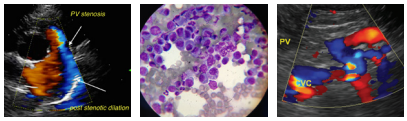
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

3/18/22

PATIENT

Andy Diamond

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10/8/05

WEIGHT

7.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Rock Spring VC

REFERRING VET

Dr. Gibson

INVOICE

36323

PRESENTING CLINICAL SIGNS

Presented on 3/7 for lethargy and weight loss. On exam he was underweight and dehydrated. He has history of hyperthyroidism, diabetes and chronic pancreatitis.

Current Medications: Methimazole 5mg 1 ½ AM, 1 PM, Glargine 2 units SQ BID, Vitamin B12 0.25mL SQ monthly.
Lab Results: SDMA 16, Glucose 309, BUN 37
Date of Previous IntraPet Ultrasound: March and Sept 2019. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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. Medullary rim sign noted in both kidneys, idiopathic. The right kidney measured 4.01 cm. The left kidney measured 3.15 cm.

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 0.42 cm.

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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable with maintained curvilinear patterns and minor areas of muscularis hypertrophy. Some small intestinal thickening noted. The colonic wall presented concentric thickening for an extension of approximately 4.1 cm. Wall thickness measured up to 0.83 cm. Loss of

structural detail noted. The colonic thickening occupied the majority of the descending colon, yet does appear resectable with subtotal colectomy. A reactive mesenteric lymph node measured 0.40 cm.

Pancreas

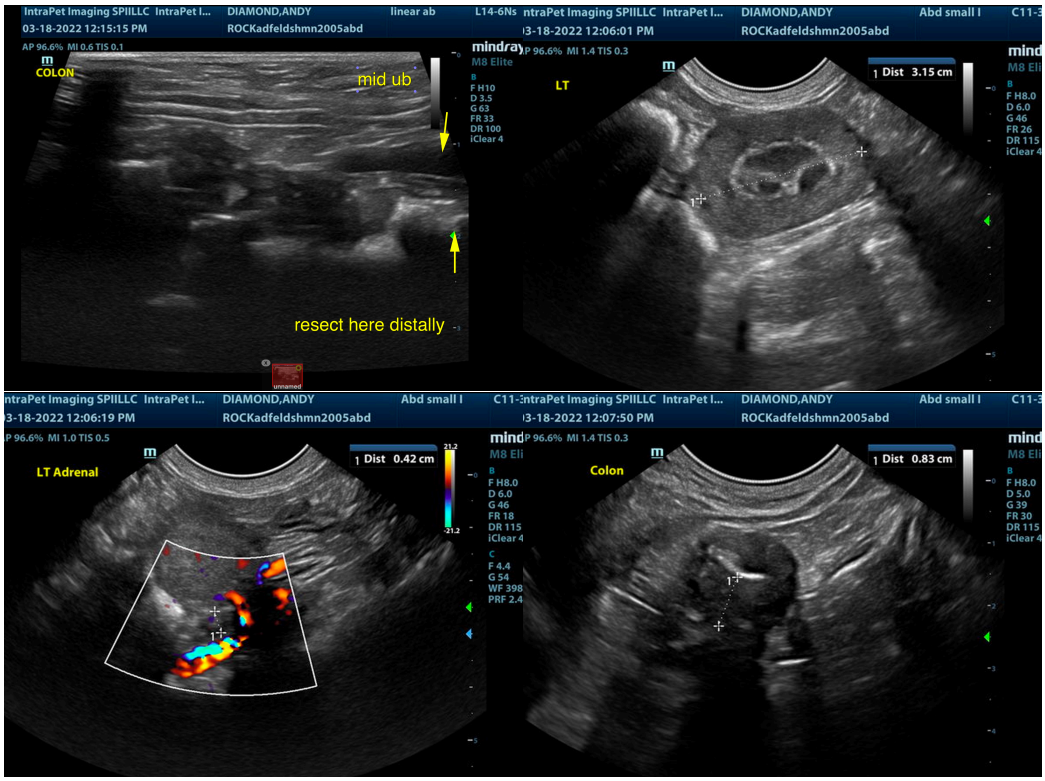
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

