



**DATE PRESENTING CLINICAL SIGNS**

3/7/23

2/16/23 seen for limping @ Homeward Bound. Baseline BW, sent with Gaba which o did not start because p did not seem painful after visit. Recheck 2/27 for ADR x 5-7d: supportive care for fever, URI signs. CAH 3/3/23: Decreased appetite, painful abdomen, weight loss (was 15.6#) no URI signs noted.

**PATIENT**

Jake Swinson

Current Medications: Convenia, Cerenia, SQF, Vit B12, Onsior given 2/27. Started 3/3: SQF 150ml SID; Cerenia SQ then PO SID; Mirataz, start gaba.

**SPECIES**

Feline

Lab Results: 2/16/23 CBC + mini chem = WNL. 3/3/23 CBC/comp chem/lytes: BUN 54.6, creat 2.3, phos 7.0. Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS

**BREED**

Domestic Shorthair

**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.

**SEX**

Neutered male

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. The right kidney measured 4.32 cm. The left kidney measured 3.83 cm.

**AGE**

10/1/10

**WEIGHT**

14 lbs

**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 0.55 cm.

**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 was noted.

**HOSPITAL NAME**

Chadwell AH

**REFERRING VET**

Dr. Jones

**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. Multi-focal ring down artifact was noted. This is indicative of alveolar consolidation.

**INVOICE**

43171

### ***Gastrointestinal***

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Intestinal wall thickness measured up to 0.28 cm. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### ***Pancreas***

The **pancreas** in this patient was enlarged, irregular and nodular with enhanced surrounding mesentery. This is suggestive for inflammation. Some cystic and nodular changes were noted as well as undulating contour. The pancreas measured 0.97 cm in width.

### ***Heart***

Rapid view of the heart revealed normal volume and contractility. Ring down artifact was noted.

