

**DATE**

12/6/21

PRESENTING CLINICAL SIGNS

History: Patient doing well clinically, no concerns, 4-month recheck.

Date of Previous IntraPet Ultrasound: 11-16-20; 1-12-21; 2-22-21; 4-26-21; 8-3-21.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

PATIENT

Bug Burger

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SPECIES**

Feline

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 was noted. Ureteral papillae were normal.

BREED

Domestic Shorthair

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys are similar to the prior sonogram. The right kidney measured 3.3 cm with cortical infarct at the caudal pole. The left kidney measured 3.41 cm.

SEX

Spayed Female

AGE

12/3/05

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 0.5 cm. The right adrenal gland measured 0.53 cm.

WEIGHT

8 lbs

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 was noted.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

Liver

The right cranial **liver** revealed a hypoechoic, stable nodule measuring 1.6 x 1.44 cm. This was fairly similar to the prior sonogram and there was no significant disruption of architecture compared to the prior sonogram. Mildly increased portal markings were noted elsewhere. The remainder of the liver was unremarkable and fairly uniform. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Miller

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was minor intestinal thickening similar to the prior sonogram. There were areas of muscularis hypertrophy noted. The wall thickness measured 0.36 cm.

INVOICE

94316

Pancreas

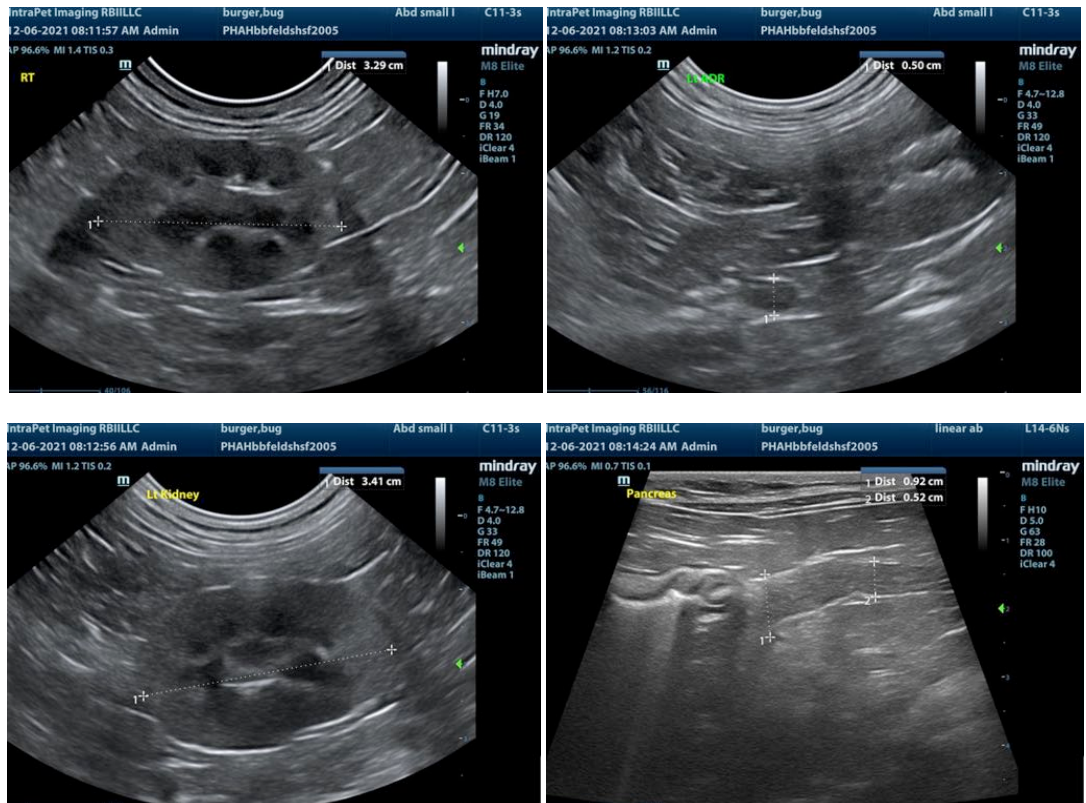
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. The left limb of the pancreas measured 0.92 cm.

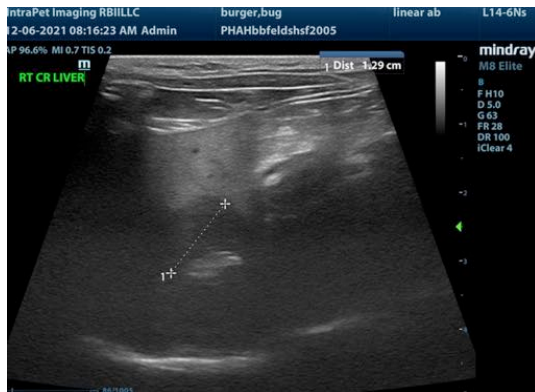
ULTRASONOGRAPHIC FINDINGS

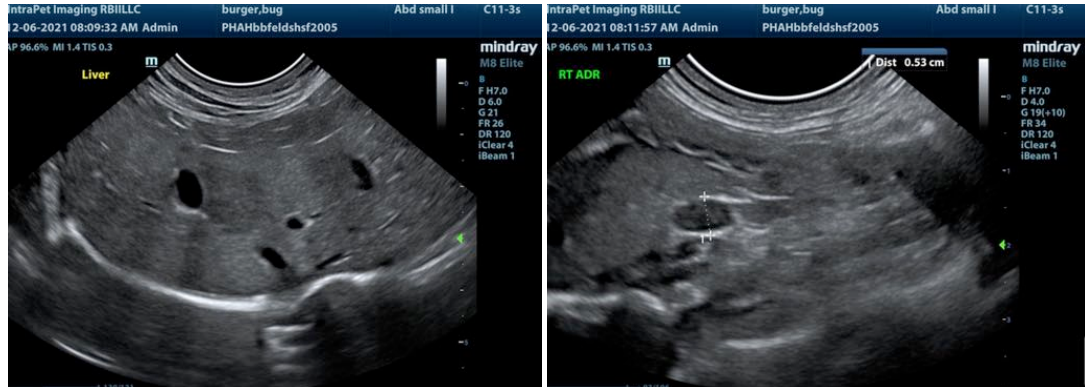
Stable hepatic nodule, slight increase in size compared to the prior sonogram.
Geriatric pancreatic, GI and renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no significant progression from the prior sonogram. I recommend maintaining the same protocol if the patient is not losing weight or does not have any clinical signs.







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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