



PATIENT

Ivy Simerson

SPECIES

Feline

BREED

Siamese Mix

SEX

Spayed Female

AGE

9 years

WEIGHT

6.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

A Murphy CVT

HOSPITAL NAME

Wauwatosa VC

REFERRING VET

Dr. Binor

INVOICE

30174

DATE

5/5/22

PRESENTING CLINICAL SIGNS

History of weight loss - BCS 4/9 since last year. Owner has not noticed weight loss until recent exam. Has a history vomiting and occasional diarrhea. Intestines palpate slightly thickened. Screening for cancer, GI disease such as IBD or GI ISA. FPL was positive for pancreatitis. Rest of bloodwork was unremarkable

Abnormal PE/Chem/CBC/UA Results: 4/28/22 FPL Positive 6.2 (ref range 0-3.5)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. 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.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.05 cm. The right kidney measured 3.13 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 left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.4 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 was 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.



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Gastrointestinal

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The **gastrointestinal tract** revealed minor small intestinal thickening. There is no loss of mural detail or neoplastic criteria met. The lumen was empty from the stomach to the proximal colon. The descending colon was mildly thickened with no loss of mural detail.

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Pancreas

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The **pancreas** revealed coarse architecture and was mildly enlarged and measured 1.2 cm in the left limb and was slightly swollen. The pancreatic duct was also dilated.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

Geriatric abdomen with prominent, irregular pancreas and minor intestinal and colonic thickening.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

9 years

History of pancreatitis is likely, yet active inflammation is possible. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. Malassimilation of nutrients are likely or neoplasia elsewhere as cause of weight loss.

WEIGHT

6.4 lbs

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.

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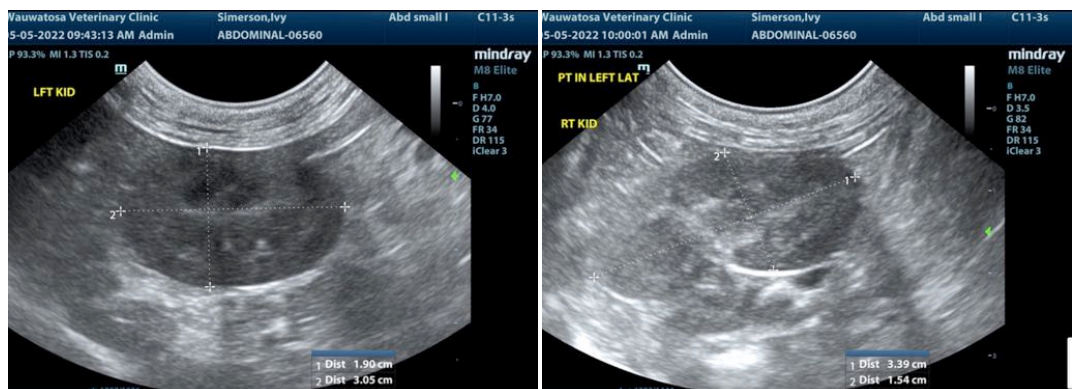
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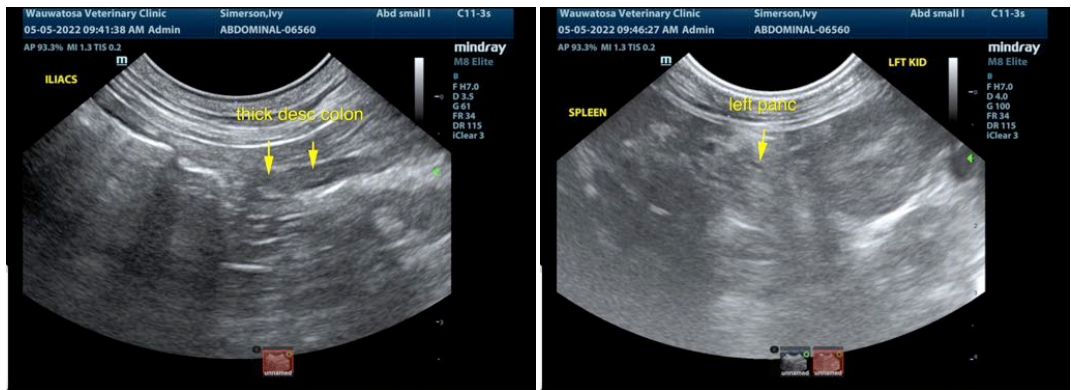
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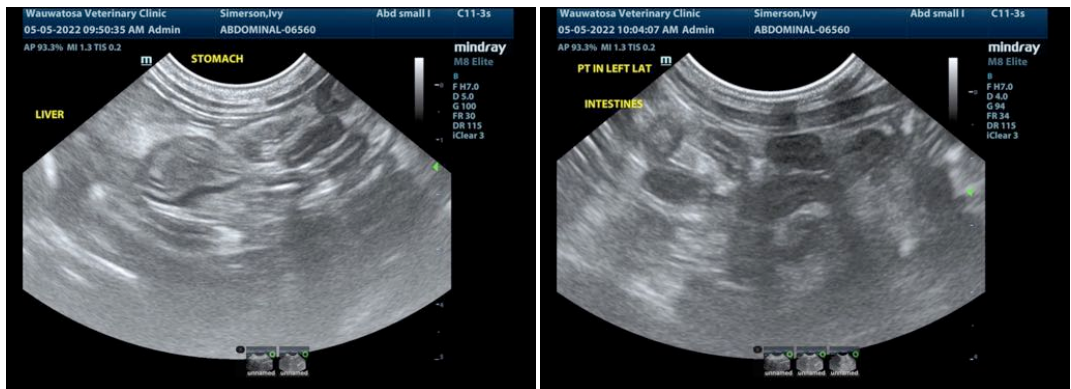
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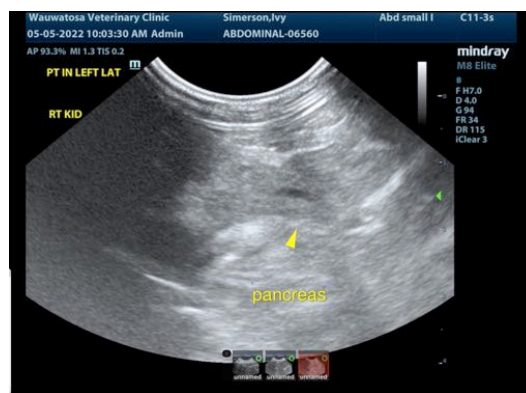
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

DATE

5/5/22

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