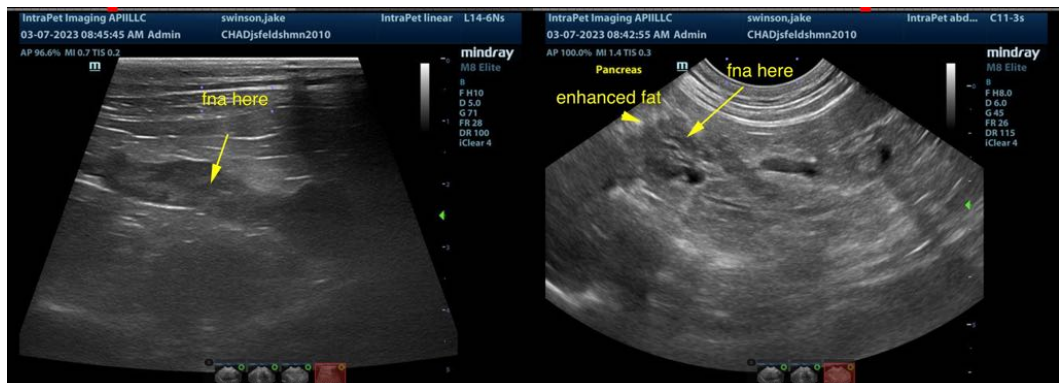
### **ULTRASONOGRAPHIC FINDINGS**

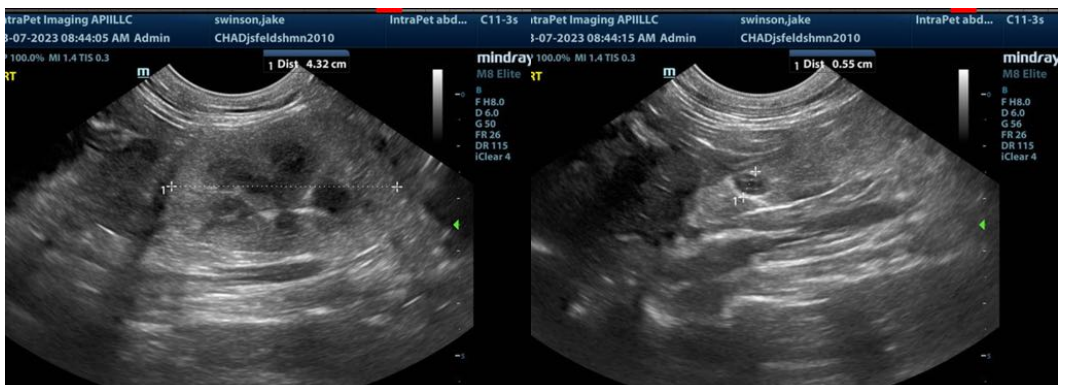
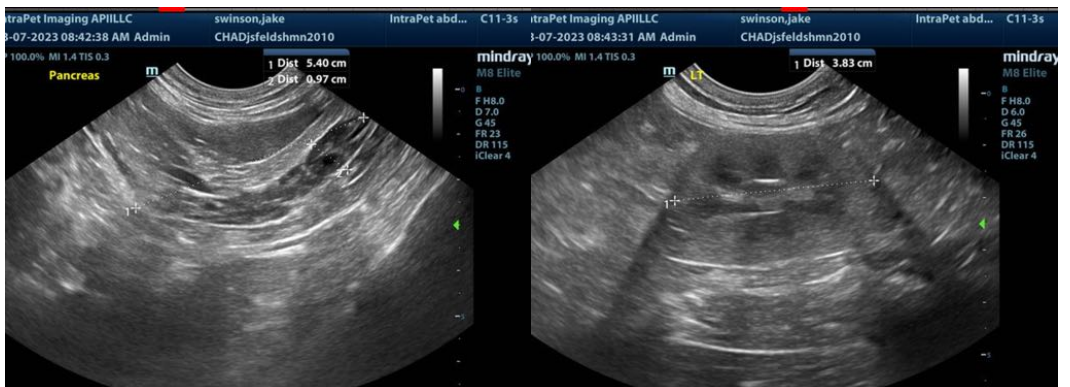
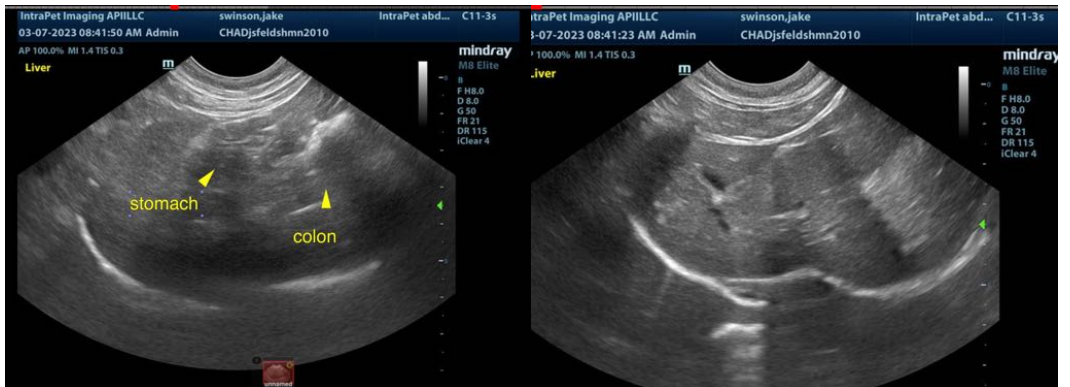
Prominent, irregular pancreas, likely nodular hyperplasia with chronic active inflammation, possibility of emerging carcinoma.

Normal cardiac contractility and volumes were noted with minor ring down artifact, which may be idiopathic age related changes or causes of microconsolidation such as pneumonitis or metastatic disease. The changes are likely sequelae from prior URI.

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

I recommend FNA of the pancreas in this patient to ensure that emerging carcinoma is not an issue as opposed to nodular hyperplasia, which is more likely. Some level of inflammation may be present. Chest radiographs are recommended if not already performed.







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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