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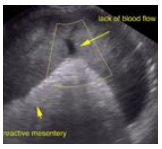

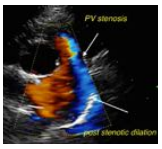

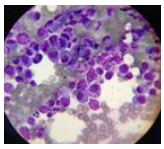
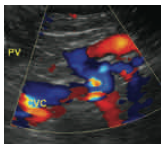

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1-800-838-4268 info@sonopath.com

PATIENT

Tyynk Brdley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

13 years

WEIGHT

3.08 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Stegemoller

INVOICE

97776

DATE

3/24/22

PRESENTING CLINICAL SIGNS

History: History: Has Iris Stage 2 CKD and hyperthyroidism that are both stable and controlled, but pet has continued to not eat well and lose weight and is vomiting intermittently
Abnormal PE/Chem/CBC/UA Results: Abnormal laboratory findings: RBC 6.98, HGB 9.9, SDMA 19, Cre 1.7, Alb 2.3, USG 1.021, pH 6.5, negative urine proteinuria, TT4 2.1 Other diagnostics available (ie. Blood pressure, radiographs, etc): BP WNL Abnormal physical exam findings: Very unkempt hair coat and topline matting, suspect arthritis in stifles and elbows based on movement and palpation

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** 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 right kidney measured 2.97 cm. The left kidney measured 3.7 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 0.36 cm in width. The right adrenal gland measured 0.38 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 was noted.

Liver

The **liver** in this patient revealed a right medial liver cyst. The gallbladder was unremarkable with mildly increased portal markings. The common bile duct and cystic duct were slightly dilated. The common bile duct measured up to 0.4 cm. However, the distal aspect of the common bile duct was unremarkable.

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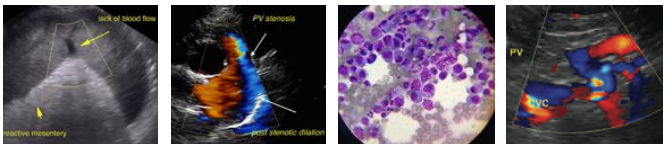

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Gastrointestinal

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. The mesenteric lymph node was enlarged and cystic measuring 1.5 x 0.8 cm. The length to width ratio was maintained.

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.

ULTRASONOGRAPHIC FINDINGS

Liver cyst, mild hepatic remodeling.

Mild intestinal thickening.

Non-specific, mild degenerative renal changes.

Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the elevated renal values I am concerned that there is a significant triaditis type scenario with this patient creating a prerenal disease as well as renal. The kidneys do not appear end stage. Inflammatory bowel, pancreatitis and lymphadenitis may all be playing a role. Full thickness intestinal lymph node biopsies would be ideal. Ultrasound-guided FNA of the mesenteric lymph node can be considered; however, given its microcystic change culture and cytology would likely be most fruitful as underlying chronic lymphadenitis may be playing a role. 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.

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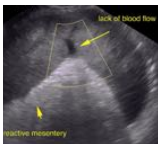
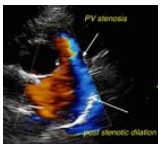
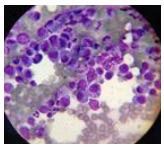
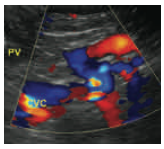

