

**DATE**

7/15/22

PRESENTING CLINICAL SIGNS**PATIENT**

Abby Wilson

History: Abby presented 1 week ago for inappetence and vomiting. She had been treated previously in March 2022 for presumptive pancreatitis and had responded well. Her bloodwork showed mild liver value elevations and evidence of dehydration. She was given sq fluids, cerenia, ondansetron, gabapentin and started on cyproheptadine. She didn't respond quite as well so Mirataz was added. She initially responded better when the Mirataz was added but her appetite and activity have not come back to even close to what they should be. She will be coming in today for a recheck of her bloodwork.

SPECIES

Feline

Current Medications: Cerenia 6mg sid, Ondansetron 0.9mg bid, Mirataz sid, gabapentin 25mg bid, sq fluids 50ml bid.

BREED

DSH

Lab Results: ALT 189 U/L 27 - 158 , AST 109 U/L 16 – 67, ALKP 7 U/L 12 – 59, BILIRUBIN 1.1 mg/dL 0.0 - 0.3, IBIL 0.3 mg/dL 0.0 - 0.2, DBIL 0.8 mg/dL 0.0 - 0.3, SDMA 15 ug/dL 0 – 14, CREA 1.3 mg/dL 0.9 - 2.3 , BUN/UREA 39 mg/dL 16 – 37.

SEX

Spayed Female

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Rachel Brillhart, RDMS.

AGE

10/3 10

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

10 Pounds

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.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Slight pinpoint mineralizations noted. The left kidney measured 3.53 cm. The right kidney measured 3.53 cm.

HOSPITAL NAME

Cat Sense AH

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 0.52 cm. The left adrenal gland measured 0.41 cm.

REFERRING VET

Dr. Sinclair

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. The spleen measured 7.0 mm.

INVOICE

16659

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 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. The stomach revealed hairball type density or retention of ingesta with partial shadowing.

Pancreas

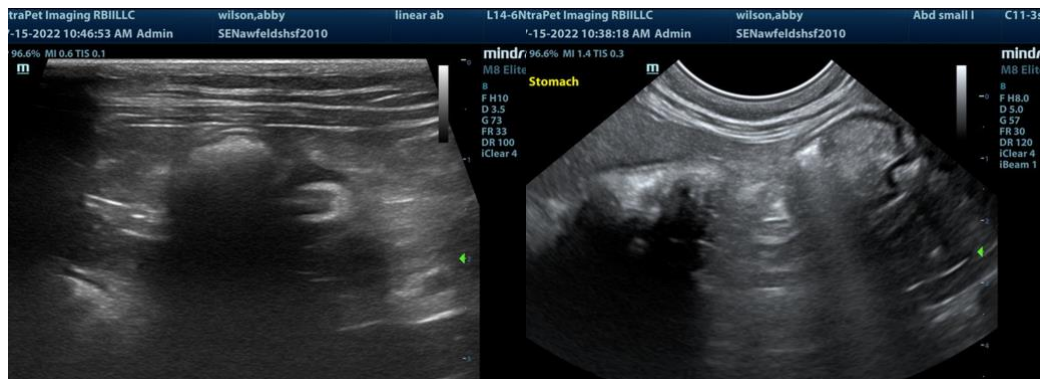
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes.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

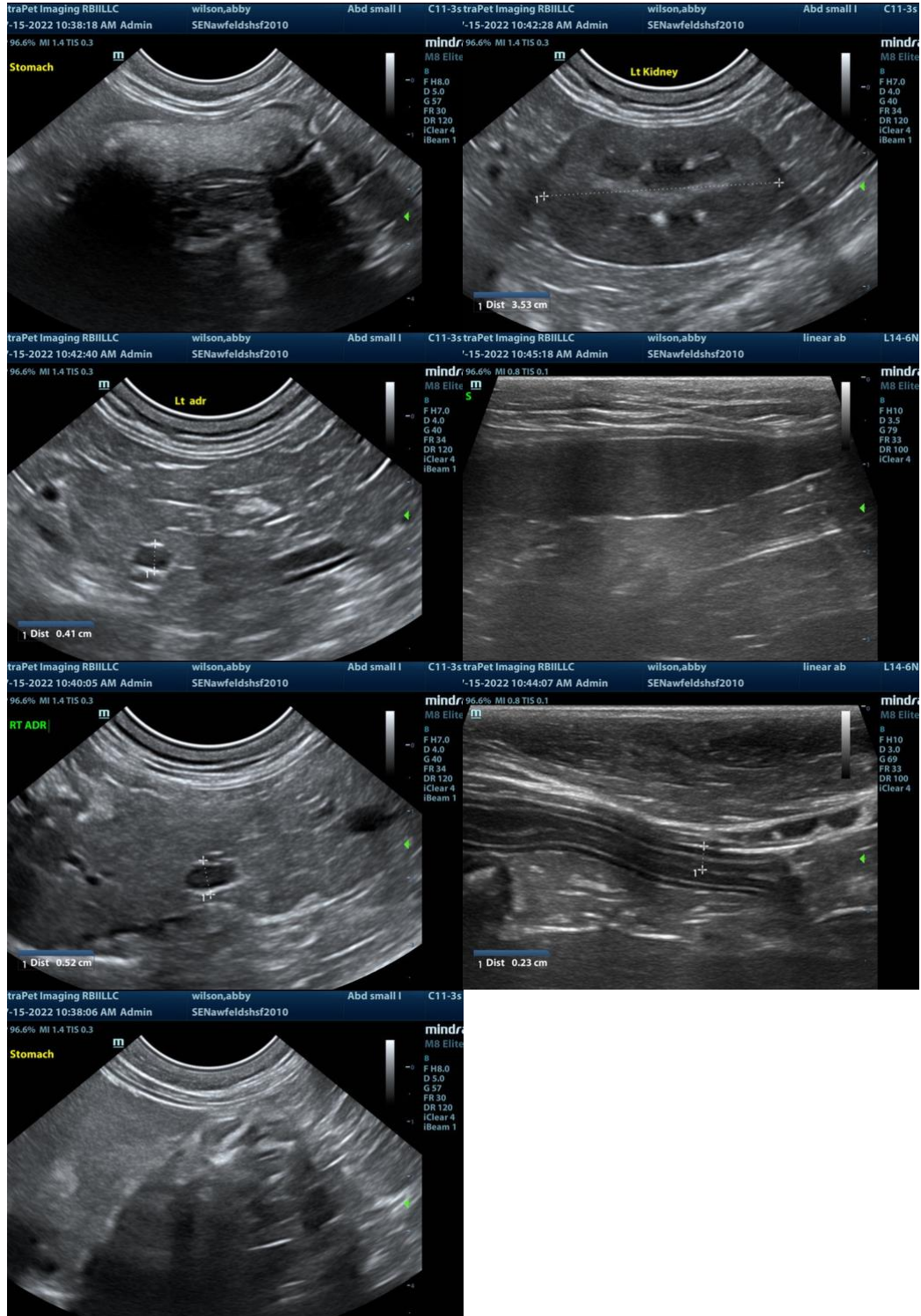
ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen
- Minor intestinal thickening, possible minor hair accumulation in the stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. Given the history, underlying resolving pancreatitis and inflammatory hepatopathy, likely with potential complicating hair accumulation. GI lubricants are warranted. Supportive care and possible diet change may be appropriate. If liver enzymes remain elevated, then FNA is indicated.





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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