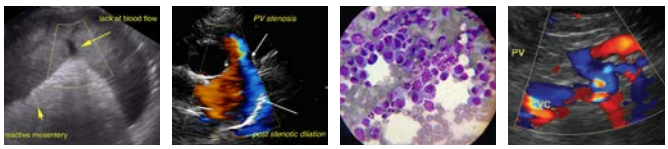
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Morphey Tenerife

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
15 Years

WEIGHT
4.35 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Hayley Biederbeck

HOSPITAL NAME
Lomsnes Vet Hospital

REFERRING VET
Dr. Hayley Biederbeck

INVOICE
39185

DATE
6/30/22

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea worsening over the past 2 weeks, is now vomiting daily. Prior had constipation so was treated with laxatives and helped but stopped 2 weeks ago. Chronic hx of intermittent soft stools
Current meds: Gabapentin 50mg - BID Amlodipine 1.25mg - SID - hypertension controlled well on this Aventi Kidney and Aventi GI powder
Abnormal PE/Chem/CBC/UA Results: Normal on exam. Labwork done in May: CBC-mild non regenerative anemia- Hct 26%, mildly low rbc and hgb as well. Mild elevation of hemoglobin - MCHC 36.3 (28.1 - 35.8) Chem- SDMA 24, was 17 last year, creat 1.1, was 1.8 last year (however less muscle mass), bun normal. TT4-2.9-normal USG 1.015, was 1.019 last year. No proteinuria. Urine sediment normal Weight is stable

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 **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. The left kidney measured 3.0 cm. The right kidney measured 3.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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** revealed irregular parenchymal contour and mixed hypoechoic non-disruptive nodular changes, primarily in the left liver. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Reactive mesenteric lymph nodes noted up to 1.0 cm x 0.50 cm.

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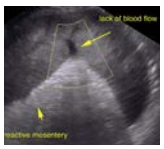
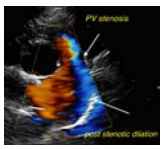
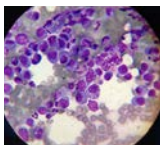
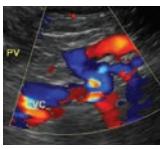

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Pancreas

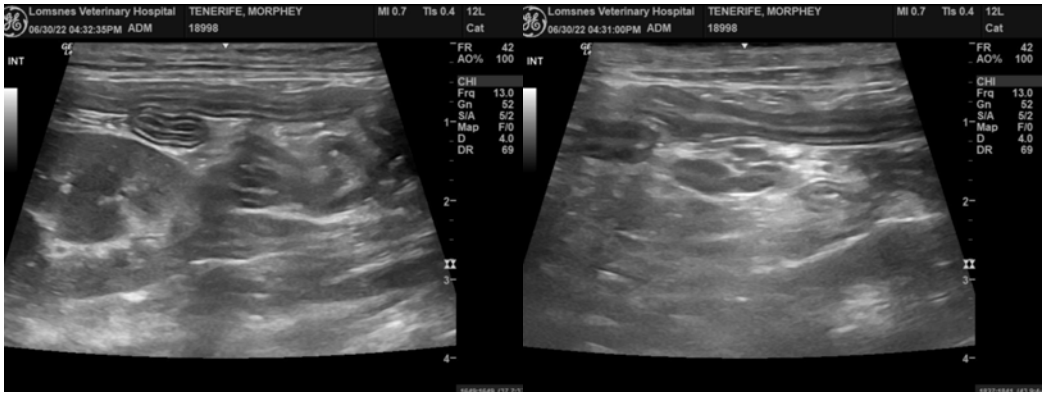
The pancreas was mildly heterogeneous with slight enhanced mesentery. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

