

**DATE PRESENTING CLINICAL SIGNS**

3/15/23

History: Three pounds of weight loss noted over the last year. Senior bloodwork with T4, proBNP, and UA unremarkable. Normal appetite. Rads show possibly thickened intestine. No meds at this time. Will have diarrhea with new treats and higher quantity of canned food. Concern for IBD or other GI disease.

**PATIENT**

Dorothy Kelly

Current Medications: None.

Lab Results: See attached.

**SPECIES**

Radiographs: See attached.

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

**BREED**

Stat Report: Not requested.

DSH

Imaging Performed By: Rachel Brillhart, RDMS.

**SEX****ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Spayed Female

**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.

**AGE**

5/23/14

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Cortical infarct and collapse were noted in the caudal pole of the right kidney. The right kidney measured 3.0 cm. Adjacent mineralization was noted.

**WEIGHT**

6.8 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**Adrenal Glands**

The **left adrenal gland** was 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 0.52 cm.

**HOSPITAL NAME**

Airpark AH

The region of the **right adrenal gland** revealed no evidence of pathology.

**REFERRING VET**

Dr. Owens

**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.

**INVOICE**

21648

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic

lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

### ***Gastrointestinal***

The **gastrointestinal tract** revealed mild variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Intestinal wall thickness measured up to 0.32 cm. Soft stool was noted in the colon.

### ***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***

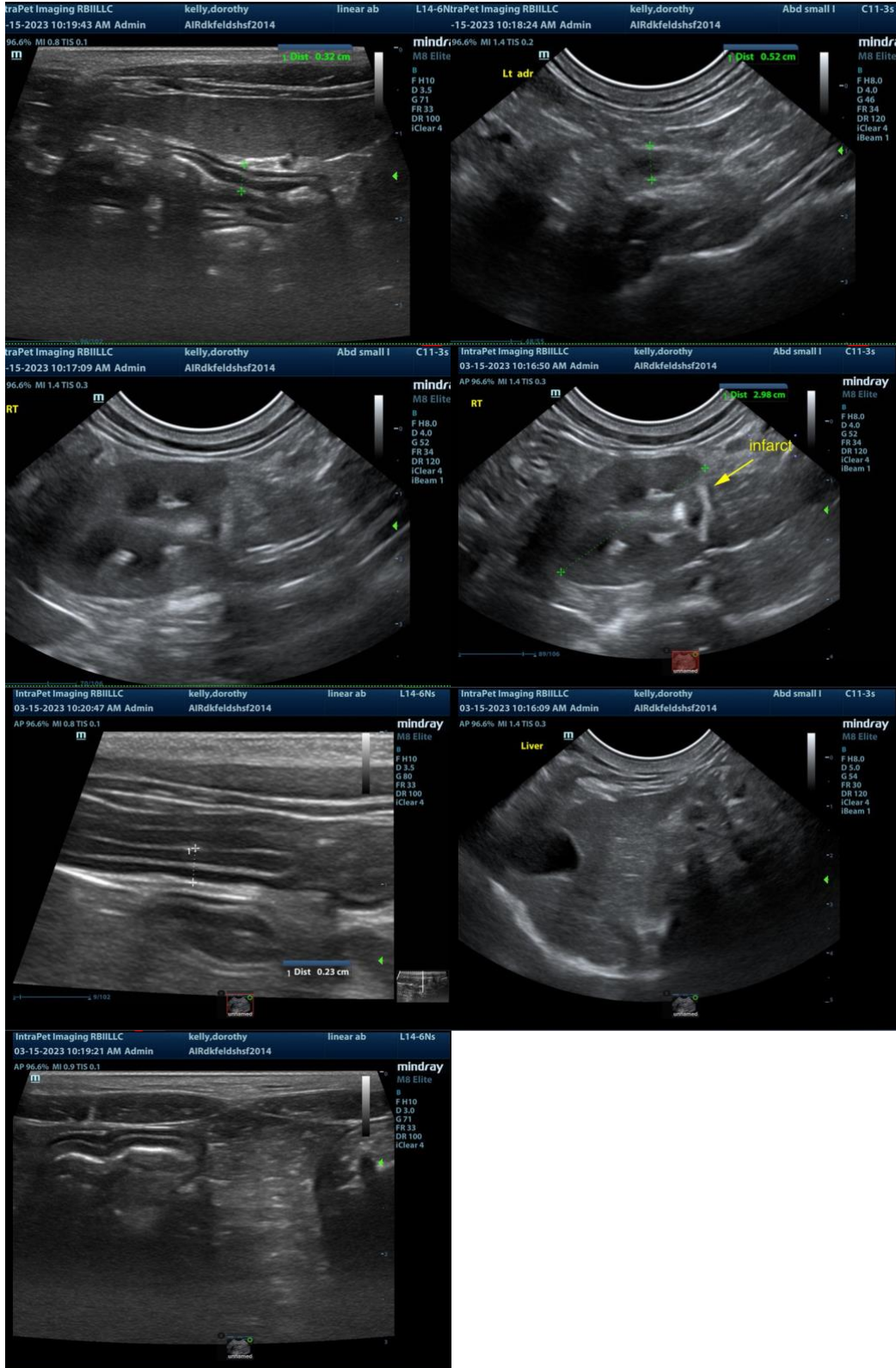
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The mesenteric lymph nodes measured up to 7.0 mm.

## **ULTRASONOGRAPHIC FINDINGS**

- Right renal infarct with dystrophic mineralization and moderate degenerative changes otherwise
- Minor upper GI thickening – chronic inflammatory bowel is likely
- Soft stool in the colon
- Age-related pancreatic changes
- Reactive mesenteric lymph nodes

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of neoplasia, however, cannot rule out the GI tract representing a preneoplastic state. 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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com