

PATIENT

Franny Sloan

PRESENTING CLINICAL SIGNS

History: Presented for weight loss, decreased appetite, and excessive drinking. O was out of town for 32 days and the pet sitter didn't let her know the cats weren't eating the new food O had purchased. P was eating well after O came home and changed the food, but about a week later stopped eating and started drinking excessively. P was seen at the emergency hospital on Monday and they did blood work, SQ fluids, and Cerenia. P was fractious at the emergency hospital and required sedation for exam. P had hyperglycemia, but ER vet was unable to differentiate stress hyperglycemia vs diabetes. P ate a small amount last night and this morning. Abnormal PE/Chem/CBC/UA Results: CBC: HCT 31.0, WBC 24.44, Neut 11.31, Lymph 9.49, Mono 3.06, Chem: GLU 410, BUN 42, Na+ 169, K+ 2.9, TBili 1.2, Chol 247, UA: USG 1.026, Glu 1000, Ketone negative, quiet Current Medications Cerenia

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

7.56 Lbs.

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 moderate 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 3.22 cm. Cortical infarcts and cortical collapse noted. The right kidney measured 3.77 cm.

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 0.34 cm. The left adrenal gland measured 0.36 cm.

HOSPITAL NAME

West Eugene AH

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.

REFERRING VET

Dr. Powers

Liver

The **liver** was diffusely hyperechoic to falciform fat. Coarse architecture, suggestive for history of inflammatory events, also present. The gallbladder and common bile duct were unremarkable. No evidence of posthepatic obstruction.

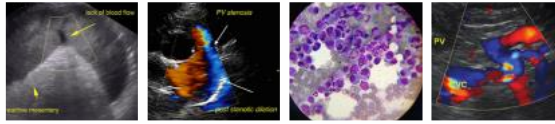
INVOICE NUMBER

13228

Gastrointestinal

DATE

12/29/21



PATIENT Franny Sloan
SPECIES Feline

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Intestinal wall thickness measured up to 0.39 cm. No concerning lymphadenopathy was visible. 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.

BREED DSH
Pancreas

The **pancreas** revealed coarse architecture and heterogenous parenchymal changes, up to 1 cm in the left limb with irregular duct dilation. Regional inflammation noted around the left limb of the pancreas.

SEX Spayed Female
ULTRASONOGRAPHIC FINDINGS

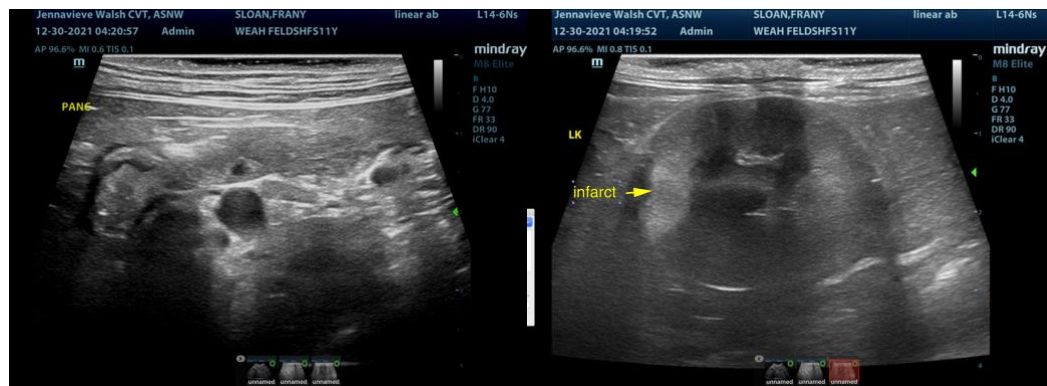
- Pancreatitis/Cholangiohepatitis pattern with likely concurrent lipodosis
- Age-related renal changes with cortical renal infarcts and cortical collapse

AGE 11 Years
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of neoplasia, however, early neoplastic event in the liver could not be ruled out without FNA. Coagulation panel and 25-gauge FNA of the liver indicated. CBC path review warranted to assess for any evidence of hemolytic disease. Infectious agents such as bartonella should be considered. Zithromax/metronidazole combination, pain management all indicated. Pancreatitis is likely playing a role in the recent diabetic state.

WEIGHT 7.56 Lbs.

