

**DATE**

10/31/22

PRESENTING CLINICAL SIGNS

History: Patient presents for evaluation of chronic weight loss and increased vocalization.

PATIENT

Wednesday
Wisniewski

Current Medications: None current.

Lab Results: CBC: HCT: 25.8 (28.2 - 52.7), Hemoglobin: 9.2 (10.3 - 16.2), MCV: 36 (39 - 56), Reticulocyte hemoglobin: 14.2 (15.3 - 22.9). Chemistry: SDMA: 26 (0 - 14), Creatinine: 3.6 (0.9 - 2.3), BUN: 72 (16 - 37), Albumin: 2.4 (2.6 - 3.9), ALT: 737 (27 - 158), AST: 206 (16 - 67), ALP: 146 (12 - 59), Lipase: 64 (0 - 45). UA: USG 1.014. T4: WNL.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Declined.

BREED

DSH

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

PRESENTING CLINICAL SIGNS**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

10/20/08

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.

WEIGHT

5 Pounds

The **kidneys** revealed moderate dystrophic changes with interstitial nephrosis pattern. Pyelectasia was noted in the left kidney, measuring 0.4 cm. Echogenic debris was noted. The left kidney was subnormal in size and measured 2.39 cm. The right kidney measured 2.8 cm. Pyelectasia was noted in the right kidney, measuring 0.41 cm. Blood flow to the kidneys appeared to be subnormal. Infarcts were noted in both kidneys.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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. The right adrenal gland measured 0.52 cm.

HOSPITAL NAME

Perry Hall AH

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

REFERRING VET

Dr. Miller

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary 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. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

INVOICE

17921

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. Muscularis/mucosal ratio was 1:1. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. Intestinal wall thickness measured up to 0.38 cm. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. 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 out this possibility. This is a mild change.

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 left pancreatic limb revealed mixed hypoechoic cystic changes, a grouping of which measured 1.25 cm.

Free Abdomen

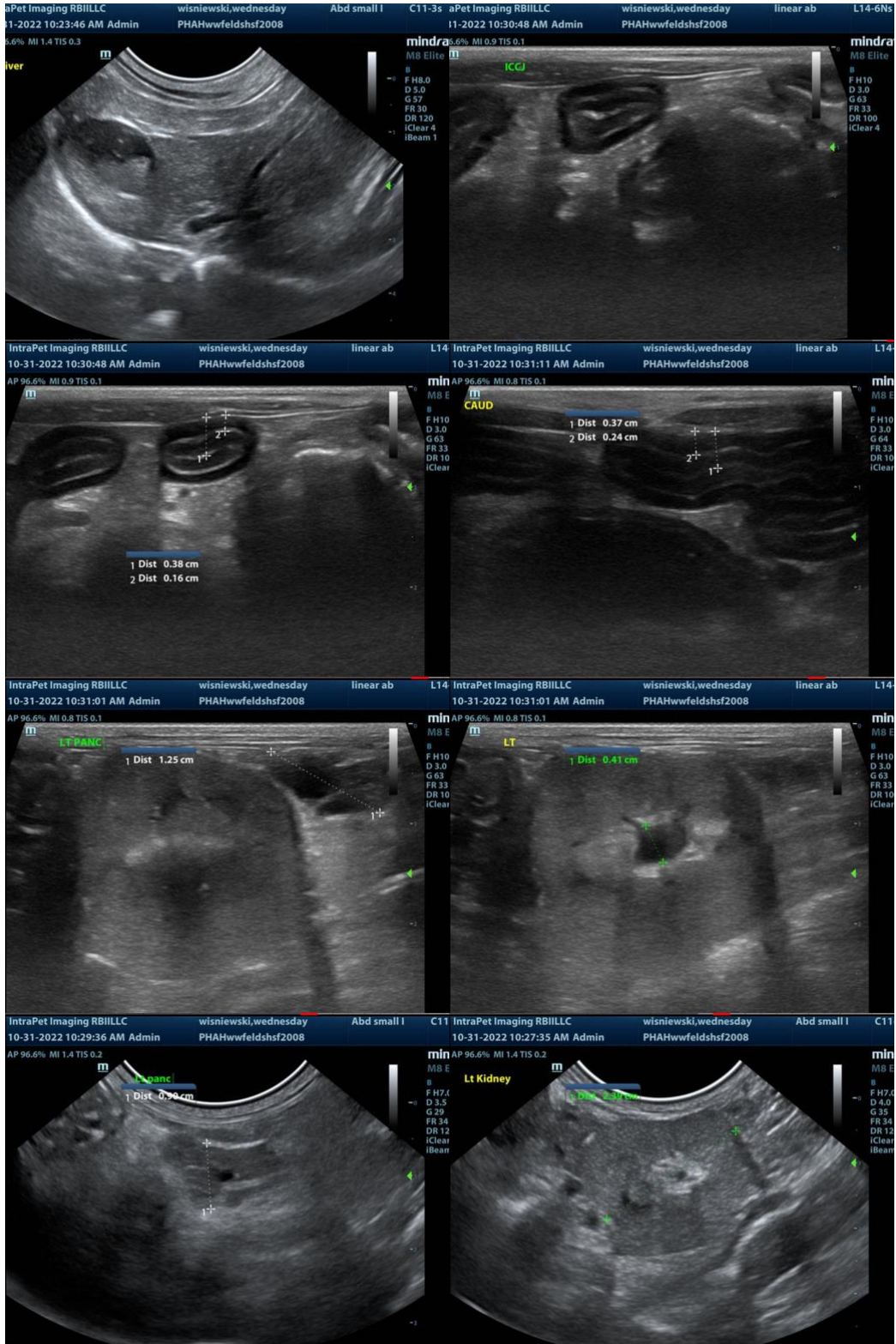
Some remodeled **mesentery** was noted associated with the intestinal tract.

