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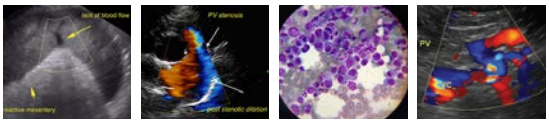


imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT
Cesar Robinson

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
2003

WEIGHT
9.4 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert IVUSS

IMAGING PERFORMED BY
Denise Bruno, LVT, RDMS

HOSPITAL NAME
Brooklyn Heights VH

REFERRING VET
Dr. Thomson

INVOICE
38502

DATE
6/7/22

PRESENTING CLINICAL SIGNS

Weight loss, vomiting, anorexia. Slight increase in BUN, Hyperthyroid, pancreatitis. Evaluate for IBD, lymphoma. Labs, Radiographs + previous AUS

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 **right kidney** revealed mild degenerative changes. Stable infarcts noted. The right kidney measured 3.37 cm with minor pyelectasia of 0.30 cm x 0.16 cm. Pericapsular inflammatory pattern noted.

The **left kidney** presented irregular contour and cortical infarcts, measuring 3.32 cm with pyelectasia of 0.65 cm x 0.55 cm. Pericapsular inflammatory pattern noted.

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 0.41 cm.

Spleen

The **spleen** presented a hyperechoic lipogranulomatous change measuring 0.40 cm.

Liver

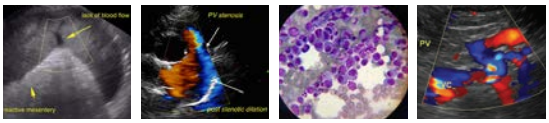
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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 concerning lymphadenopathy was visible. 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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. Mild duct dilation at 0.19 cm. Right pancreatic limb measured 0.62 cm. If pain upon imaging (+ Murphy sign) was



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present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

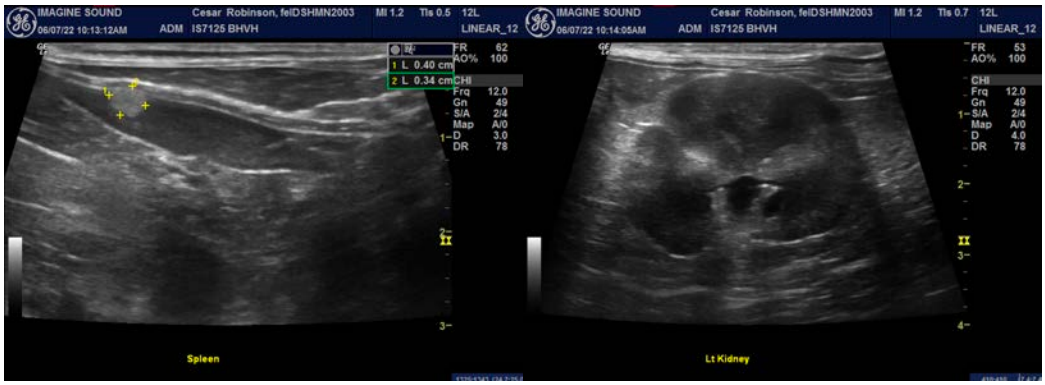
ULTRASONOGRAPHIC FINDINGS

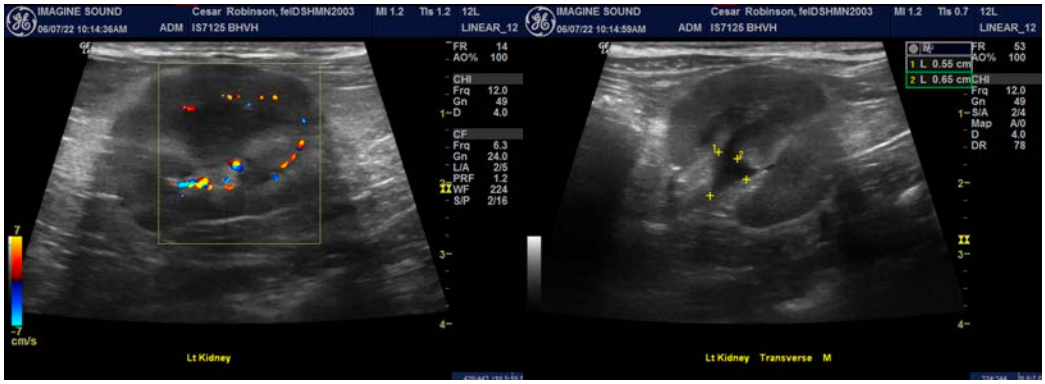
- Persistent intestinal thickening
- Prominent, irregular pancreas
- Active nephritis pattern in the left kidney with infarcts
- Stable infarcts and mild degenerative changes on the right kidney

