

**DATE**

4/8/22

PRESENTING CLINICAL SIGNS

History: History of weight loss with normal labwork. Previous US indicated organomegaly with concern for neoplasia, intestinal thickening, renal changes and pancreatic changes. Owner declined biopsy recommended, elected to treat with Zithromax, Prednisolone, Vitamin B12 and hydrolyzed diet.

PATIENT

Christopher Ruhl

Current Medications: Azithromycin 50mg SID for 10 days, Vitamin B12 0.25mL Q1 week x 6 weeks, Prednisone 2.5mg SID, Hydrolyzed protein diet.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: 2/4/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

DSH

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

12/19/04

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 calculi and infarcts were noted in the left kidney. The right kidney measured 3.58 cm. The left kidney measured 2.9 cm.

WEIGHT

7.81 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

The **left adrenal gland** was 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 0.59 cm.

HOSPITAL NAME

Hickory VH

The region of the **right adrenal gland** revealed no evident pathology.

Spleen**REFERRING VET**

Dr. McNesby

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.

INVOICE

14682

Liver

A hepatic nodule was noted in the right medial **liver**, persistent yet nondisruptive, measuring 0.69 cm. Minor heterogeneous parenchymal changes noted elsewhere. The common bile duct measured 0.31 cm. The cystic duct was mildly tortuous yet not clinically significant.

Gastrointestinal

Variable **small intestinal** thickening was noted yet appears to be improved compared to the prior sonogram. The gastrointestinal tract was unremarkable otherwise.

Pancreas

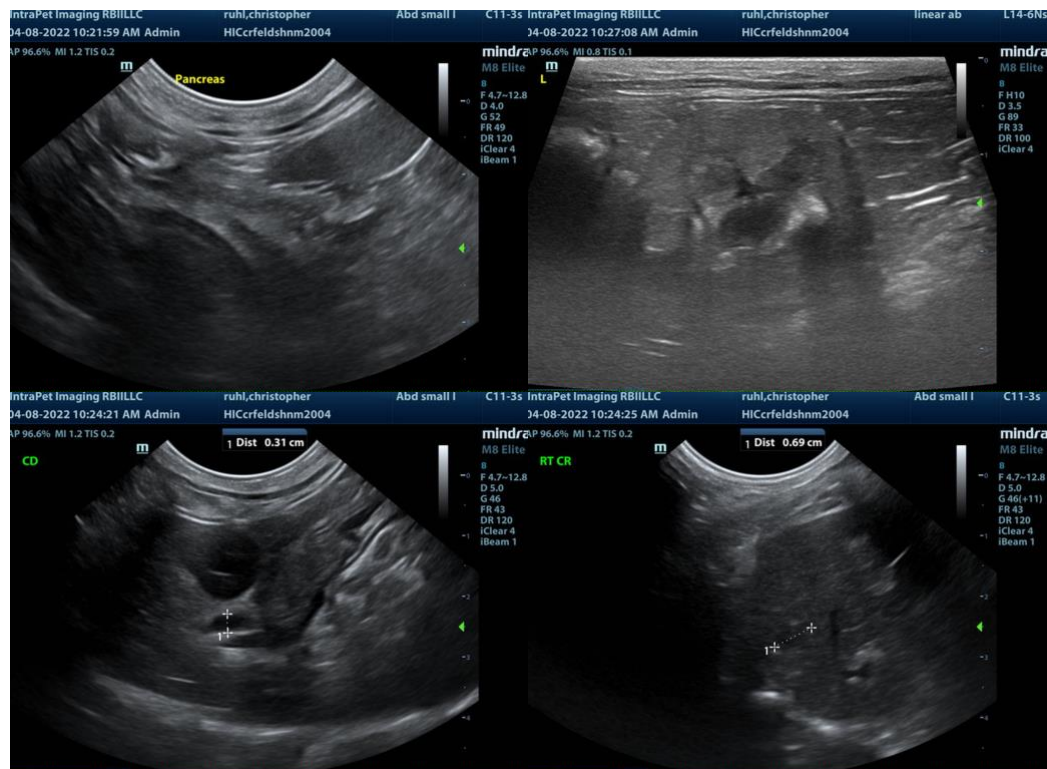
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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. Slight duct dilation was present. The left limb of the pancreas measured 0.65 cm.

