

**DATE**

4/29/22

PRESENTING CLINICAL SIGNS

Weight loss and increased appetite. BW showed on reason for weight loss.

Current Medications: None listed.

PATIENT

Freud Smith

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Domestic Shorthair

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

Neutered male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Corticomedullary and pelvic calculi were noted. The left kidney measured 3.0 cm. Non-obstructive calculi in the left kidney measured up to 0.4 cm. Pyelectasia in the right kidney measured 0.34 cm. The right kidney measured 3.65 cm, similar changes to the left.

AGE

6/20/05

WEIGHT

8.7 lbs

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

INTERPRETED BYEric 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. Caudal folding of the spleen was noted, positional variant.

HOSPITAL NAMEHomeward Bound
Veterinary**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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.

REFERRING VET

Dr. Vance

INVOICE

14977

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. Muscularis/mucosal ratio was 1:1. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. Chronic inflammatory bowel disease is likely with a low possibility of an early

neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Intestinal wall thickness measured up to 4.0 mm. The stomach was filled with progressively shadowing material, likely hair accumulation, measuring approximately 2.0 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate 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 subxyphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected. Dilated duct measured 3.0 cm. The left limb of the pancreas measured 1.14 cm. Regional minor reactive lymph nodes noted, measuring up to 5.0 mm.

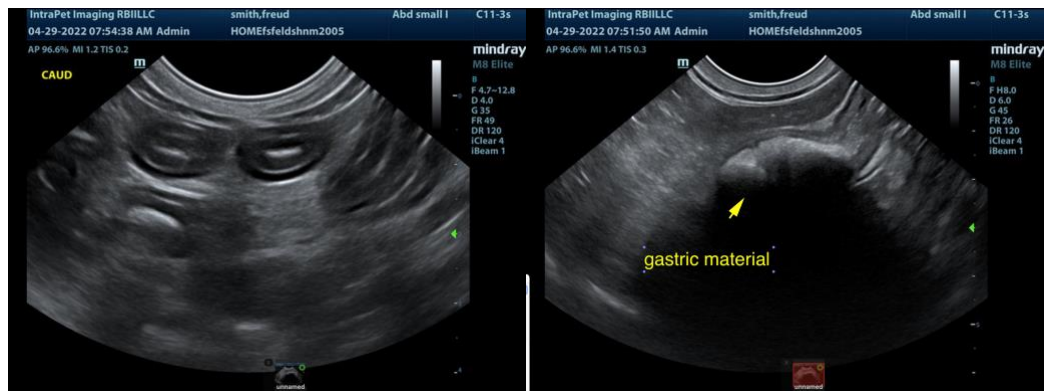
ULTRASONOGRAPHIC FINDINGS

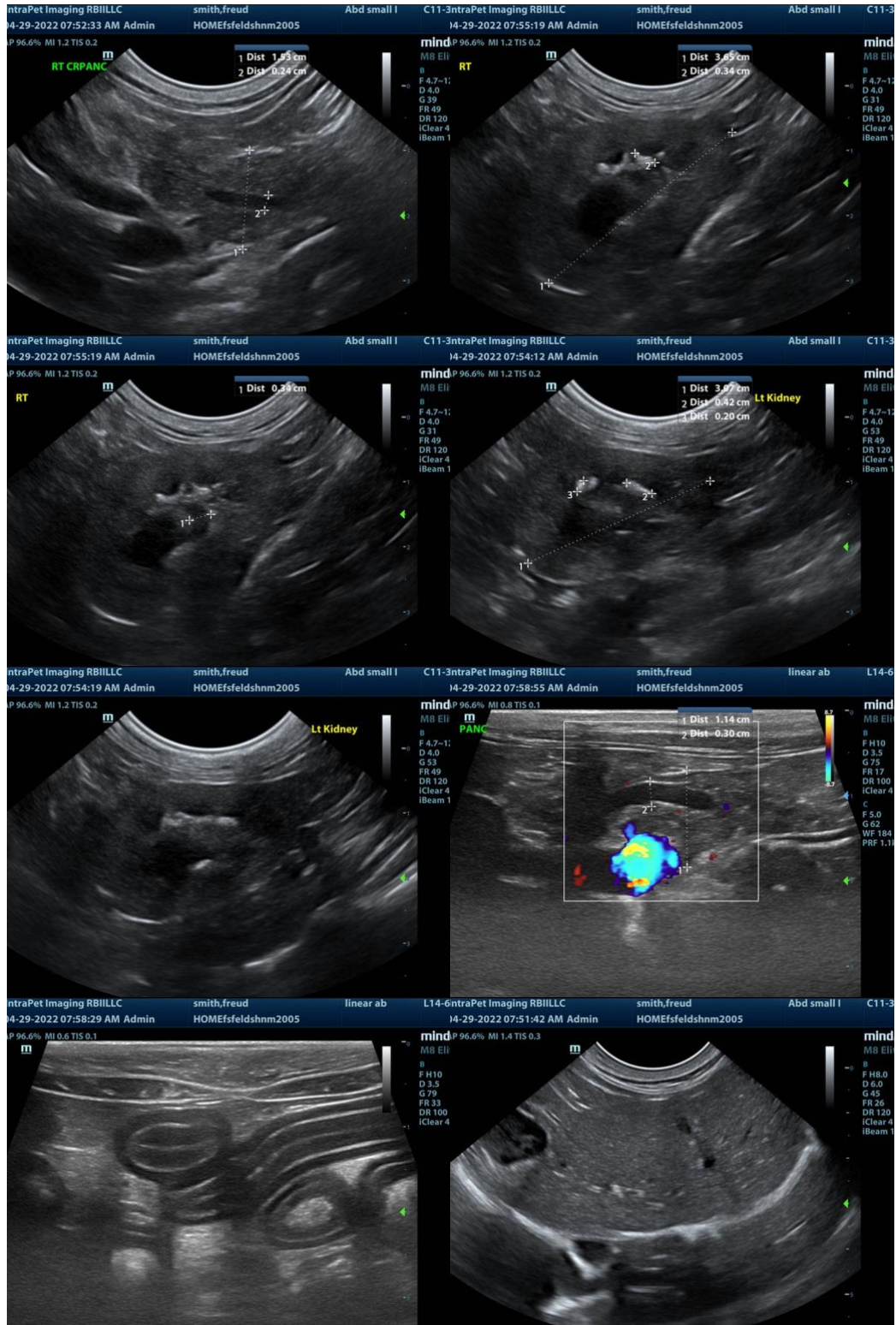
- Diffuse intestinal thickening with hairball density on the stomach
- Chronic pancreatic changes
- Age-related hepatic changes
- Moderate degenerative renal changes with pinpoint mineralizations

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, full thickness intestinal gastric and pancreatic biopsies would be performed in this patient with evacuation of the stomach. No neoplastic criteria noted in the GI tract or elsewhere. Likely inflammatory bowel with hairball accumulation. Malassimilation of nutrients would make the most sense in this patient. However, emerging round cell neoplasia cannot be completely ruled out, even though overt neoplastic criteria is present.

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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