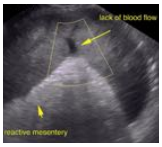
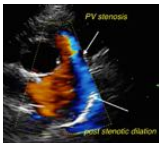
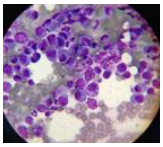
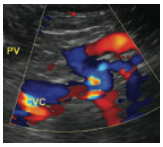

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PATIENT

Baby Boy Hinton

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

19 years

WEIGHT

4.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Moon

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Schneider

INVOICE

31728

DATE

7/15/22

PRESENTING CLINICAL SIGNS

History: Chronic weight loss, difficulty defecating. Poorly regulated hyperthyroidism- p is difficult to medicate orally and reacted to topical BCS 2.5/9, clinically ~7% dehydrated
Abnormal PE/Chem/CBC/UA Results: Ca 7.3 (8.2-10.8) HCT 23%, retic 15.3k/uL (WNL) T4 5.8 (0.8-4.0)

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 was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 3.83 cm with corticomedullary mineralization and loss of corticomedullary definition. The left kidney measured 3.33 cm with trace pyelectasia.

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.

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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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 was tortuous.

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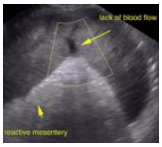
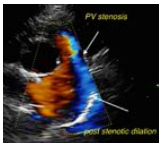
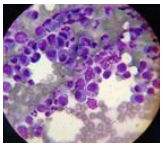
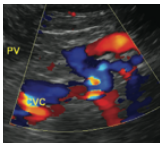

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Gastrointestinal

The **gastrointestinal tract** revealed hyperperistalsis and areas of mucosal fogging. The mesenteric lymph nodes were slightly enlarged and reactive measuring 1.0 x 0.4 cm.

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

Trace amount of free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

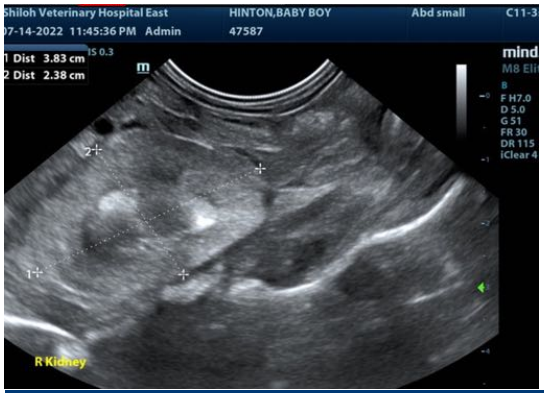
Geriatric abdomen with moderate degenerative renal changes and corticomedullary mineralization.

Reactive mesenteric lymph nodes.

Hyperperistalsis and mucosal fogging.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the weight loss malassimilation is likely. GI blood loss or anemia from chronic disease or bone marrow disease should be considered. There is no overt evidence of neoplasia.



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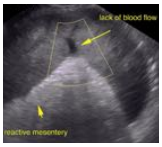
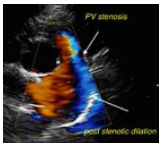
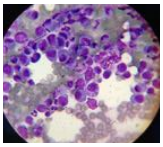
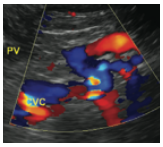

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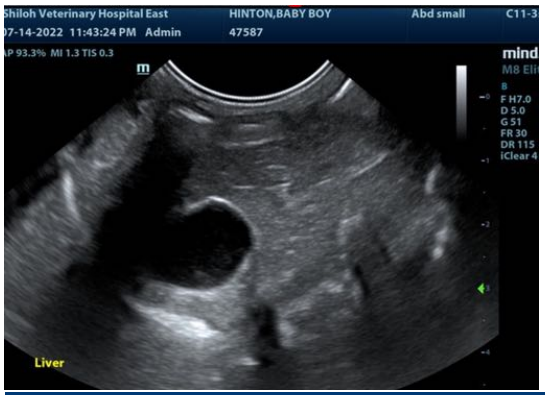

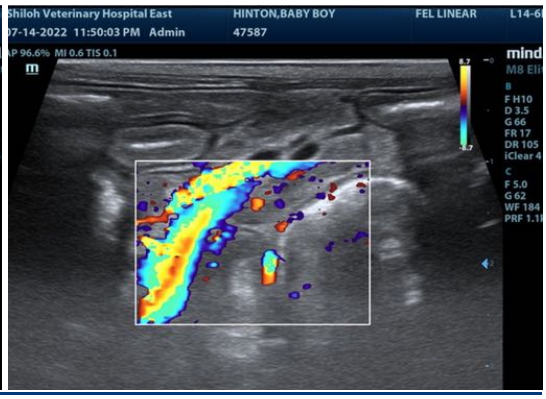

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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