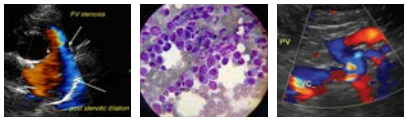
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

6/7/22

PATIENT

JD Silcox

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8/8/07

WEIGHT

9.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Hickory Vet Hospital

REFERRING VET

Dr. Silcox

INVOICE

38479

PRESENTING CLINICAL SIGNS

Anorexia and weight loss going on for 1 week. Hx of chronic pancreatitis.

Current Medications: Royal Canin Hydrolyzed protein diet and Select Protein PD, Vitamin B12, Prednisolone 5mg QD, Cerenia 12mg PRN.
Date of Previous IntraPet Ultrasound: 10/19/2019. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SDMA 19, ALT 164, fPL 50, USG 1.020, WBC 2-5, RBC >100.

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 right kidney measured 4.27 cm. The left kidney measured 3.9 cm.

Adrenal Glands

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

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. The spleen was folded upon itself caudally.

Liver

The **liver** revealed multifocal hypoechoic nodular changes measuring up to 1.5 cm. The gallbladder was unremarkable. Significant remodeling noted throughout the liver.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

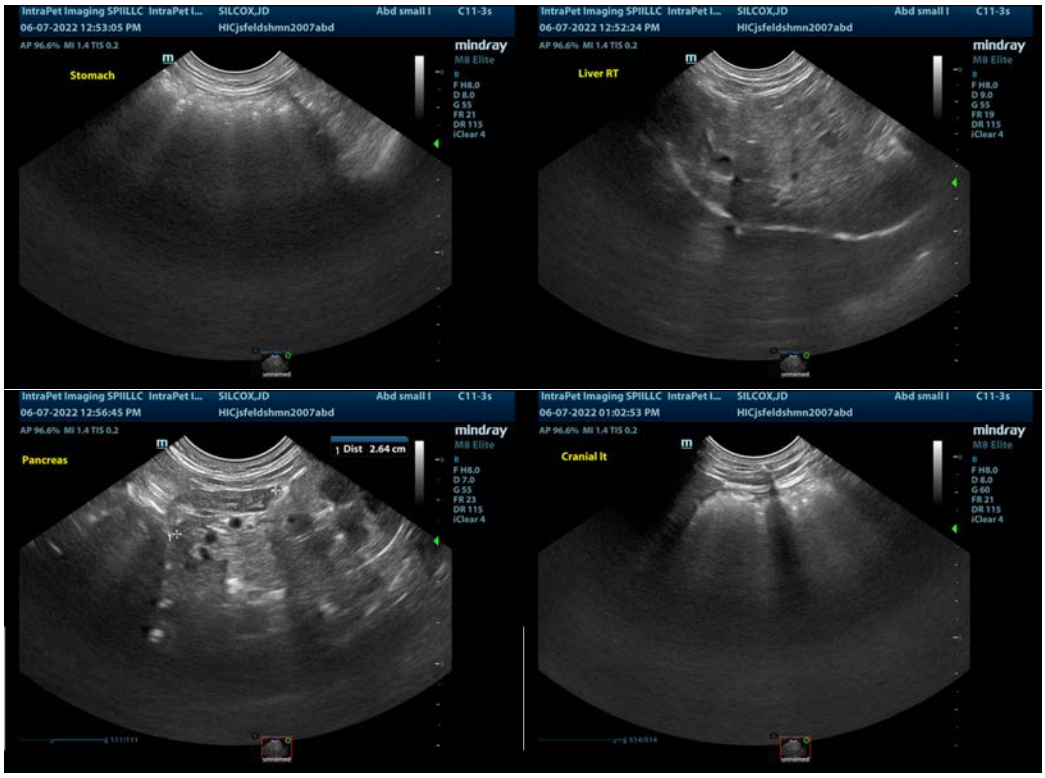
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

