

**DATE**

05/09/2022

PRESENTING CLINICAL SIGNS

Current Medications: 5/2/22 Convenia 33.6mg SQ, Cerenia 4mg PO SID PRN for vomiting/nausea.
 Lab Results: 2013 FIV +. 5/2/22 Snap FPL Normal, CBC- PLT 95, HCT 30.5 (low normal, was 41.7 in February), Neu 0.94. Chem 11- BUN 12, SDMA 20.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Stephanie Pearce RDCS, RVT.

PATIENT

Angus Michel

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

Urinary System**SEX**

NM

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

11 years

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. Nonobstructive corticomedullary calculi noted in both kidneys. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present.

WEIGHT

9.2 pounds

The right kidney measured 4.46 cm in length.

Adrenal Glands**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.41 cm. The right adrenal gland measured 0.44 cm.

HOSPITAL NAMEParkville Animal
Hospital**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.

REFERRING VET

Dr. Suter

Liver**INVOICE**

10553ag

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. 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

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.

Pancreas

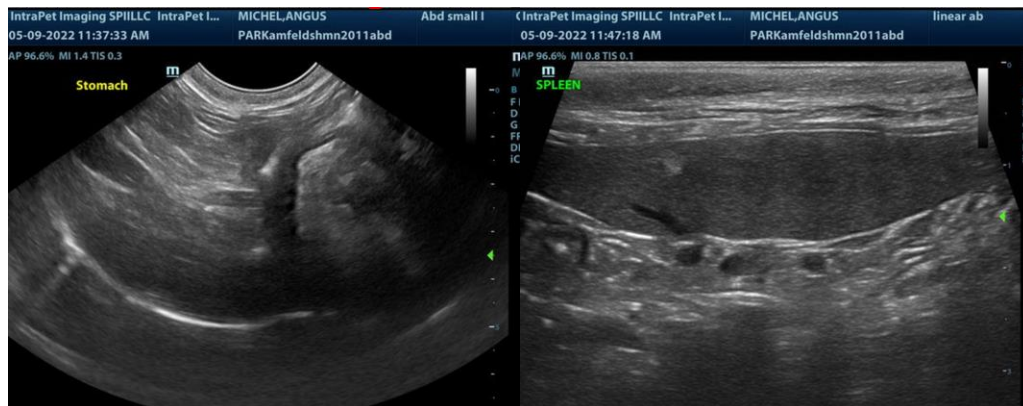
The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If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

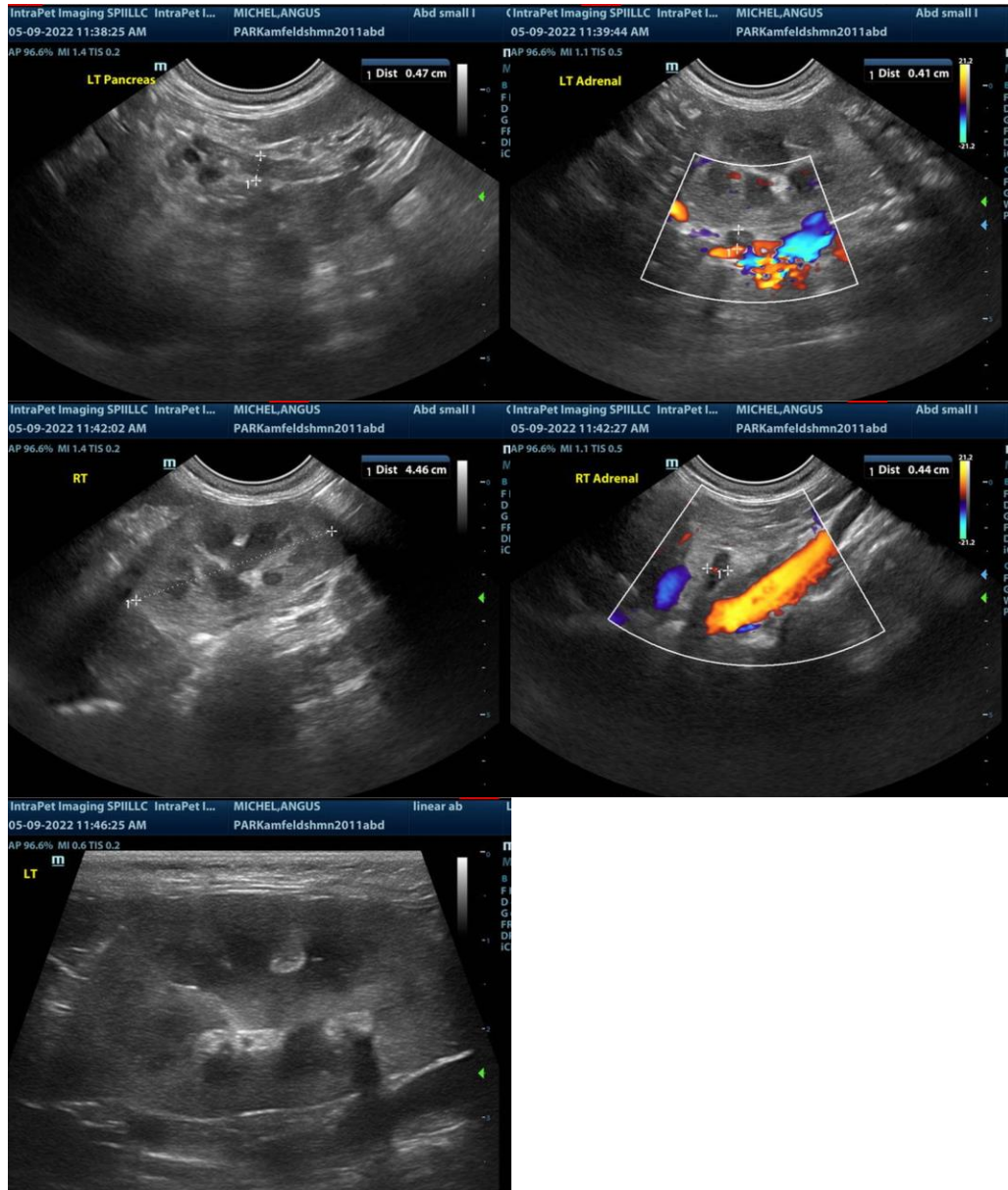
ULTRASONOGRAPHIC FINDINGS

- Mild chronic GI changes
- Age related renal and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for IBD, GI insult or triad disease should all prove effective. No evidence of neoplastic criteria was present in any organ system. Ring down artefact noted through the diaphragm, three view chest radiographs are recommended to assess for thoracic comorbidity.





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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