

**DATE PRESENTING CLINICAL SIGNS**

5/1/23 History: Weight loss 1.5# over the past 1-2 month, PU/PD at home noted. PE unremarkable other than weight
PATIENT loss. CBC/Superchem/UA/T4 unremarkable.

Zoe Bond

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5/19/08

WEIGHT

10.63 Pounds

Current Medications: None currently.

Lab Results: CBC: mild lymphopenia. Chem—nsf. UA USG 1.019, trace protein, inactive sediment. T4 1.6

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Dexdomitor/Torbugesic IM.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

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 were 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 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 this age patient. Medullary structure differed distinctly from that of the cortex. Occasional cortical cysts were noted. Minor pyelectasia was noted. The right kidney measured 3.08 cm. The left kidney measured 3.4 cm.

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 0.39 cm.

HOSPITAL NAME

Everhart VH

The region of the **right adrenal gland** revealed no evident pathology.**Spleen**The **spleen** was enlarged with scalloping contour, measuring up to 1.12 cm in width.**REFERRING VET**

Dr. Falke

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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. The hepatic lymph nodes were enlarged (up to 6.0 mm).

INVOICE

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Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The

intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. 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. This is a minor change.

Pancreas

The **pancreas** was hypoechoic and irregular with undulating contour and mild enhancement. Reactive mesentery was noted around the pancreas.

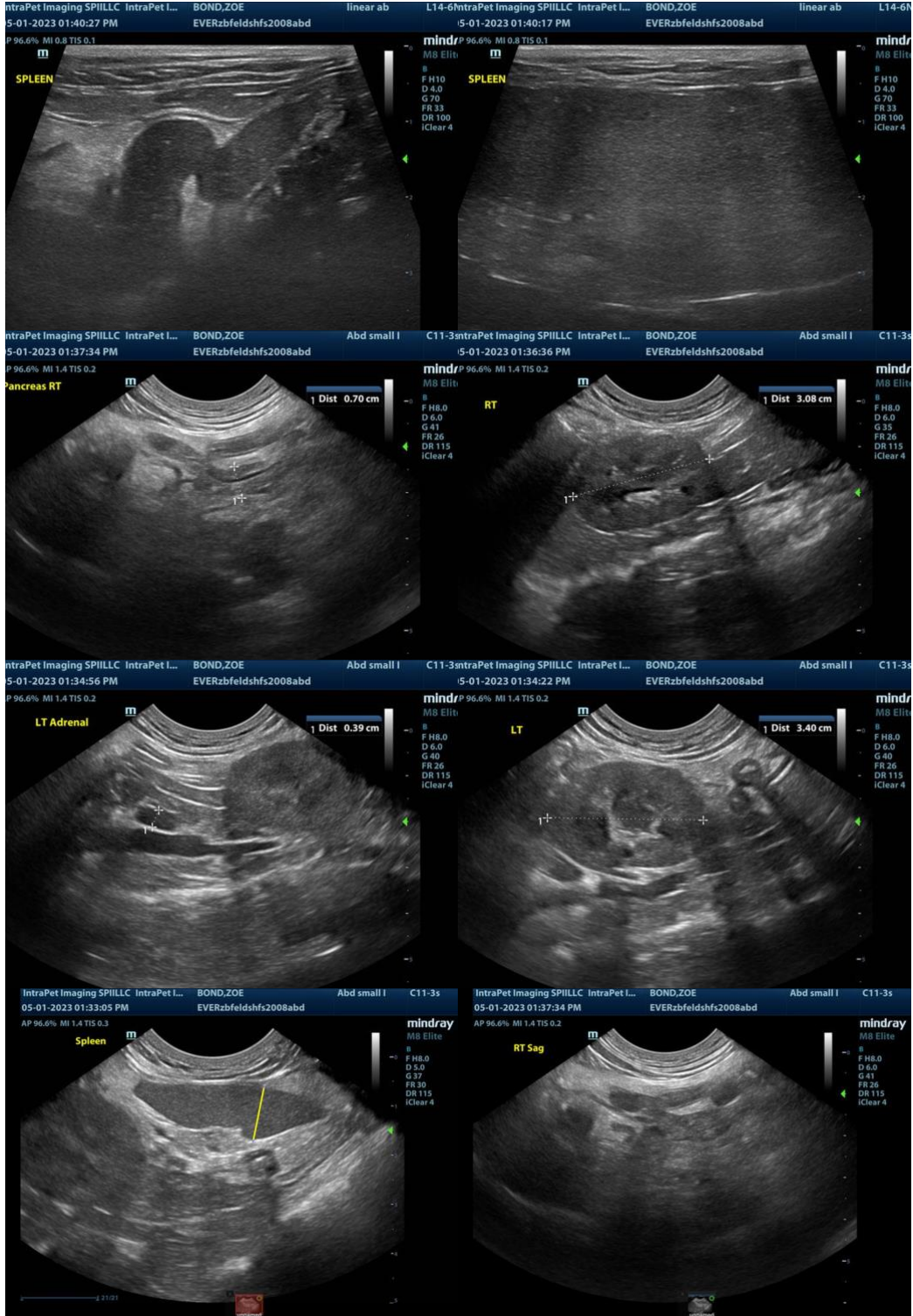
ULTRASONOGRAPHIC FINDINGS

- Suspect pancreatitis
- Reactive spleen
- Minor gastrointestinal thickening
- Age-related renal changes with pyelectasia
- Age-related hepatic changes with enlarged hepatic lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic FNA is strongly encouraged with cytology and culture. Pancreatic FNA would be ideal to assess inflammatory cell type. No overt suspicion for pancreatic neoplasia. Treatment for pancreatitis is warranted. Full urinary work up is warranted, if not already performed, to assess for any evidence of UTI given the pyelectasia. Pancreatitis/splenitis is likely. Emerging round cell neoplasia is possible yet less likely.







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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