

**DATE**

5/12/22

PRESENTING CLINICAL SIGNS

Intermittent diarrhea and hematochezia for years per O. On prednisolone for 4 years - O unable to provide information on dosing/frequency. On metronidazole for approximately 3 days - O unable to provide information on dosing/frequency. Decreased appetite for 24 hours. O reports P has previously been diagnosed with pancreatitis.

PATIENT

Travis Hiesener

Current Medications: Prednisolone for approximately 4 years - O unable to give dose or frequency. Metronidazole for approximately 3 day - O unable to give dose or frequency.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Isoflurane.

SPECIES

Feline

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

BREED

Maine Coon Mix

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.

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 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. Slight mineralization was noted. The right kidney measured 4.67 cm. The left kidney measured 4.2 cm.

AGE

11/11/08

WEIGHT

16.9 lbs

Adrenal Glands

Both **adrenal glands** were mineralized. The right adrenal gland measured 0.39 cm. The left adrenal gland measured 0.31 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 0.8 cm.

HOSPITAL NAME

Bay Country VH

REFERRING VET

Dr. McLean

Liver

The **liver** was normal and isoechoic to the surrounding fat and normal vascularity and contour. The parenchyma was uniform. The gallbladder and common bile duct were unremarkable.

INVOICE

30331

Gastrointestinal

The **stomach** revealed minor retention of ingesta with slight mural hypertrophy in the pyloric outflow, yet the changes were minor. 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 intestinal wall measured 0.26 cm. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

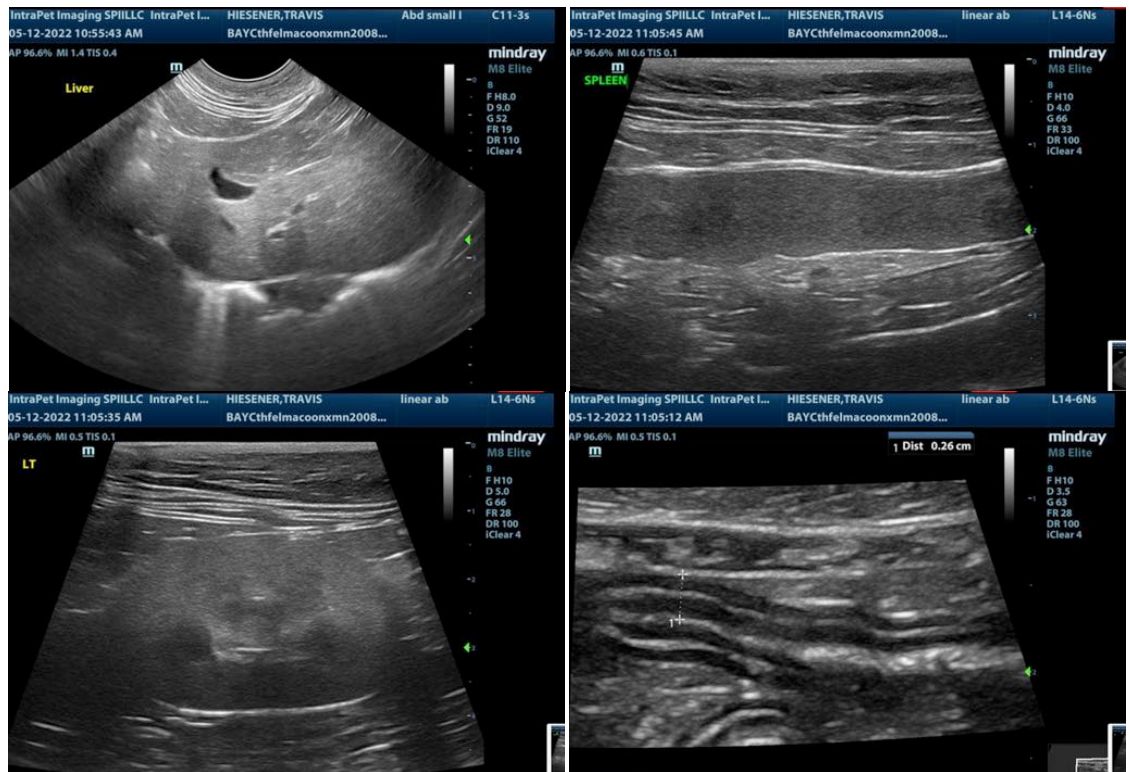
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain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

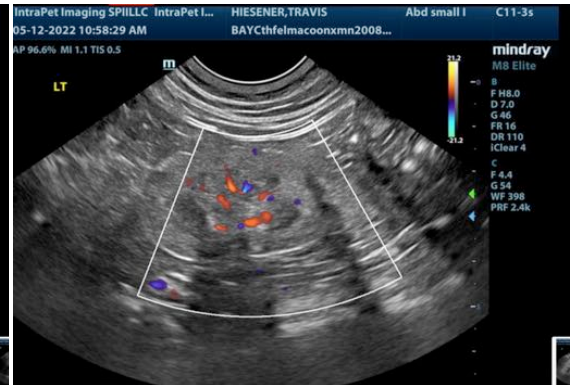
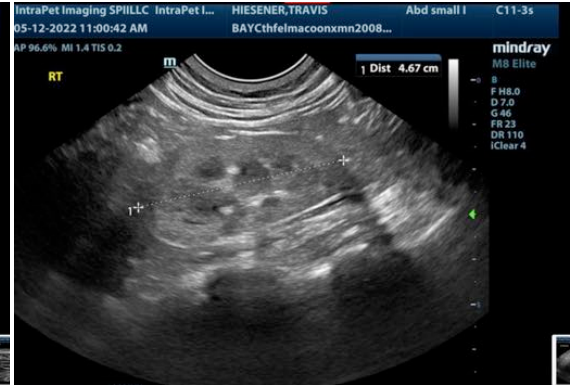
ULTRASONOGRAPHIC FINDINGS

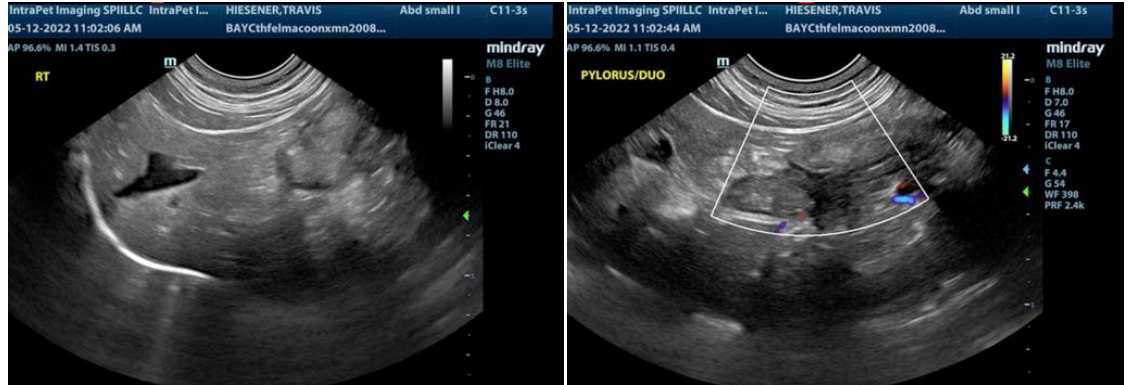
Minor pyloric hypertrophy.
Minor intestinal thickening.
Otherwise, stable geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The Prednisolone therapy may be suppressing a more significant presentation. However, there was no evidence of neoplasia. Rotation to a hydrolyzed diet is recommended if not already performed as well as broad spectrum anti-parasitic protocol.







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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