



PATIENT PRESENTING CLINICAL SIGNS

Calico Junior Ziegler

Presented at our hospital for AUS. Started losing weight since summer, bouts of dh and vomiting off and on. Took to rdvm at end of October, ran bloodwork, tx outpatient with proviable, cerenia, metronidazole. Improved somewhat but then started back up again off and on. Rdvm rec AUS. Mother of cat had same symptoms, dx probable cancer. Appetite/When did they eat last: small amt this morning Vomiting/Diarrhea: yes/yes, at the end of last week, now normal/no vomit, stool slightly soft. Abnormal PE/Chem/CBC/UA Results: Abdominal: doughy, thickened intestines Rdvm bloodwork 10/22/21 Na 145; GGT <7; AG 0.5; LIP 20.9; HGB 9.5; MCHC 27.4; NEU 10.51; MONO 0.93; fecal negative; SDMA 10 Rdvm Rads 10/22/21 Thickened GI, very gas filled, minimal serosal detail, lots of spondylosis deformans on lumbar spine.

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

2.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 were 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization noted in both kidneys. The left kidney measured 3.77 cm. The right kidney measured 3.89 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.

Liver

The **liver** was uniformly enlarged with coarse architecture. The gallbladder and common bile duct were unremarkable. No evidence of post-hepatic disease. This is a non-specific presentation. Slight free fluid noted between liver lobes.

Gastrointestinal

Soft shadowing material was noted in the **stomach**, likely hairball density. The pylorus was free of evident pathology. Transit of chyme in the small intestine appeared to be unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Nelson

INVOICE

33689

DATE

12/23/21



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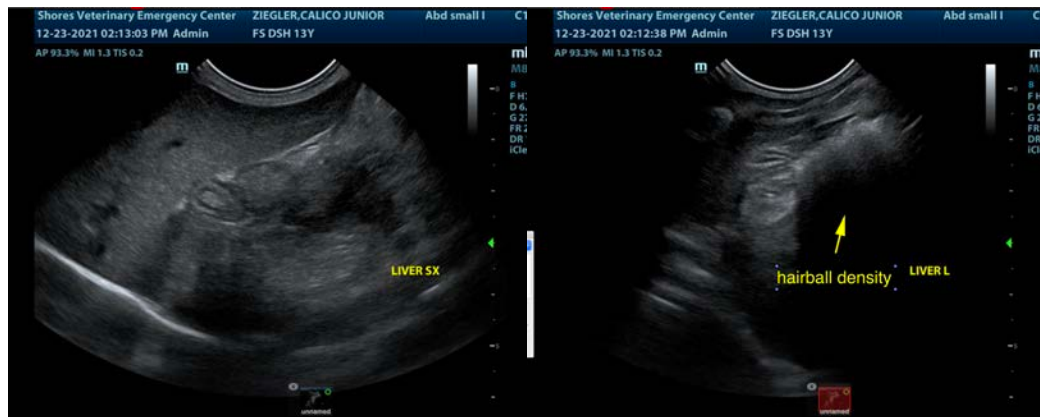
2.5 kg

ULTRASONOGRAPHIC FINDINGS

- Hairball density in the stomach
- Slight free fluid
- Geriatric abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious neoplasia. However, emerging round cell neoplasia cannot be completely ruled out. Maldigestion is a strong potential. 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.



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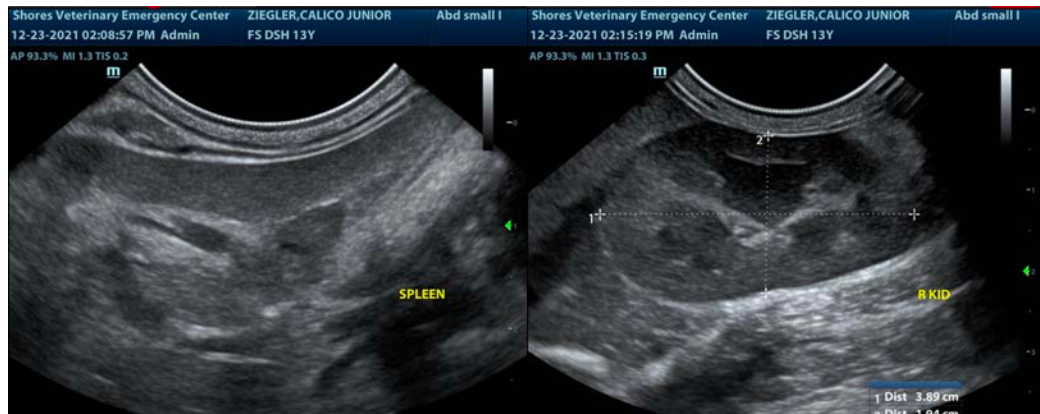
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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