

**DATE**

3/4/22

PRESENTING CLINICAL SIGNS

History: IBD- about 18 months. No change with meds/food.

PATIENT

Lovey Audette

Current Medications: None listed.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

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.

SEX

Spayed Female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Slight medullary rim sign noted, idiopathic. The right kidney measured 4.0 cm. The left kidney measured 3.9 cm.

AGE

9/30/2007

WEIGHT

8 Lbs.

Adrenal GlandsThe regions of the **adrenal glands** revealed no evident pathology.**INTERPRETED BY**Eric 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 were noted.

HOSPITAL NAME

Honeygo AH

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.

REFERRING VET

Dr. Wright

INVOICE

14184

Gastrointestinal

The **gastrointestinal tract** revealed minor 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. This is a minor change.

Pancreas

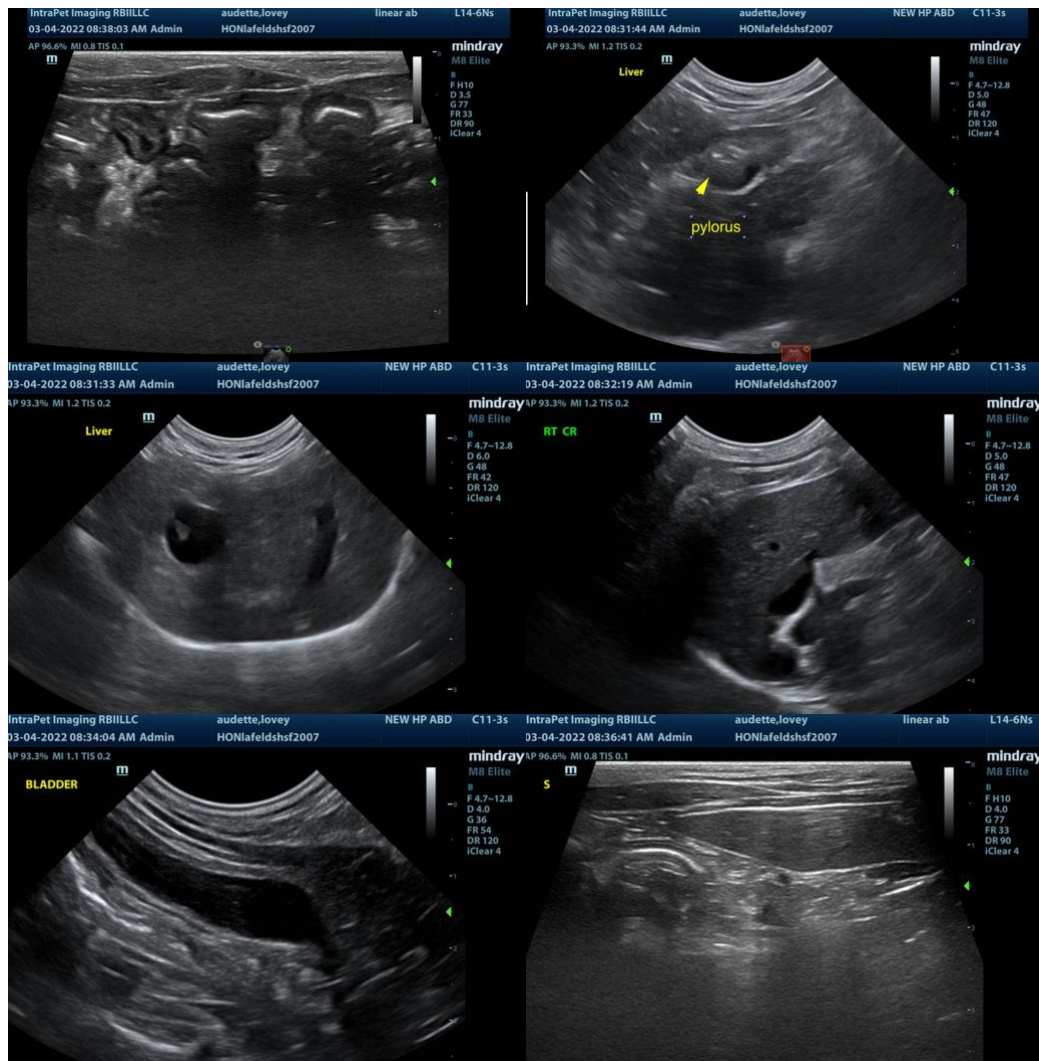
The pancreas was enlarged (1.02 cm) with dilated duct. Mild enhanced surrounding mesentery noted around the hypoechoic parenchyma.

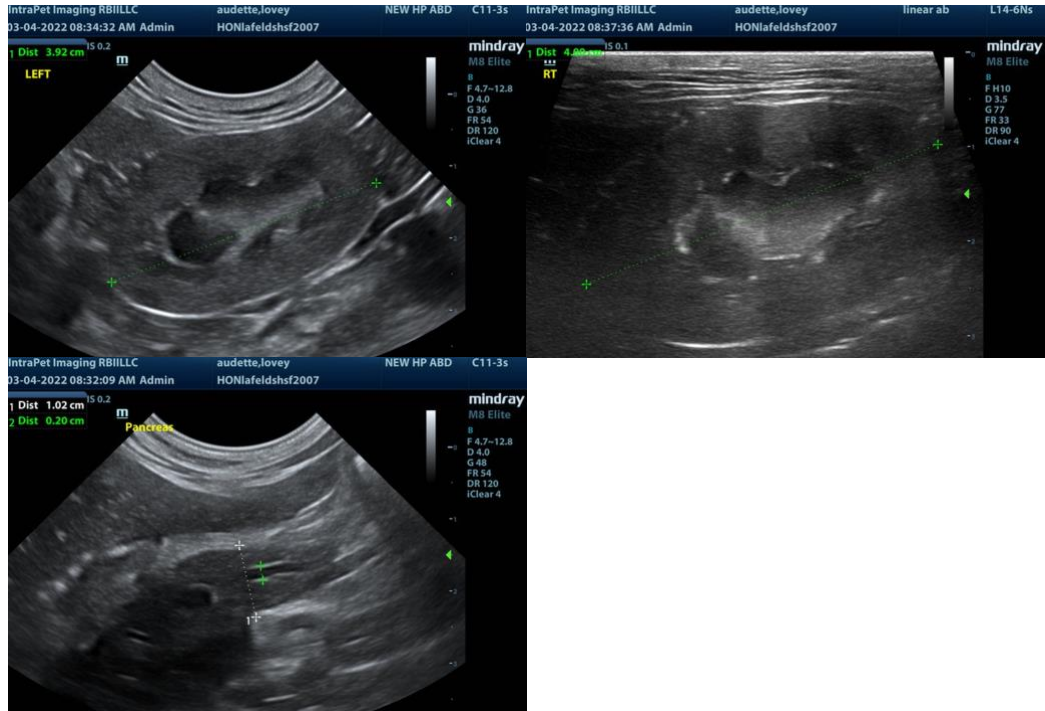
ULTRASONOGRAPHIC FINDINGS

- Minor intestinal thickening
- Prominent, irregular pancreas, chronic active or periodic pancreatitis likely playing a role in this patient
- Age-related renal changes with slight medullary rim sign (idiopathic)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If hydrolyzed diet has not been utilized, I recommend initiating hydrolyzed diet into this patient's protocol. A clinical trial of Zithromax/metronidazole to cover for infectious agents warranted. Low dose Prednisolone could also be considered. If weight loss is an issue, B-12 injections warranted. No evidence of neoplasia.





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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