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Clinical Sonography & Telecytology
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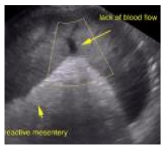
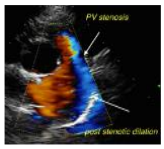
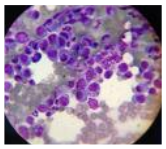
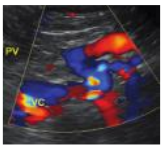





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Shelby McNamara

SPECIES
Feline

BREED
Maine Coon

SEX
Neutered Male

AGE
12 Years

WEIGHT
13.6 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Midland Park VH

REFERRING VET
Dr. John Shokoff

INVOICE
37372

DATE
5/4/22

PRESENTING CLINICAL SIGNS

Follow-up ultrasound - initially performed at OAH. Treated for recurring, chronic pancreatitis at OAH throughout March/April. U/S revealed possible IBD vs. lymphoma - no confirmation. GI signs +/- abdominal discomfort over the past few days. Waxing and waning GI symptoms. After several weeks of doing well, owner feels Shelby is in discomfort. Current meds: Prednisone 2mgs/day. Abnormal PE/Chem/CBC/UA Results: Albumin 4.2, glucose 194 (stress?), Ca 11.5, Na 159, trigs 165, PrecPSL 32, CPK 32, lymphocytes 670, with normal CBC otherwise. No recent UA - results in 4/21 revealed trace protein and USG of 1.052.

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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. Hyperechoic medullary rim sign noted in both kidneys, which is an idiopathic finding. The right kidney measured 4.2 cm. The left kidney measured 4.2 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 0.46 cm. The left adrenal gland measured 0.18 cm.

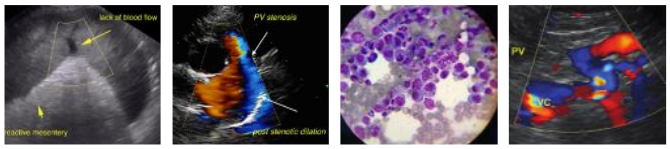
Spleen

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.

Liver

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

Gastrointestinal



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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

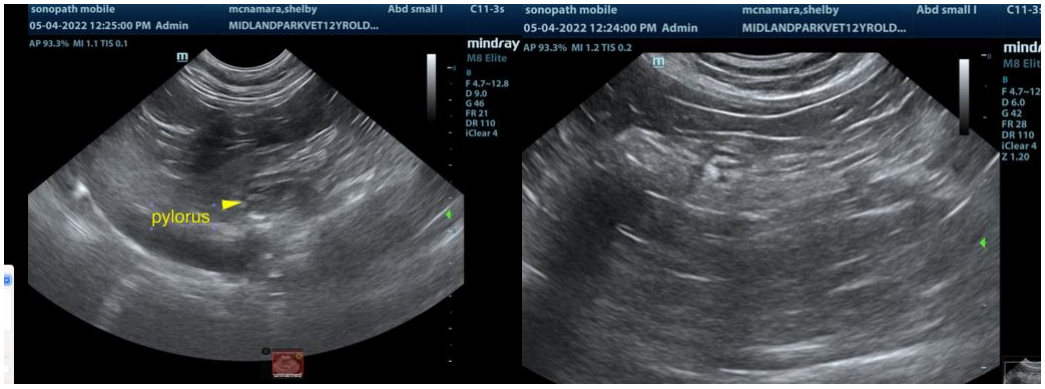
The left **pancreatic** limb measured 0.61 cm. Minor coarse architecture noted. Minor remodeling.

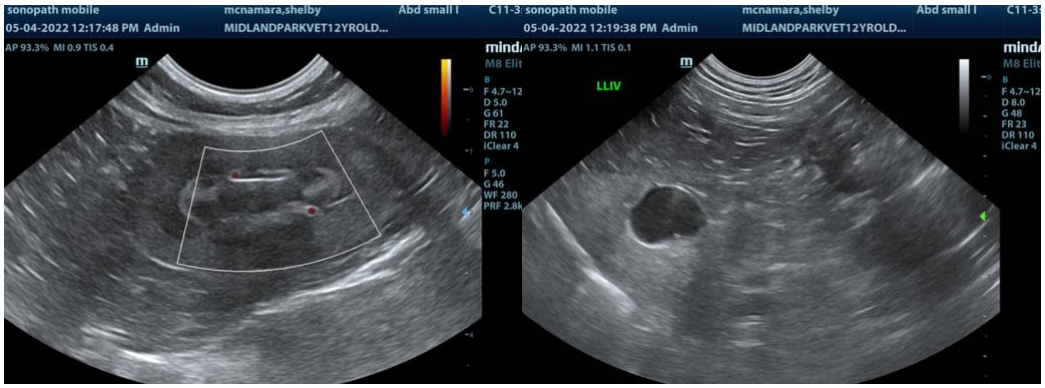
ULTRASONOGRAPHIC FINDINGS

- Minor pancreatic remodeling, no evidence of active inflammation
- Age related hepatic and renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Age related abdominal changes. No evidence of significant disease. The Prednisone may be suppressing a more significant presentation, yet structurally the abdomen is unremarkable. Diet change to hydrolyzed diet may be appropriate in this patient. Assessment for other causes of discomfort such as spinal disease should be considered.





