



PATIENT

Mavreick McGrath
Yiambilis

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

8.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Makem

INVOICE

43423

DATE

3/21/23

PRESENTING CLINICAL SIGNS

History: 11 yo MN DSH 8.5# (weight has been stable). No sedation needed. Hx: April 2022 presented for chronic diarrhea. Has hx CKD and OA. Has HM monitored by cardiologist (endocardial fibrosis and SAM - no cardiac meds indicated). Rads NSF except fluid filled vs thickened bowel loops. GI panel fPL 2.2 (N) TLI 175 (H) B12 > 2000 (H, on supplementation) Folate 10.9 (N). No response to GI, hydrolyzed diet trials. No response to metro or tyran. Was started on pred trial per rdvm, then patient began vomiting and was weaned off 2 weeks prior to first AUS. First US findings 9/2022 - no GI thickening (was just on pred) and suspect gastroduodenal ulcer. Was treated with prilosec and carafate and improved. Patient began vomiting with diarrhea 1 month later. Repeat AUS by radiologist performed 11/2022 off pred- Jejunal and ileal thickening (mild) and fluid dilation - suspect IBD vs LSA. Mesenteric LN elevated. Mild pancreatitis (L limb) and chronic nephritis. Was restarted on prednisolone and had been doing well. On 2 mg prednisolone daily and recently presented with recurrence of vomiting/diarrhea. Repeat US performed today. Recent b/w- HCT normal, mild monocytosis. Creat 1.9 BUN 22, otherwise NSF. Current meds: Prednisolone 2 mg PO SID, Probiotics, OTC digestive enzymes from client, prilosec, cerenia/carafate/SQF PRN when vomiting, Mirataz and ondansetron, SQ B12 monthly, azodyl and hydracare, gabapentin, solensia, adequan, and cosequin for OA.

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 was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Slight mineralization was noted in the kidneys and was non-obstructive. The left kidney measured 3.5 cm. The right kidney measured 3.8 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 0.4 cm.

Spleen

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



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Liver

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The **liver** revealed slightly increased portal markings and coarse architecture. The gallbladder and common bile duct were unremarkable.

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Gastrointestinal

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The **stomach** appeared normal in this patient. A minor amount of fluid filled intestinal lumen with slight passive, non-obstructive, linear material. Underlying worm-burden may be an issue.

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Pancreas

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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.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

8.5 lbs

Chronic interstitial nephrosis renal pattern.

Potential worm burned.

Intestinal stasis. Otherwise, age related abdominal changes.

Age related pancreatic changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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Fecal exam is warranted in this patient along with diet change. Hydrolyzed diet may be appropriate as well as broad spectrum anti-parasitic protocol and reassessment of the clinical signs. Geriatric hydrolyzed diet is recommended given the chronic renal changes. The renal values should be monitored carefully in this patient. The Prednisolone therapy may be obscuring a more prominent, sonographic presentation.