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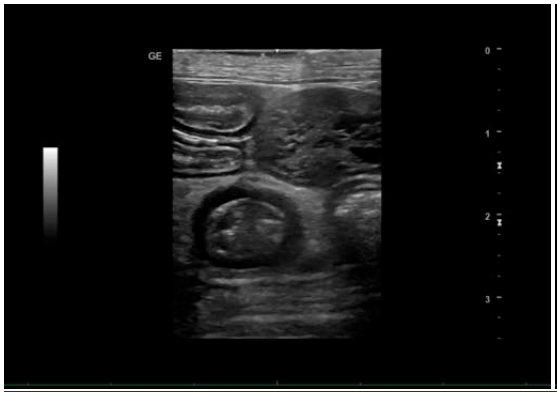
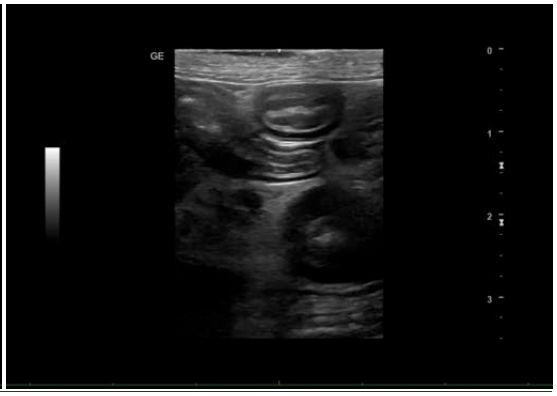
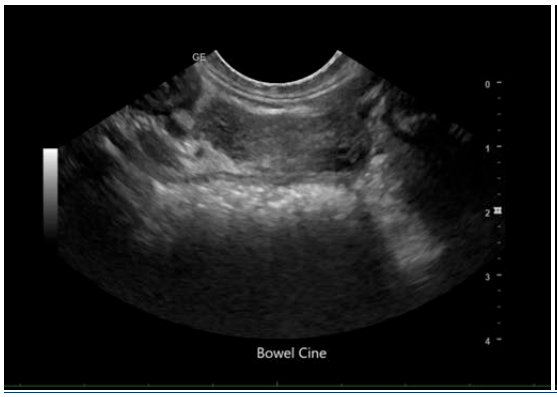

