

**DATE PRESENTING CLINICAL SIGNS**

11/12/21

History: weight loss over past year, possible increased water intake, good appetite, no vomiting, good energy, acting normal, & mild sarcopenia

PATIENT

Gracie Bagranoff

Current Medications: None

Lab Results: increased ALT 382, increased AST 106, increased ALK PHOS 196, increased T Bilirubin 1.7, increased Cholesterol 294

SPECIES

Date of Previous IntraPet Ultrasound: No previous.

Feline

Sedation: Not required for scan.

Stat Report: Not requested.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

2013

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 3.94 cm. The right kidney measured 3.86 cm.

WEIGHT

9.6 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**The regions of the **adrenal glands** revealed no evident pathology.**Spleen**The **spleen** was mildly enlarged, measuring 1.0 cm.**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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.

HOSPITAL NAME

Jacksonville VH

REFERRING VET

Dr. Larsson

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

INVOICE

12511

Pancreas

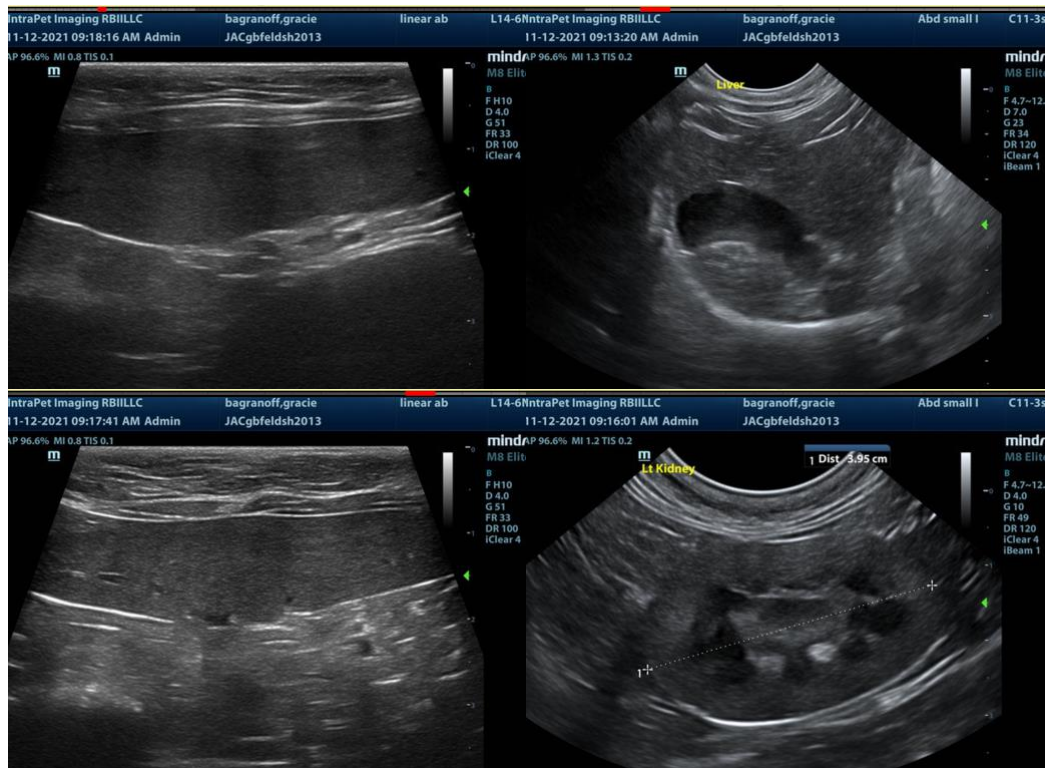
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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. Dilated duct noted (0.25 cm).

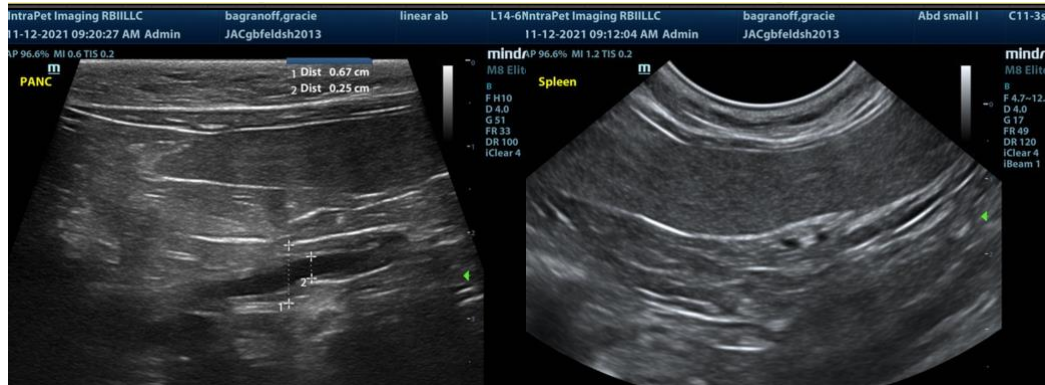
ULTRASONOGRAPHIC FINDINGS

- Minor splenic enlargement. Differentials include reactive spleen, normal variant, emerging round cell neoplasia or splenitis.
- Minor hepatic remodeling
- Age-related renal and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unremarkable abdomen otherwise. If weight loss is an issue, FNA of the spleen and liver 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
Eric.Lindquist@SonoPath.com