

**DATE**

5/6/22

PRESENTING CLINICAL SIGNS

History: Has been more lethargic but typically eats well Started fighting owner giving him meds Today: did not want to eat and was drooling excessively Known constipation - defecated well last week Known heart murmur Current meds: - Lactulose: 2 ml TID - Cisapride: 2 ml, 1 ml, 2 ml TID

PATIENT

Gary Gipe

Current Medications: Vitamin B12, Omeprazole, Cerenia, Buprenorphine, Cisapride, Lactulose, Clindamycin.
 Lab Results: See attached.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

DSH

Imaging Performed By: Rachel Brillhart, RDMS.

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

12/16/2006

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous, and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Mineralization was present in the kidneys. Minor microinfarcts noted. The right kidney measured 4.04 cm. The left kidney measured 3.0 cm.

WEIGHT

5.1 Pounds

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

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.53 cm. The right adrenal gland measured 0.78 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**Spleen**

The **spleen** revealed uniform parenchyma. No evident pathology. Caudal folding of the spleen was noted.

REFERRING VET

Dr. Nacke-Horney

Liver

The **liver** revealed increased portal markings. Lobar biliary mineralization noted. The gallbladder wall was slightly echogenic. Approximately 1.0 cm of biliary sand was noted within the cystic duct of the gallbladder. The patient may be passing calculi periodically contributing to clinical signs.

INVOICE

15079

Gastrointestinal

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. No obvious neoplastic patterns were noted and luminal content as unremarkable. This is a mild change. Soft stool was noted in the colon.

Pancreas

The **pancreas** was enlarged and irregular with coarse architecture. The right limb measured up to 2.0 cm. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

Free Abdomen

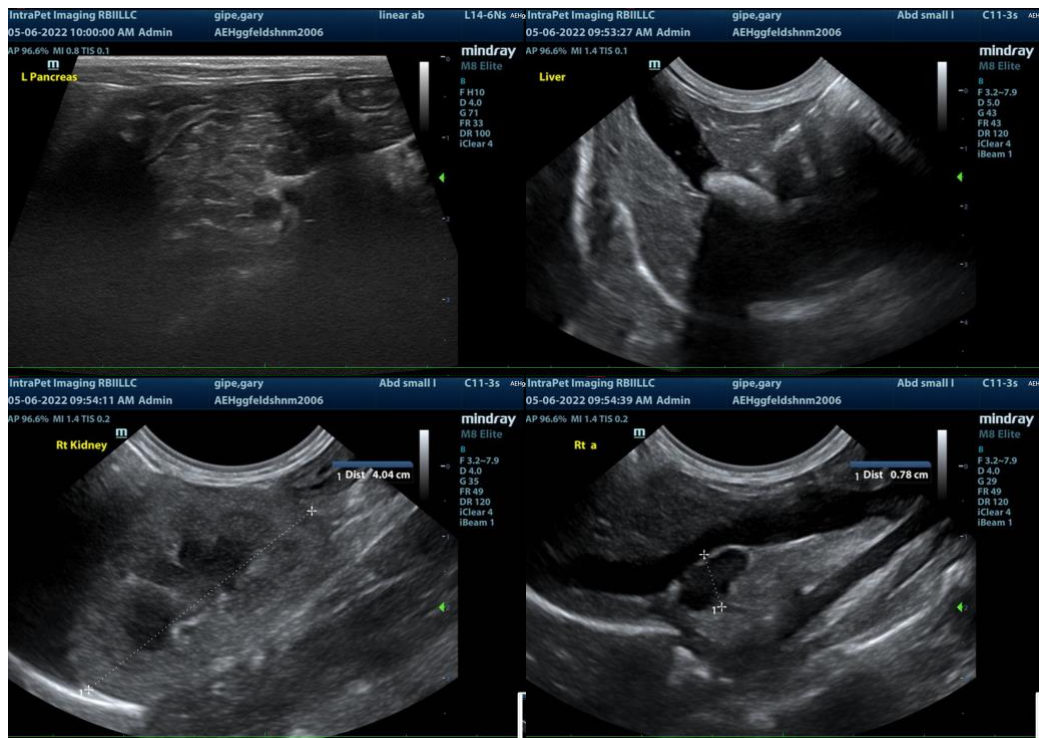
The mesenteric **lymph nodes** (up to 0.82 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

