

DATE PRESENTING CLINICAL SIGNS

4/19/23

Inappetence, lethargy, muscle atrophy.
Current Medications: Mirataz.
Lab Results: Slightly dehydrated and stressed, liver values normal.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: DKT prior to sonographer arrival.
Stat Report: Requested/Approved.
Imaging Performed By: Stephanie Warga RDCS, RVT.

PATIENT

Tigger Willett

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8/15/13

WEIGHT

7.43 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Cat Hospital at Towson

REFERRING VET

Dr. Martin

INVOICE

43859

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.81 cm. The left kidney measured 4.62 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 right adrenal gland measured 0.41 cm.

Spleen

The **spleen** was folded upon itself caudally and is uniform.

Liver

The **liver** was diffusely hyperechoic to the falciform fat. The gallbladder and common bile duct were unremarkable. This is most consistent with lipidosis; however, without ALKP elevations it is not likely a clinical issue.

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The **pancreas** was hypoechoic with undulating contour with normal width on the left measuring 0.56 cm. However, I suspect some level of inflammation.

Free Abdomen

Slight, enhanced mesentery and minor free fluid was noted in the abdomen. The abdominal aorta in this patient was dilated with a thickened wall. The wall thickness measured up to 0.4 cm. This is consistent with arteritis or dissected aorta. This also appeared to be present in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

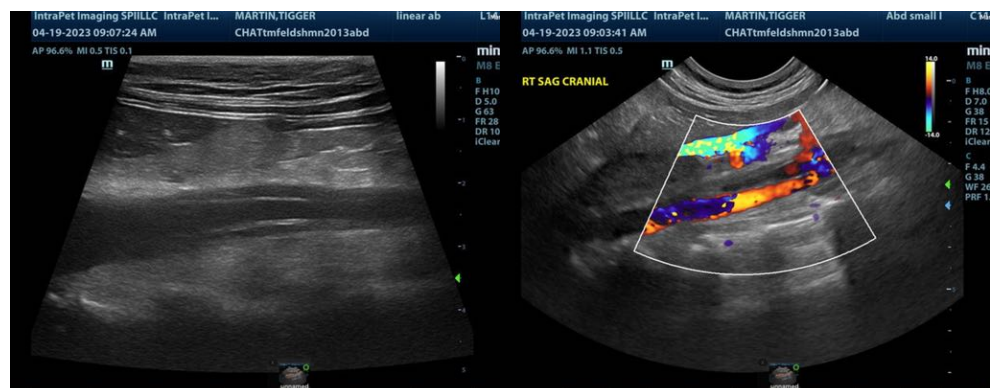
Arteritis/dissected aorta pattern, vascular inflammatory event.
Possible concurrent pancreatitis.
Otherwise, age related abdominal changes.

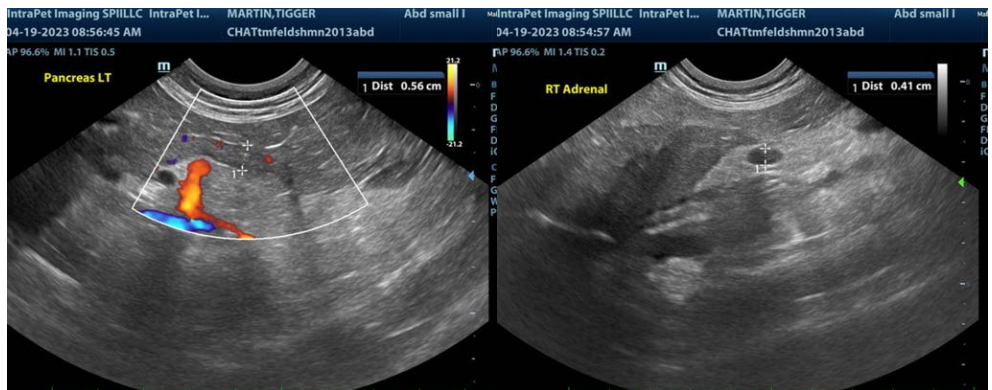
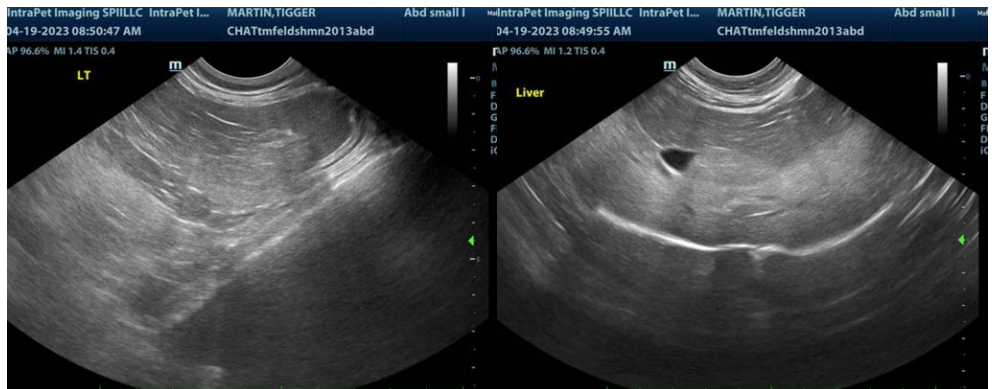
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

