

**DATE PRESENTING CLINICAL SIGNS**

11/12/21

History: Hx 4-day constipation.
Current Medications: SC fluids, Cerenia for past 1.5 years.

PATIENT

Radiographs: Diffuse gas filled GI on Xray. Stool in caudal colon and rectum, but no colonic lumen or stool visualized over bladder. Unsure if patent.

Sweetie Lambeth

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required for a full diagnostic ultrasound.

Stat Report: Declined.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED****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.

DLH

SEX

Spayed Female

The **left kidney** presented a chronic interstitial nephrosis pattern with loss of corticomedullary definition and corticomedullary mineralization noted. Pyelectasia noted.

AGE

4/10/08

The **right kidney** was subnormal in size, dystrophic with mineralization. The right kidney measured 1.8 cm. Cortical cysts noted.

WEIGHT

4.75 Pounds

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 left adrenal gland measured 0.37 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 were noted.

IMAGING PERFORMED BYStephanie Pearce
RDCS, RVT**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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 NAMECat Sense Feline
Hospital**REFERRING VET**

Dr. Sinclair

Gastrointestinal

The **stomach** was mildly thickened with a minor amount of shadowing material present. Distal small intestinal thickening noted without neoplastic criteria. Hard stool noted in the colon, yet no evidence of colonic mural pathology. Excessive GI gas may be obscuring underlying intestinal pathology, yet no evidence of neoplasia noted. Some area of mucosal fogging noted in the small intestine, which would suggest potential malassimilation of nutrients.

INVOICE

29817

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.

Free Abdomen

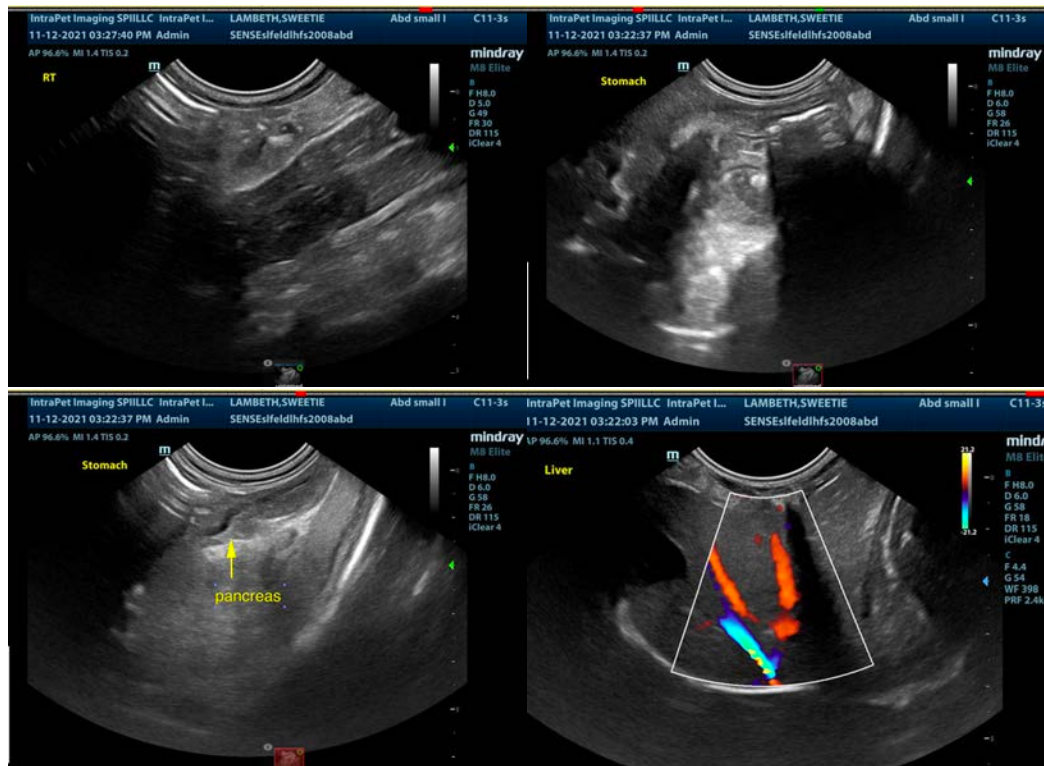
Free fluid noted in the abdomen.

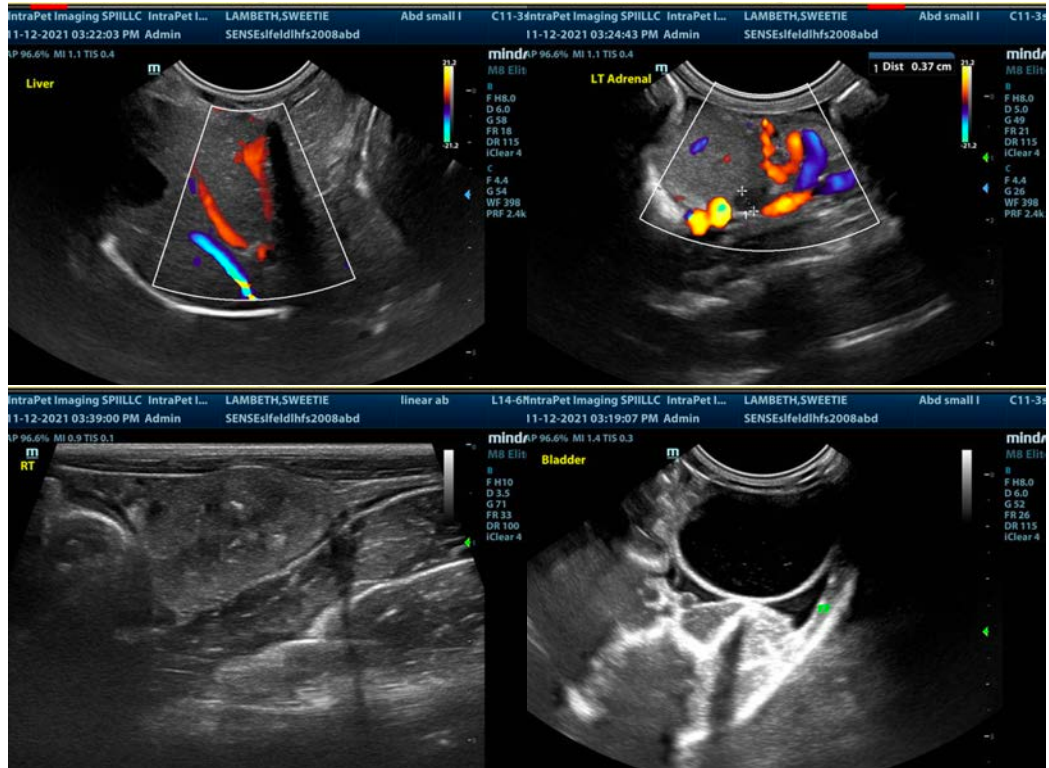
ULTRASONOGRAPHIC FINDINGS

- Chronic GI and pancreatic changes
- End stage degenerative right kidney, moderate degenerative left kidney
- Slight free fluid – likely owing to cachexia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplasia. Some level of pancreatitis suspected. 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.





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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