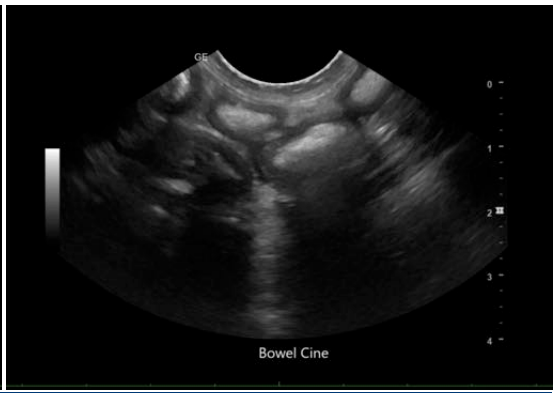

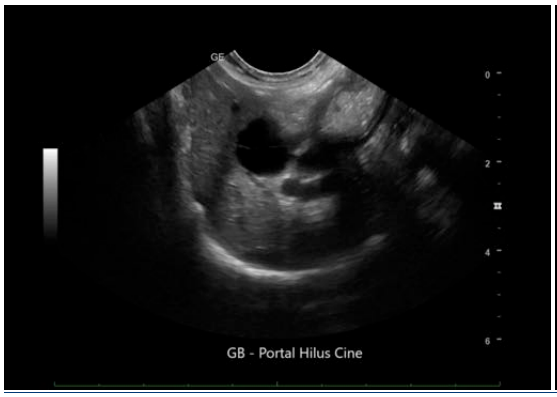

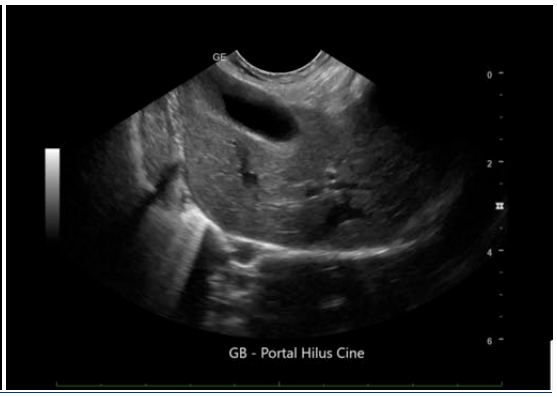

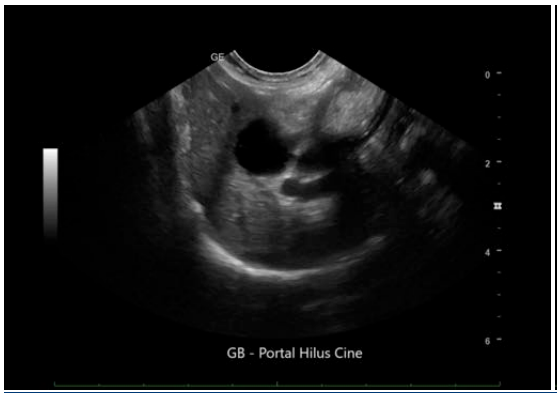

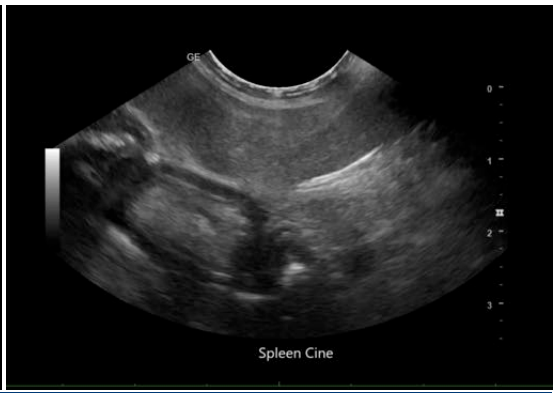

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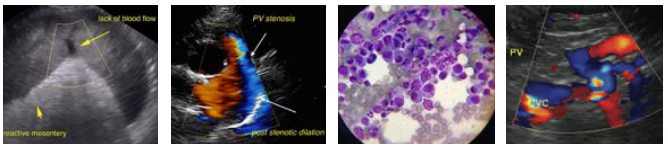

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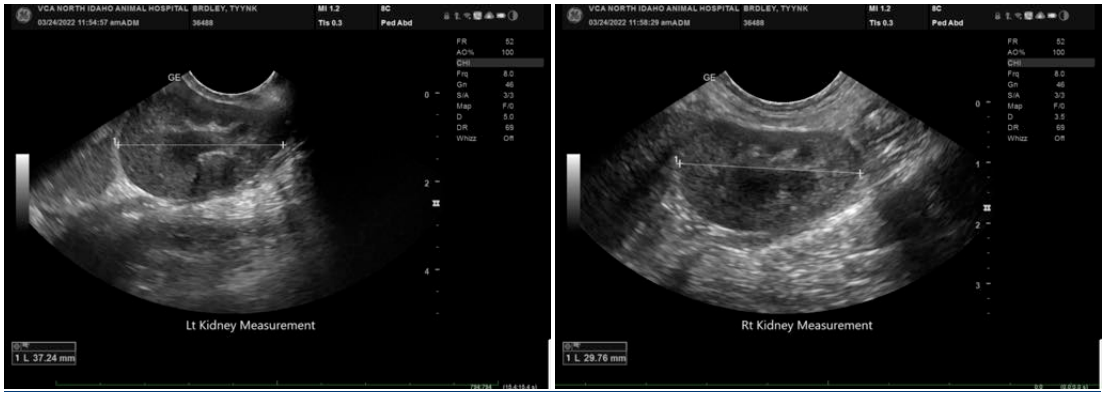

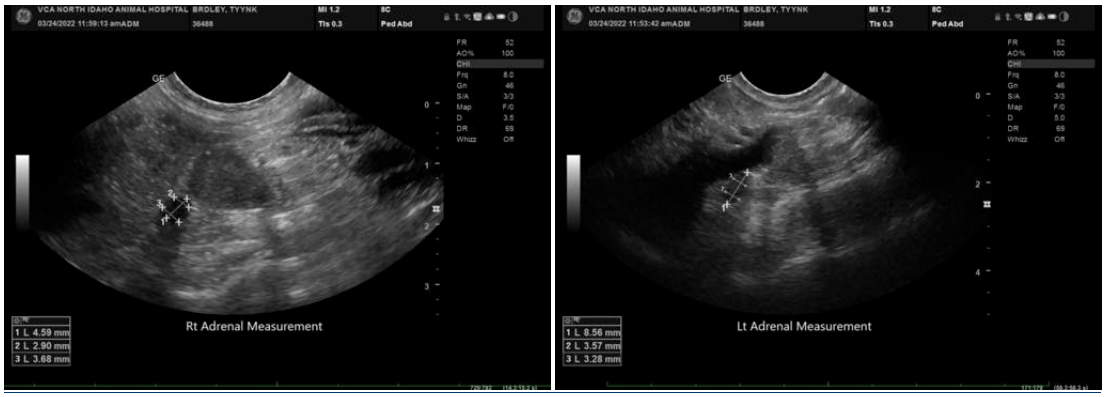

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com