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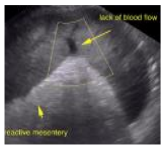
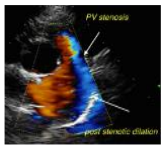
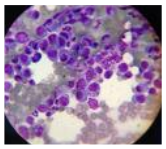
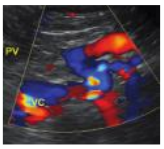

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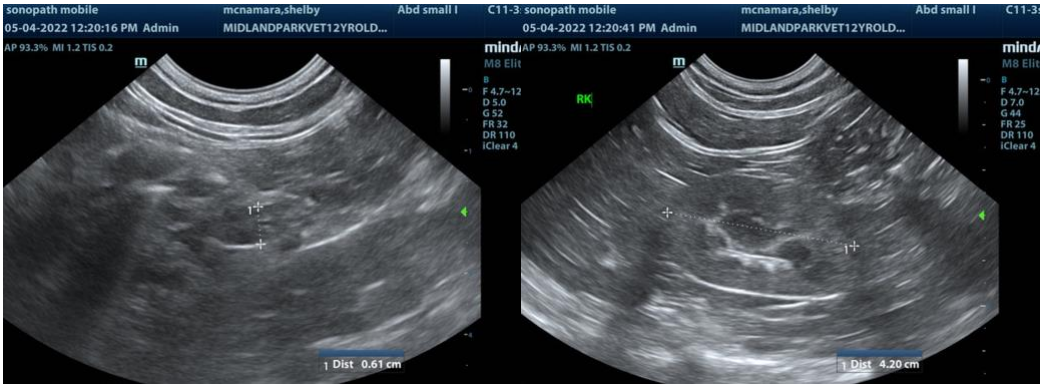

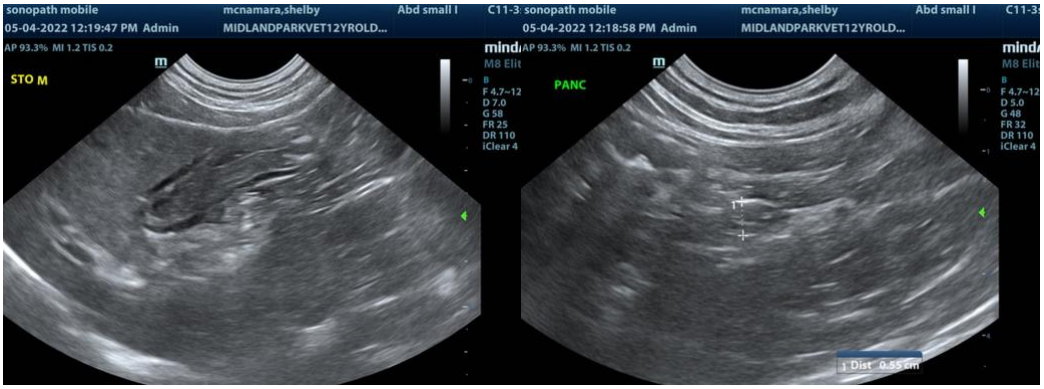

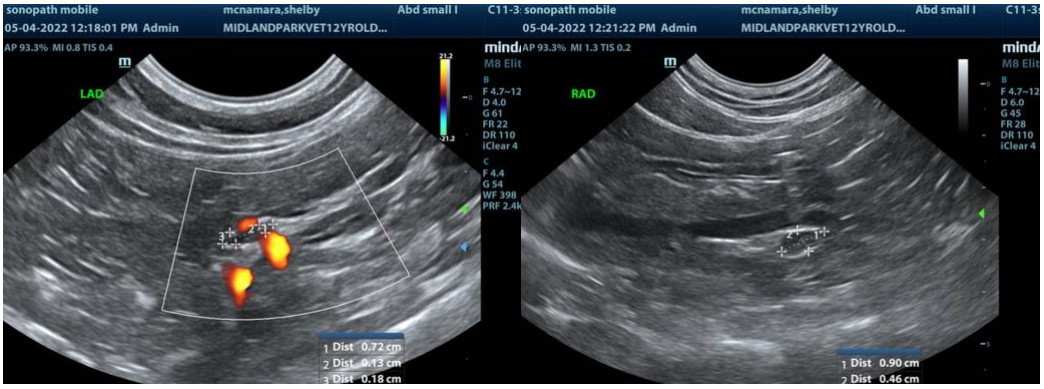

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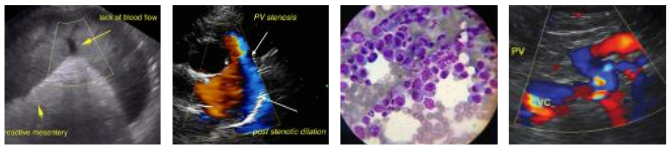

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com