INTERPRETED BY
Eric Lindquist, DMV,
DABVP, Cert. IVUSS

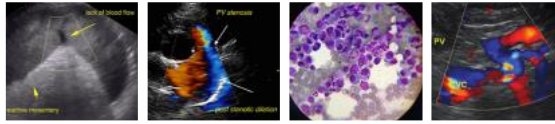


HOSPITAL NAME
West Eugene AH

REFERRING VET
Dr. Powers

INVOICE NUMBER
13228

DATE
12/29/21



PATIENT

Franny Sloan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

7.56 Lbs.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

HOSPITAL NAME

West Eugene AH

REFERRING VET

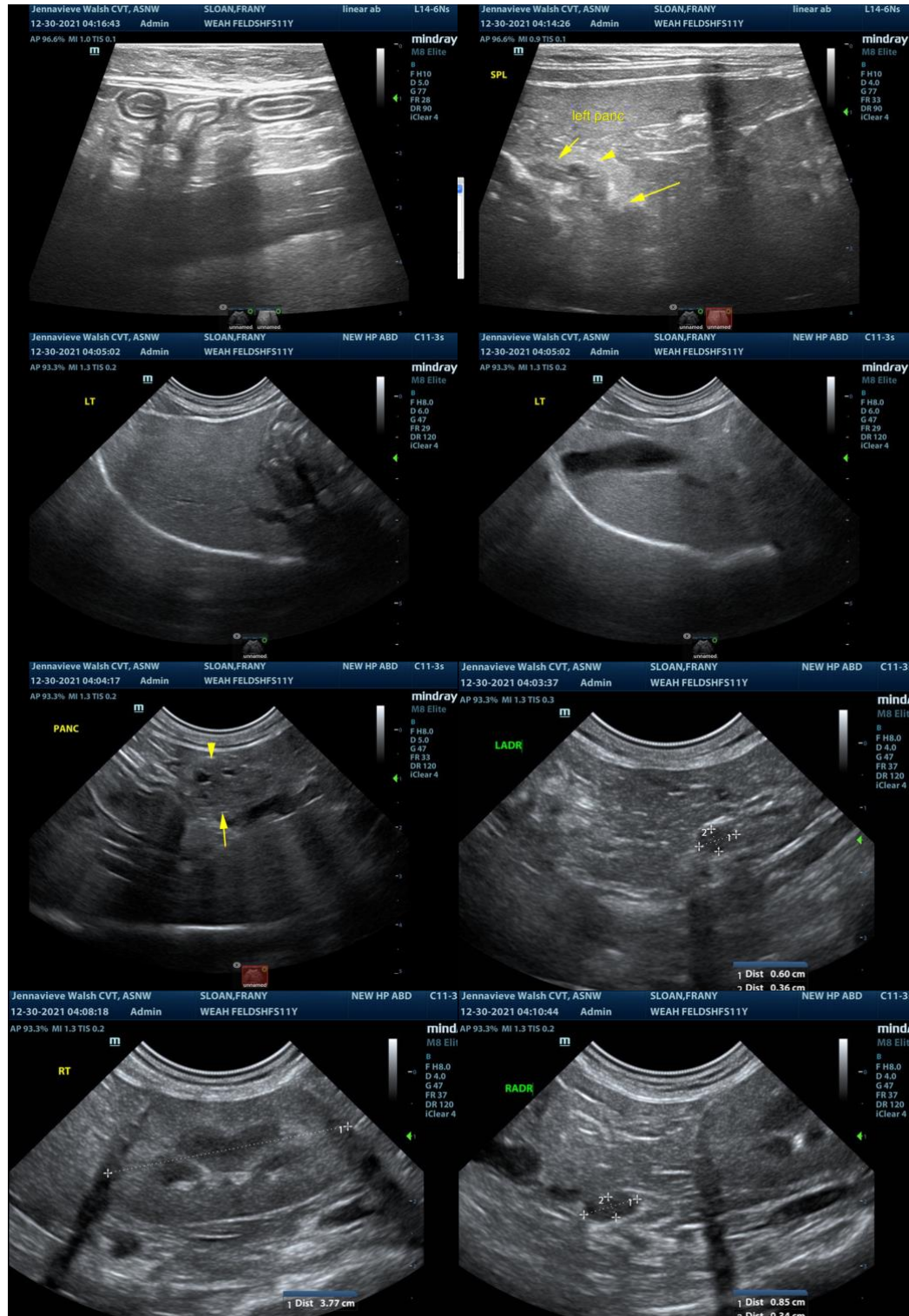
Dr. Powers

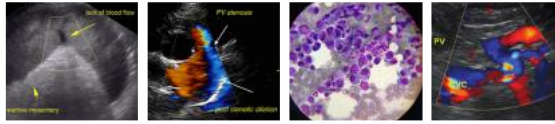
INVOICE NUMBER

13228

DATE

12/29/21





PATIENT

Franny Sloan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

7.56 Lbs.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Powers

INVOICE NUMBER

13228

DATE

12/29/21



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