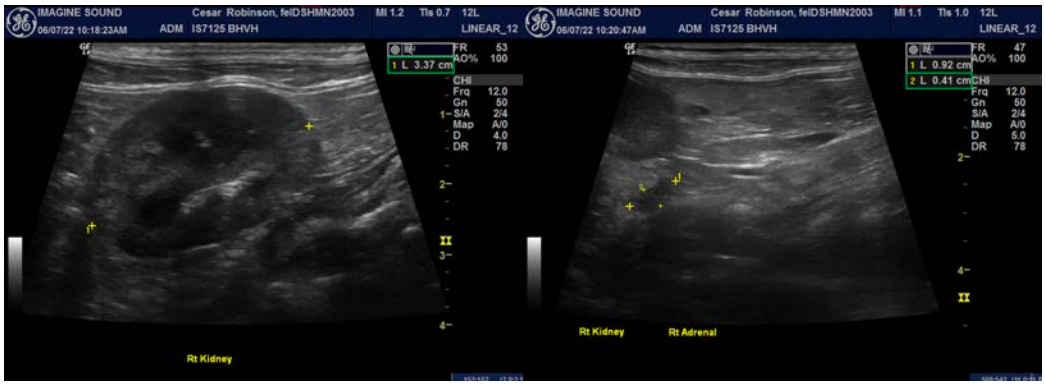
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup, 72-hour IV fluid protocol, blood pressure measurements all indicated. No evidence of neoplasia. Both nephritis and possible pancreatitis are the primary issues in this patient.

Lateral Radiograph: Unremarkable.







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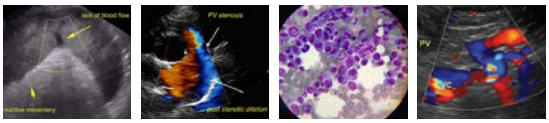

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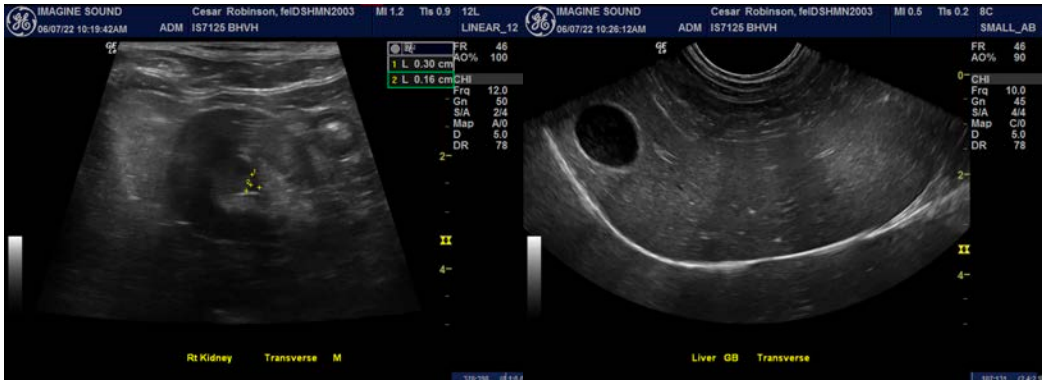

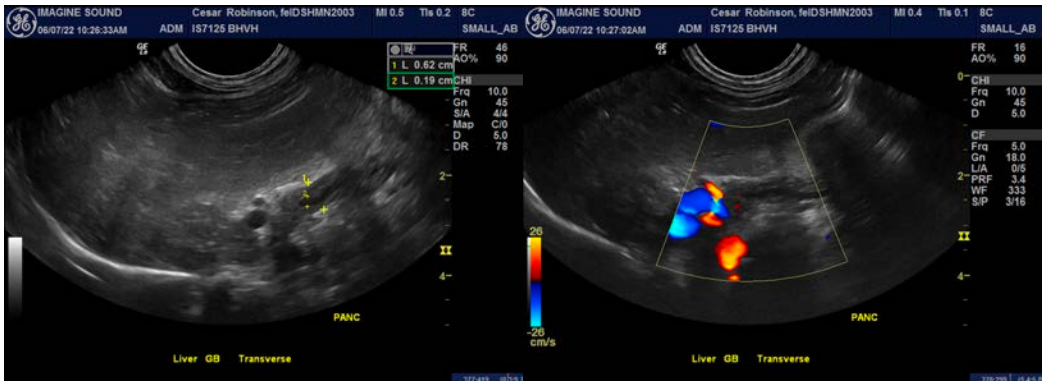

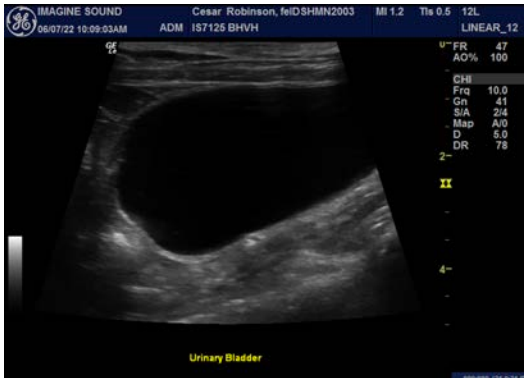

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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