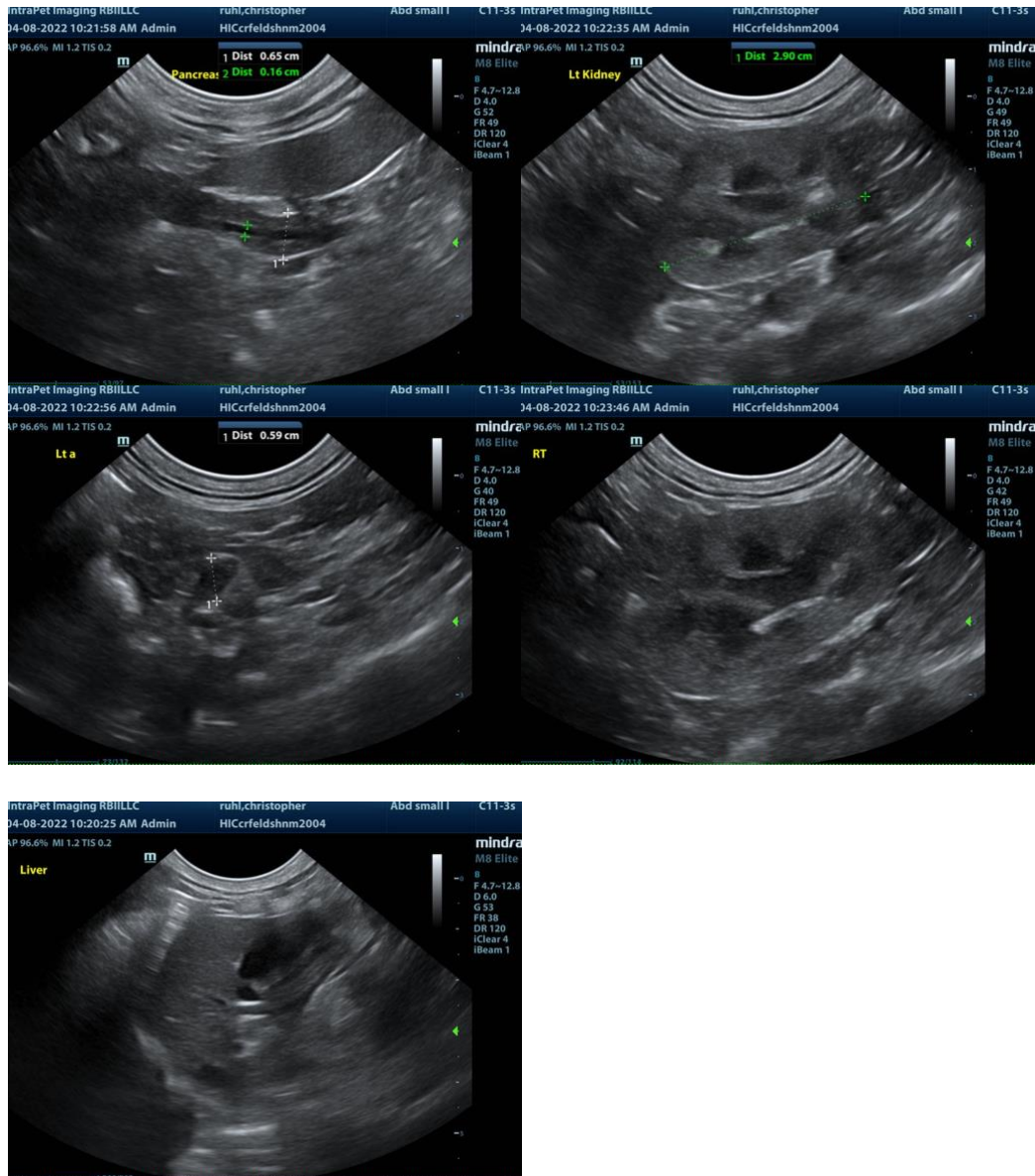
ULTRASONOGRAPHIC FINDINGS

- Improved gastrointestinal presentation
- Chronic pancreatic changes
- Renal calculi and infarcts
- Heterogeneous liver with hepatic nodule
- Mildly tortuous cystic duct, yet not clinically significant
- Geriatric abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdomen appears to be stable. Continual supportive care for chronic triad disease warranted in this patient. The presentation appears to have improved compared to the prior sonogram.





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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