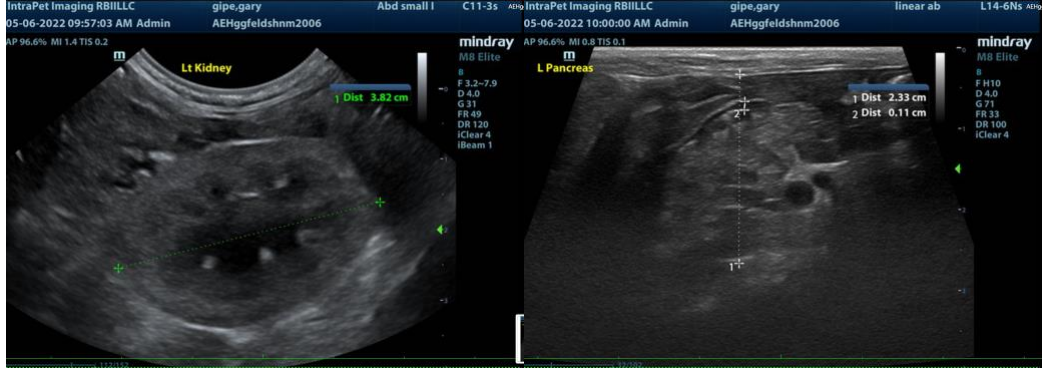
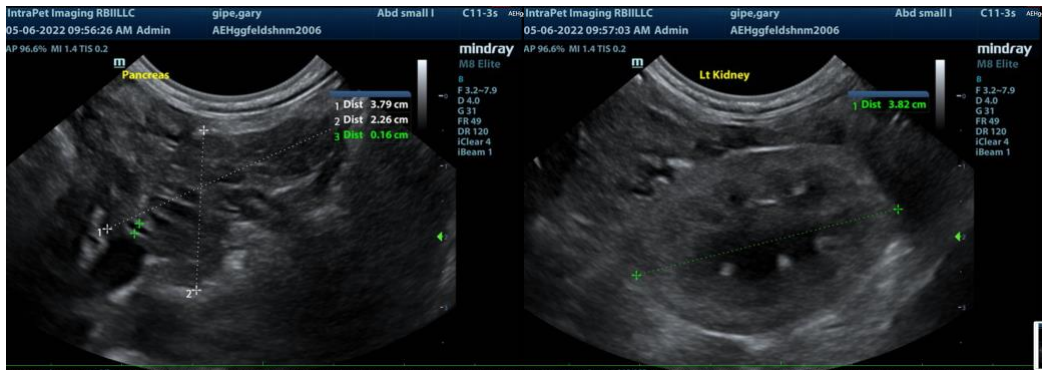
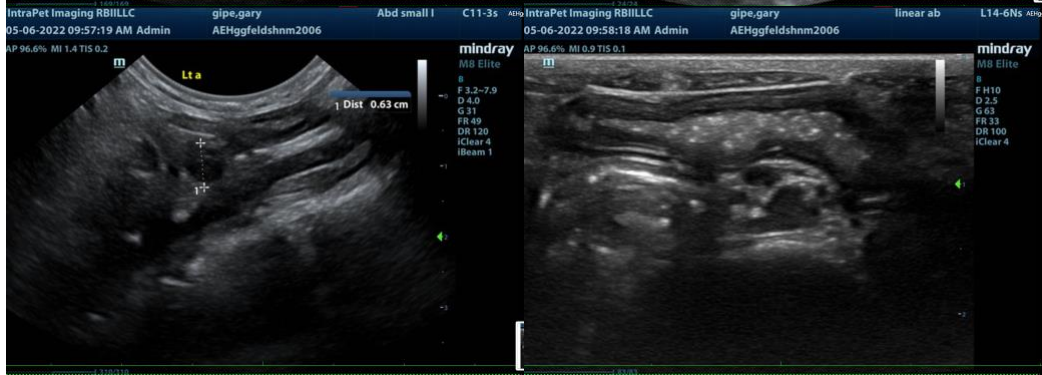
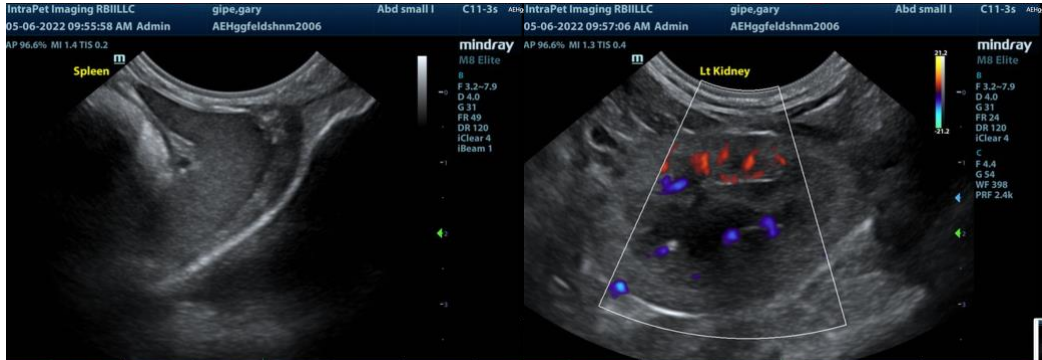
ULTRASONOGRAPHIC FINDINGS

- Geriatric renal changes
- Prominent irregular pancreas
- Chronic pancreatic changes, possible low-grade chronic active pancreatitis
- Increased portal markings in the liver
- Echogenic gallbladder with biliary sand
- Age-related GI changes with soft stool was noted in the colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both the biliary sand and the pancreatic presentation may be playing a role in this patient. There is no evidence of neoplasia. However, FNA of the pancreas and liver could be considered for further definition. Supportive care for pancreatic discomfort and GI upset could be considered with possible pain management. Ursodiol therapy recommended over the next 6-8 weeks and reassessment of the clinical status. This is a chronic triad presentation.







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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