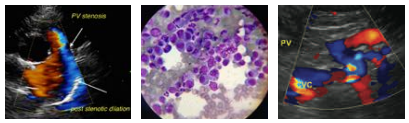
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
4/18/22

PATIENT
Layla Bocian

SPECIES
Feline

BREED
Ragdoll

SEX
Spayed Female

AGE
3/11/05

WEIGHT
5.56 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Banfield Towson

REFERRING VET
Dr. Mike

INVOICE
99337

PRESENTING CLINICAL SIGNS

Chronic diarrhea (house training accidents) for over two years. No response to Tylosin or diet trial of Z/D/biome diet, or proviable course. Her owner was present at last time of ultrasound but has gotten worse. Underweight and dental disease, OA
Current Medications: Started course of Propectalin on 3/24/22. On Gabapentin BID long term.
Lab Results: NSF.
Date of Previous IntraPet Ultrasound: 10/7/2020. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 3.32 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.

Spleen

The **spleen** revealed hyperechoic nodular changes that measured up to 0.34 cm. Uniform parenchyma was noted otherwise.

Liver

The **liver** revealed a hypoechoic, left cranial liver nodule that measured 0.63 x 0.5 cm with mild disruption of architecture. The remainder of the liver was unremarkable and fairly uniform with mildly increased portal markings. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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. The ileocecocolic junction was slightly thickened. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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. The left pancreatic limb measured 0.7 cm.

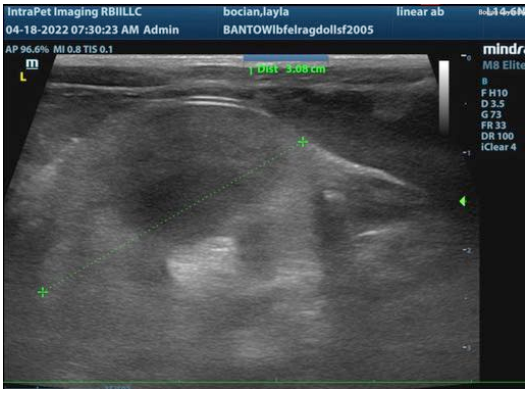
ULTRASONOGRAPHIC FINDINGS

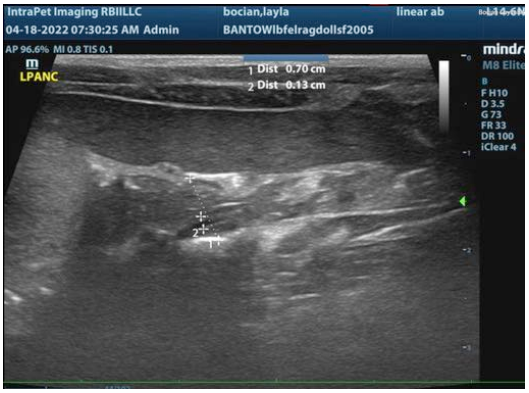
Chronic pancreatic changes with undefined hepatic nodule, no obvious evidence of neoplasia.
Nodular hyperplasia of the liver is likely.
Mild intestinal thickening, yet not significantly improved compared to the prior sonogram.

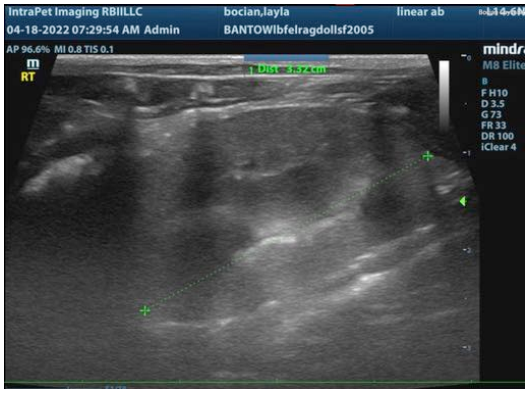
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

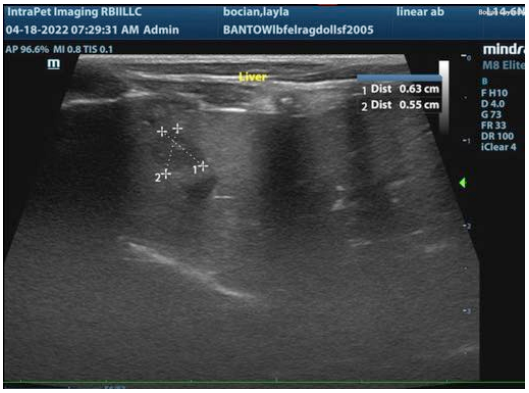
Malassimilation of nutrients or occult neoplasia is possible in this patient. Ultrasound-guided FNA of the liver nodule could be considered or monitoring if any growth occurs, then FNA over the next 4 weeks.

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.









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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