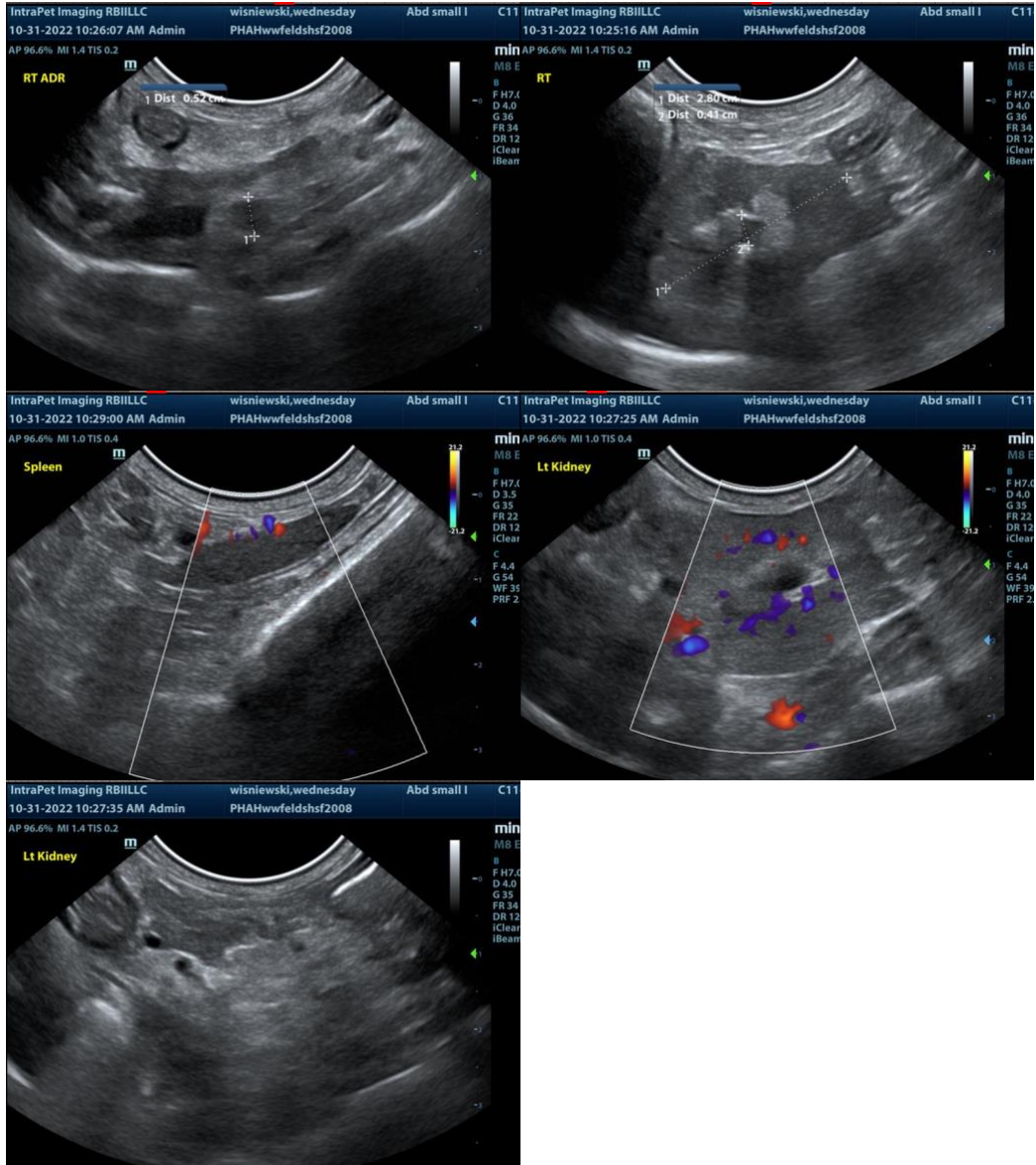
ULTRASONOGRAPHIC FINDINGS

- Chronic degenerative renal changes/interstitial nephrosis pattern with dystrophy and pyelectasia
- Chronic pancreatitis changes with occasional cysts
- Diffuse intestinal changes without neoplastic criteria. Muscularis hypertrophy was present.
- Some remodeled mesentery noted associated with the intestinal tract
- Volume contracted spleen
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Some level of pancreatic and GI inflammation is likely. I'm concerned for the long-term viability of the kidneys in this patient as well. No overt neoplasia is present, however. No cause of hemorrhage noted. Chronic inflammatory bowel and inflammatory hepatopathy and periodic pancreatitis are likely. 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. Vocalization may be related to visceral pain primarily in the pancreas. CBC path review +/- bone marrow aspirate would be appropriate.





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