



PATIENT PRESENTING CLINICAL SIGNS

Dobbie Brice Prev. IBD diagnosis 3/2019. Weight loss, polyphagia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES
Urinary System

Feline

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.

BREED

DSH

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.6 cm. The left kidney measured 4.4 cm. Bilateral pyelectasia measuring 1.0 cm x 0.5 cm in both kidneys. Corticomedullary calculi present. Corticomedullary definition was maintained.

SEX

Neutered Male

AGE

11 Years

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 adrenals measured 0.5 cm in width each.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

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

IMAGING PERFORMED BY

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Liver

The **liver** was mildly hyperechoic to falciform fat, non-specific. The gallbladder was unremarkable with a minor amount of attached debris. The common bile duct was dilated with tortuous cystic duct. The common bile duct was followed to the duodenal papilla and junction with the pancreatic duct, which was also dilated. No overt obstruction. Dysfunctional duodenal papilla suspected.

HOSPITAL NAME

Franklin Lakes AH

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an extensive amount of content with thin GI walls. Hyperperistalsis noted. Mild mesenteric lymphadenopathy noted at 1.6 cm, reactive pattern with hyperechoic remodeling.

REFERRING VET

Dr. Pomerantz

Pancreas

INVOICE

33740

The pancreas was excessively thin, no overt evident pathology. Subnormal size may be playing a role in a maldigestion scenario.