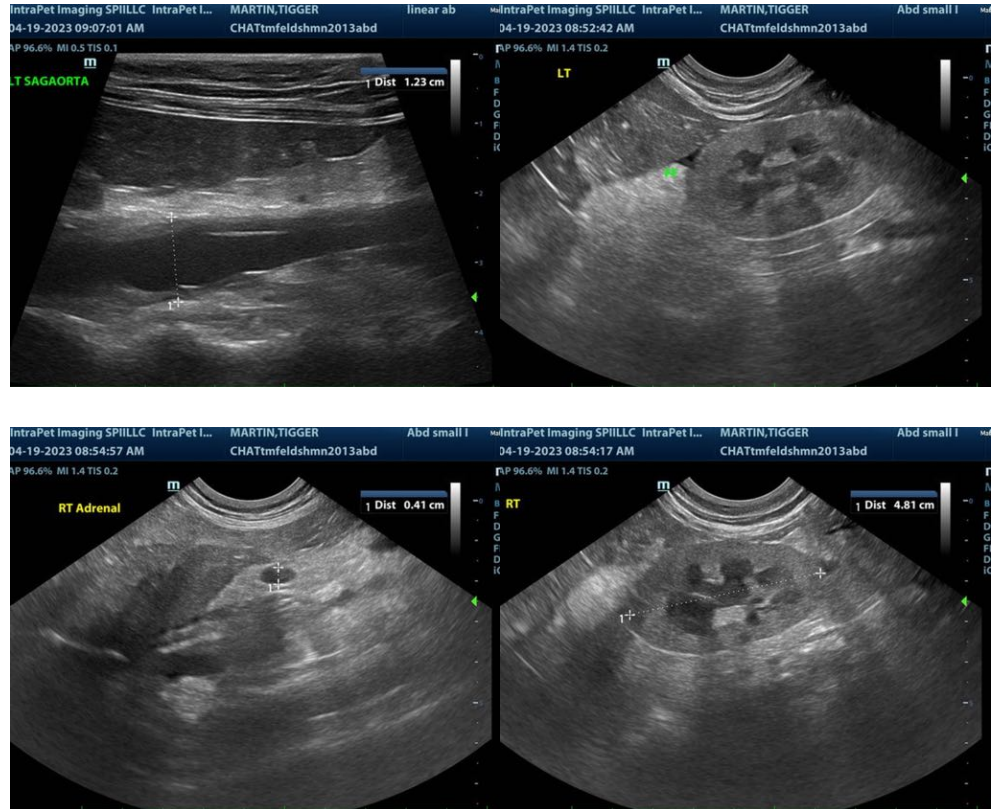
This patient is at high risk for thromboembolic episodes. Causes of systemic inflammation/vasculitis should be investigated; however, the prognosis is extremely guarded. Plavix therapy/broad spectrum antibiotics and supportive care are all indicated. There was no obvious evidence of neoplasia; however, underlying occult mastocytosis, lymphomatosis or similar should be considered. IV fluid support, broad spectrum antibiotics such as Enrofloxacin and Clindamycin to cover for infectious agents, Plavix therapy, supportive care and pain management is all indicated. A recheck sonogram is recommended in 48-72 hours. The prognosis is extremely guarded. Pulse quality should be monitored carefully and periodically in the front and hind limbs.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>







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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Eric.Lindquist@SonoPath.com