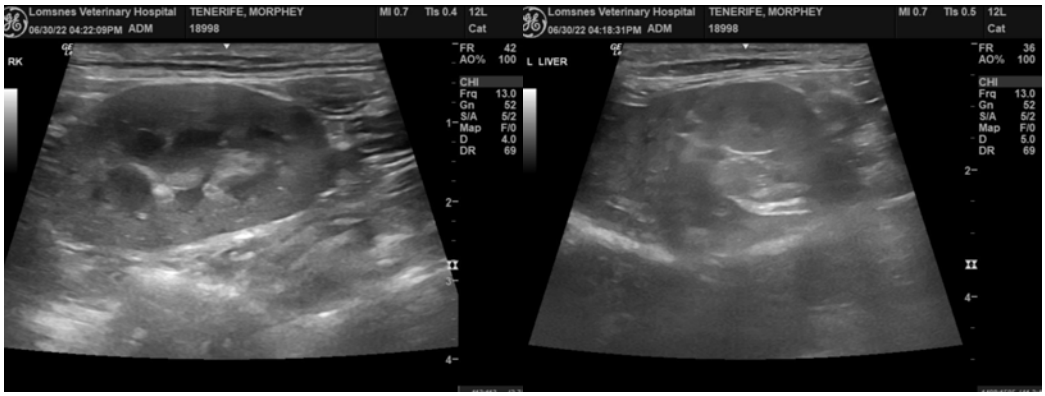
PRIMARY FINDINGS

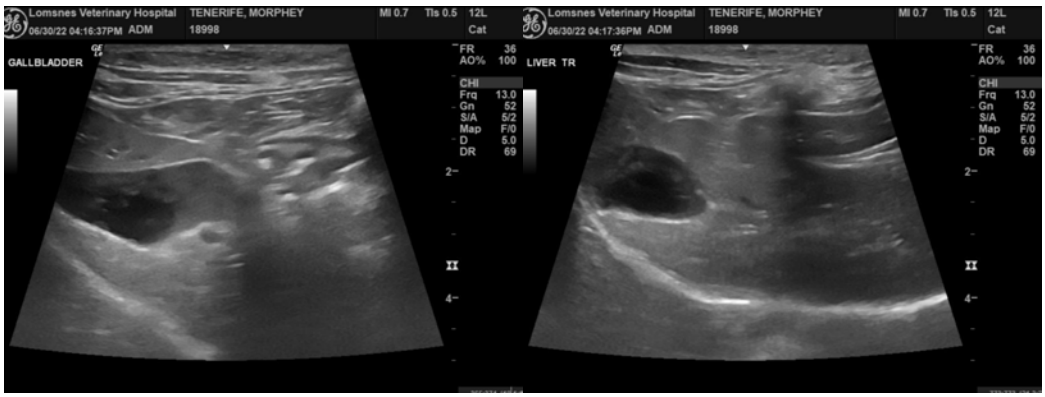
- Geriatric abdomen with chronic GI changes
- Reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of anemia is unclear. Chronic inflammatory bowel +/- pancreatitis likely. If liver enzyme elevations are an issue, then FNA would be indicated. No neoplastic criteria met.







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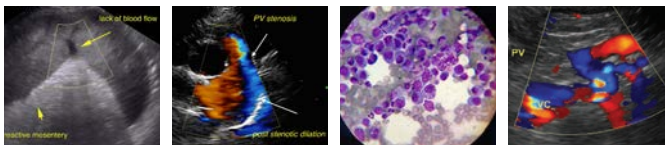

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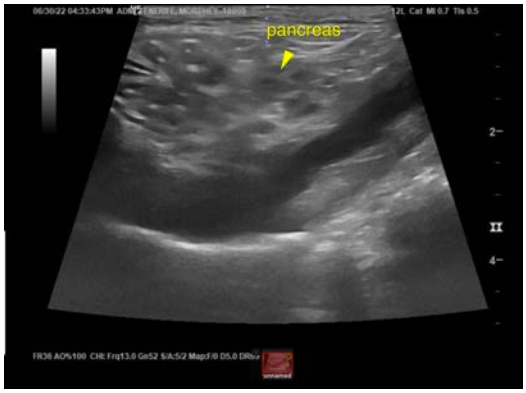

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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