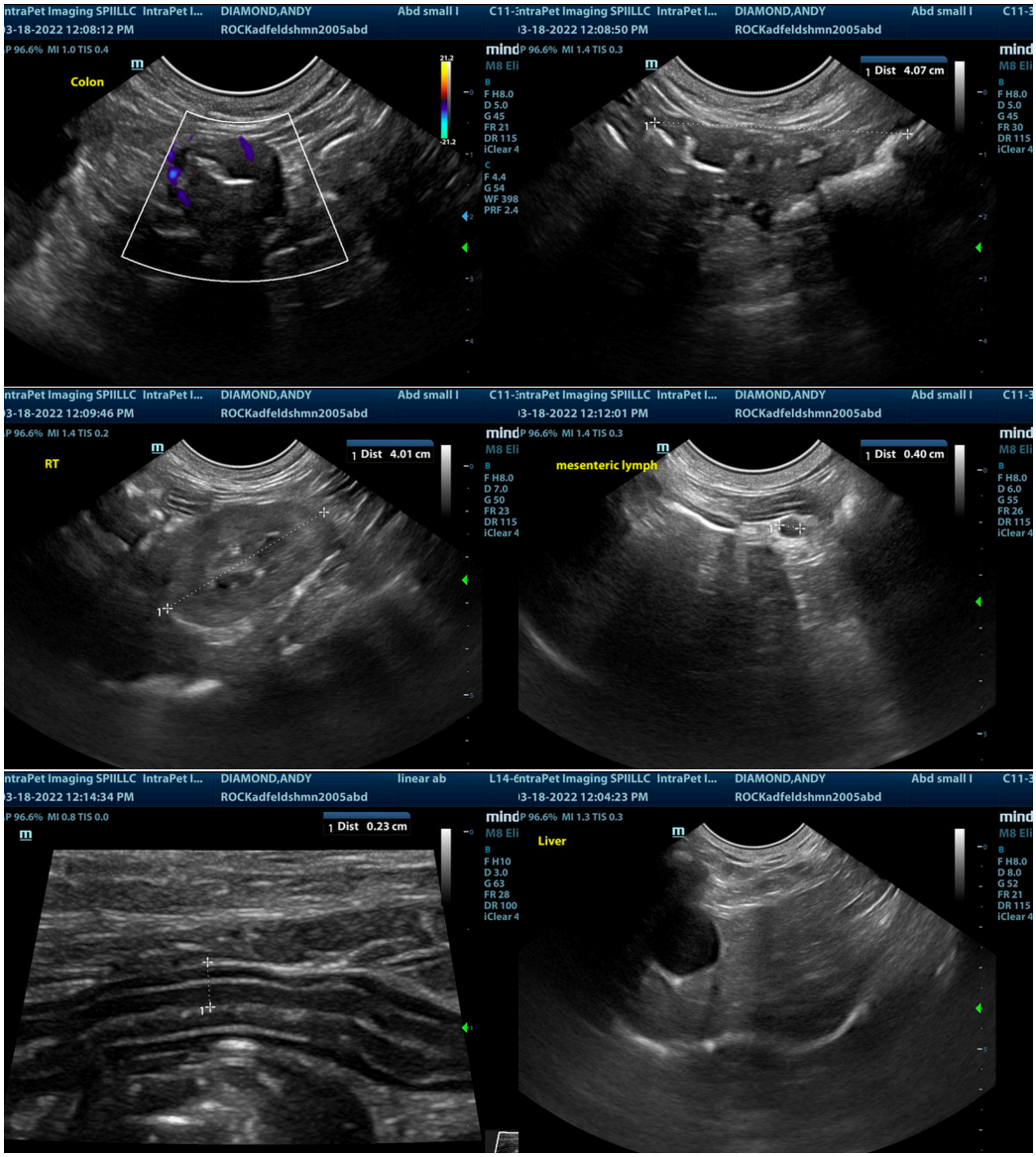
ULTRASONOGRAPHIC FINDINGS

- Concentric proximal colonic thickening – strong concern for colonic carcinoma versus lymphoma
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Colonoscopy could be considered for mucosal biopsies. Differentials include granulomatous colitis, round cell neoplasia, carcinoma. Small intestinal biopsies warranted if surgery is to be performed. Resection of the colon should occur terminally to the level of the mid to caudal urinary bladder, proximally to the colonic flexure.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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