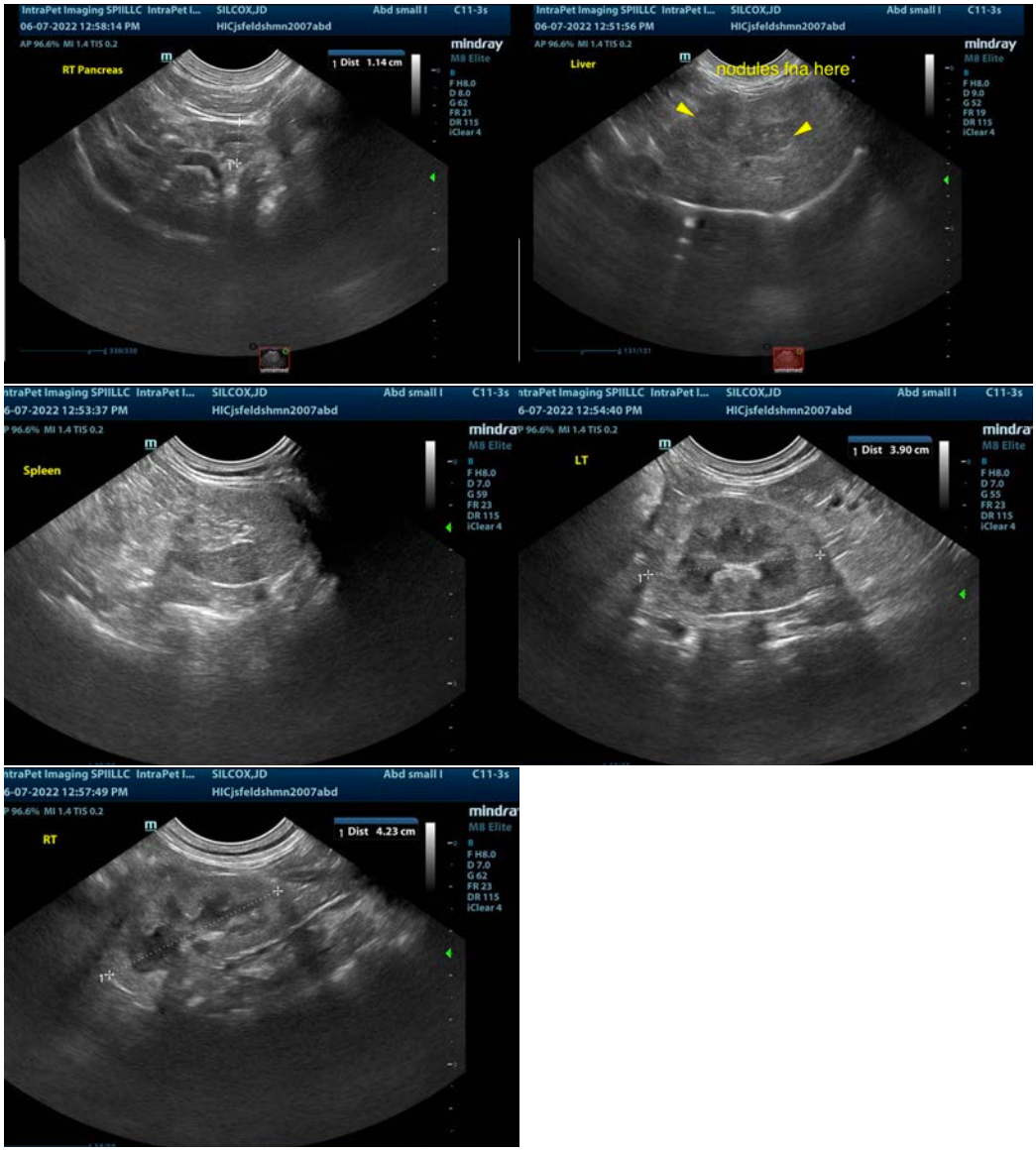
ULTRASONOGRAPHIC FINDINGS

- Undefined hepatic nodules
- Chronic pancreatic and renal changes
- Full stomach, possible hairball accumulation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hepatic nodules and general parenchyma recommended. Supportive care with hairball therapy indicated. Bile acid profile would be appropriate. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Pronounced nodular hyperplasia of the liver and remodeling with hairball accumulation and concurrent chronic active pancreatitis, or underlying hepatic neoplasia both possible. The gastric density may be hairball combined with ingesta. 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.





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.

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