct were unremarkable. There was no evidence of post hepatic obstruction.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. 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 more significant disease than IBD.

Pancreas

The **pancreas** revealed extensive, mixed, hypoechoic nodular changes with enhanced surrounding mesentery.

Free Abdomen

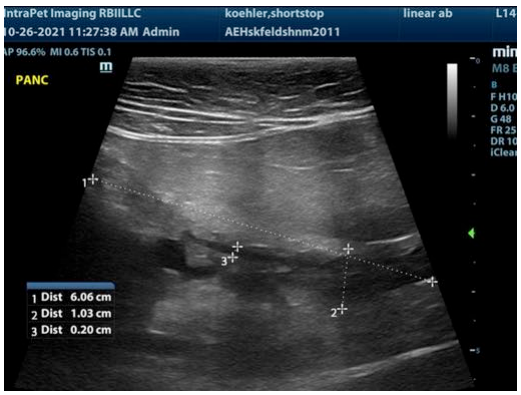
Slight free fluid was noted between the liver lobes.

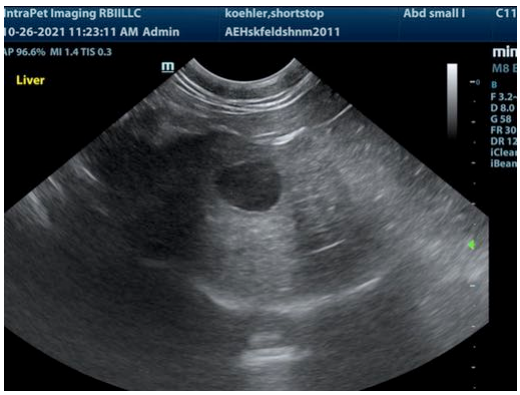
ULTRASONOGRAPHIC FINDINGS

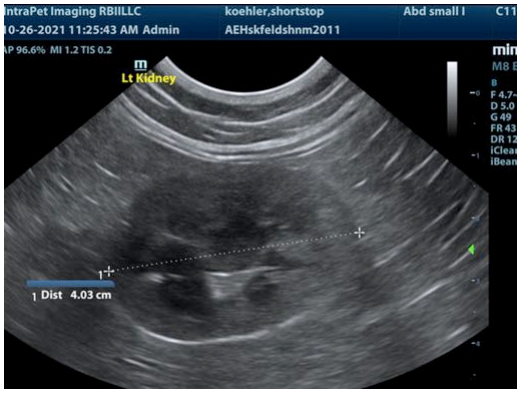
Extensive pancreatitis.
Intestinal thickening.
Hepatic lipidosis pattern, potential underlying neoplasia pattern.

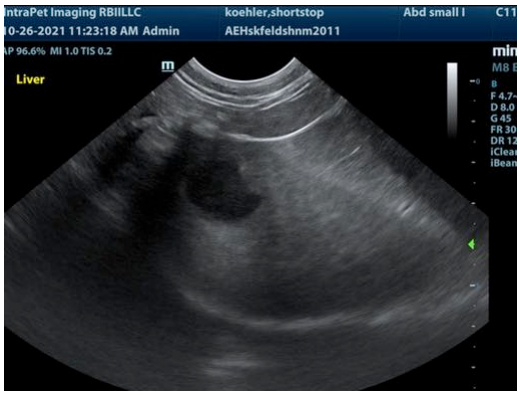
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, liver support and Vitamin K are recommended. I recommend stabilization of the coagulation parameters followed by ultrasound-guided FNA of the liver. Lipidosis type protocol is warranted in the meantime. Pain management, broad spectrum antibiotics are recommended to assist in the pancreatitis. There was no obvious evidence of neoplasia; however, hepatic neoplasia cannot be completely ruled out without FNA.









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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