ULTRASONOGRAPHIC FINDINGS

DATE

12/28/21

- Chronic renal and GI changes- suspect maldigestion or suppressed lymphoma given the Prednisone therapy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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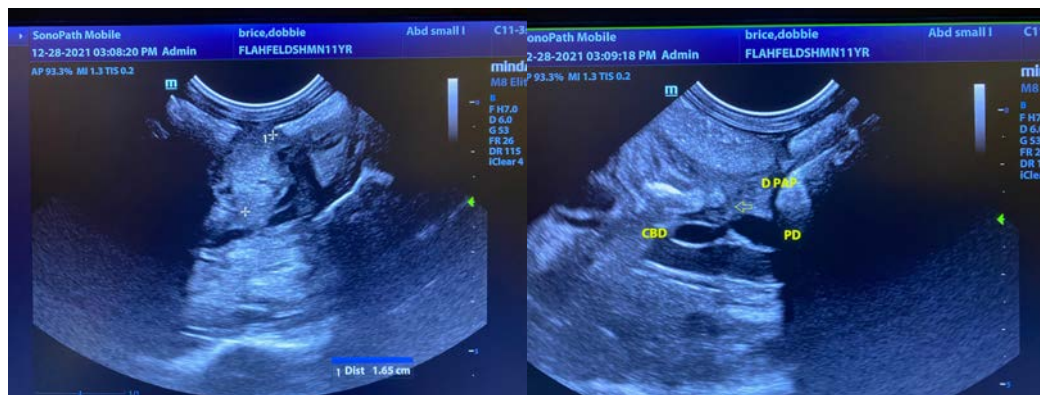
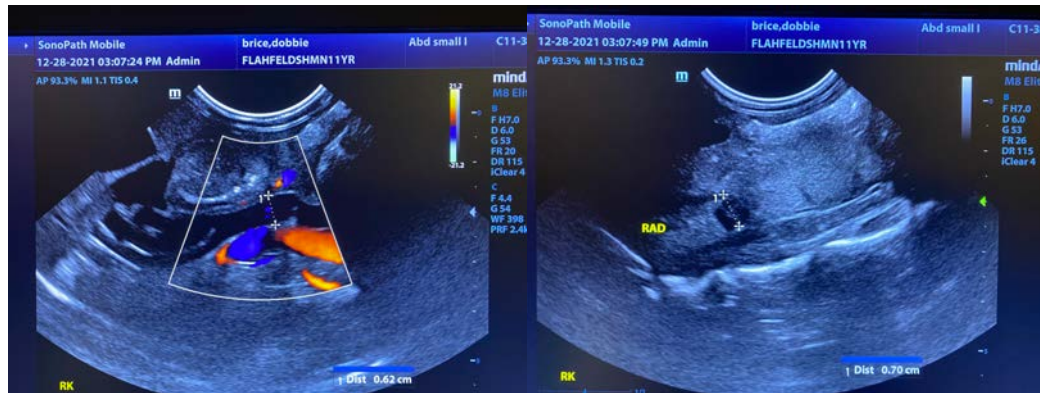
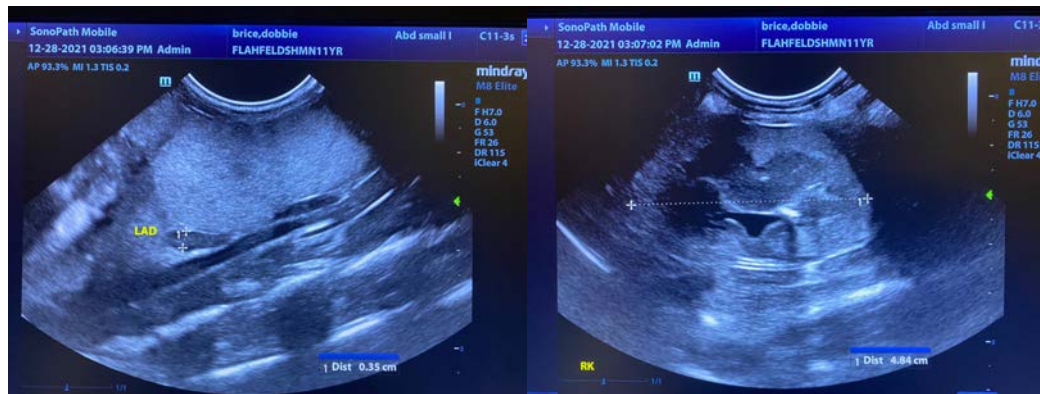
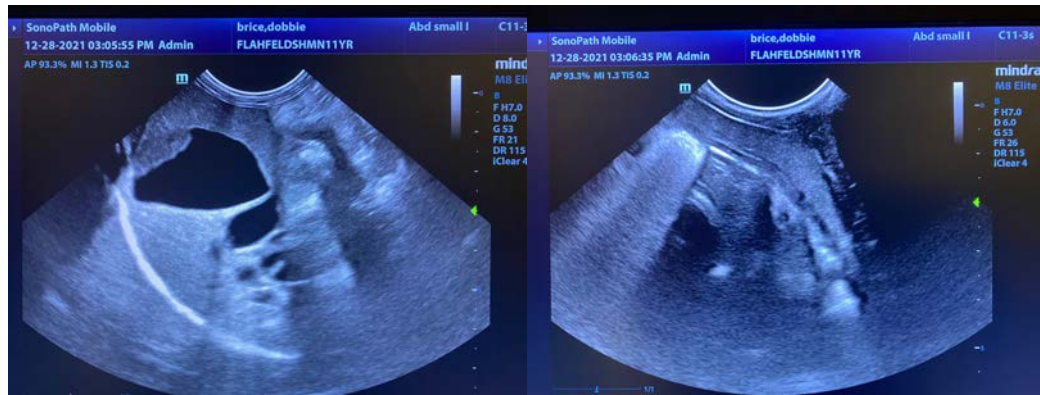
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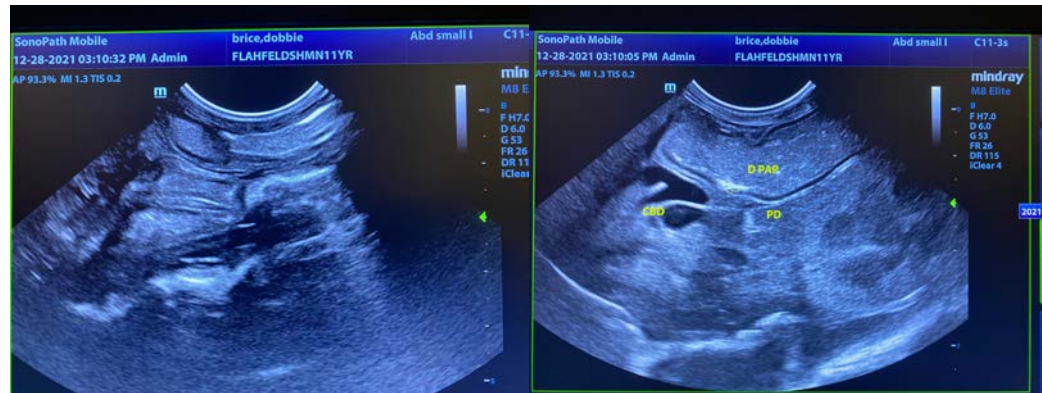
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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