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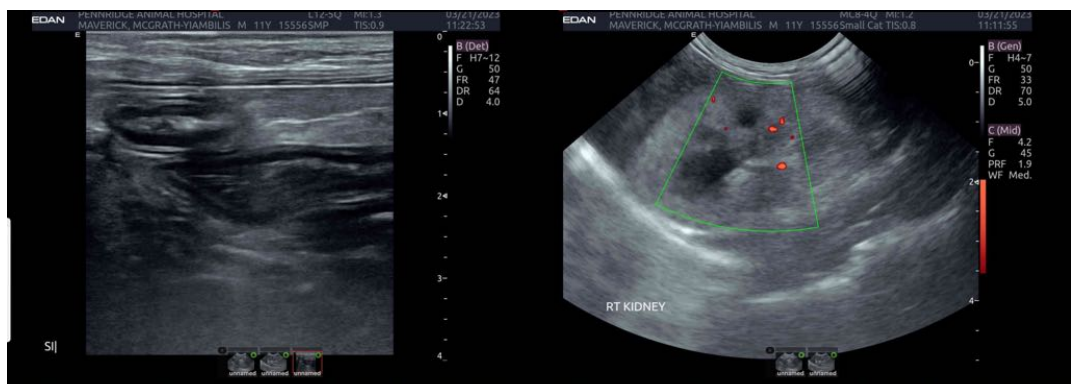
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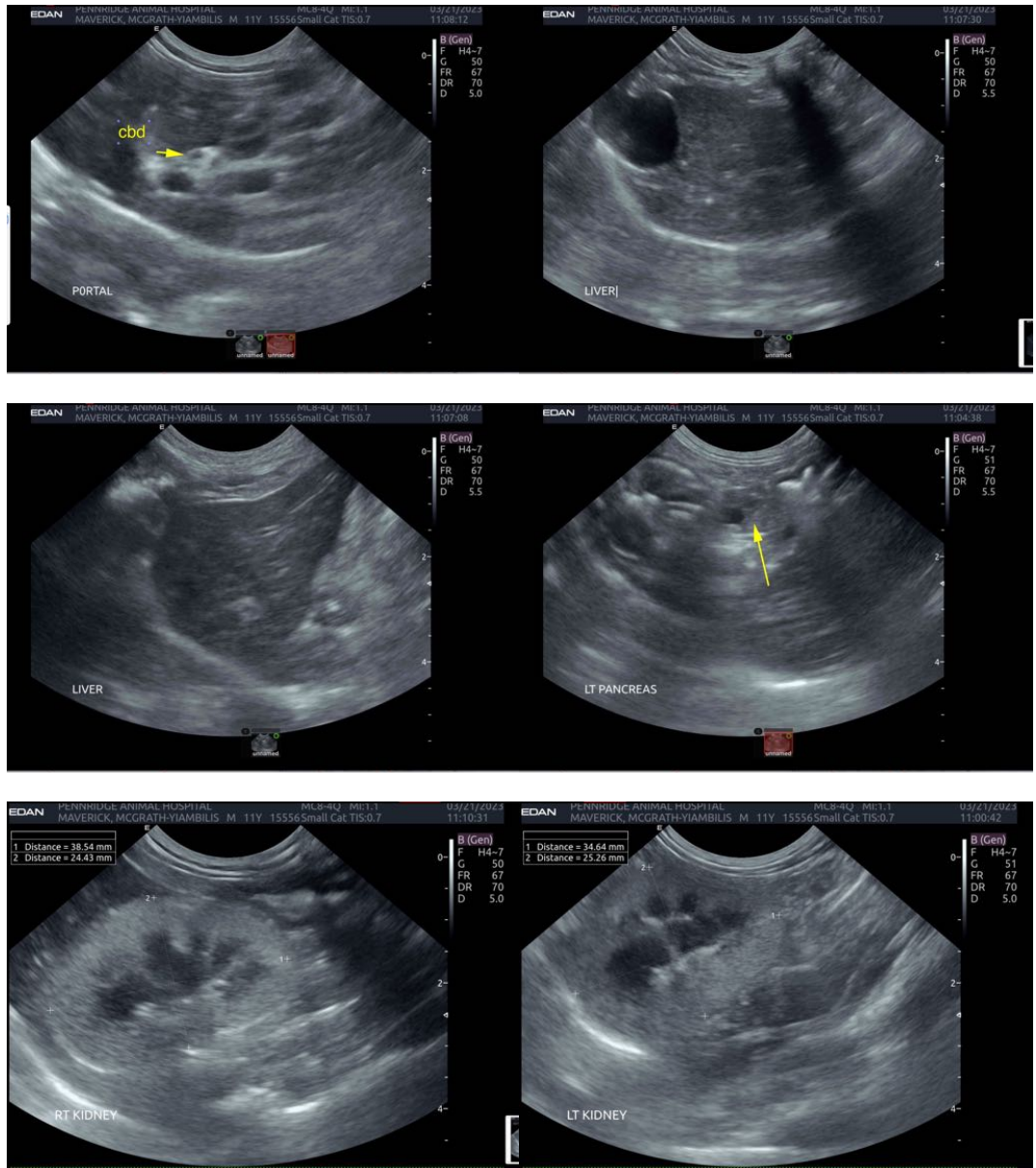
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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