

**DATE**

7/26/22

**PRESENTING CLINICAL SIGNS**

History: Hood has had weight loss and chronic diarrhea since March 2022. The diarrhea has gradually gotten worse during that time. There is no blood or mucus present. He has been tried on probiotics but has not responded. Bloodwork was normal. Suspect primary intestinal disease, either IBD or intestinal neoplasia.

**PATIENT**

Hood Wise

Current Medications: Provable Paste.

Lab Results: See attached.

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

DSH

Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**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.

**AGE**

4/1/12

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 3.82 cm. The right kidney measured 3.4 cm.

**WEIGHT**

11.75 Pounds

**Adrenal Glands**

The **right adrenal gland** was 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 0.43 cm.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The region of the **left adrenal gland** revealed no evident pathology.

**HOSPITAL NAME**Cat Sense Feline  
Hospital**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.

**REFERRING VET**

Dr. Sinclair

**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.

**INVOICE**

16564

### ***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.

### ***Pancreas***

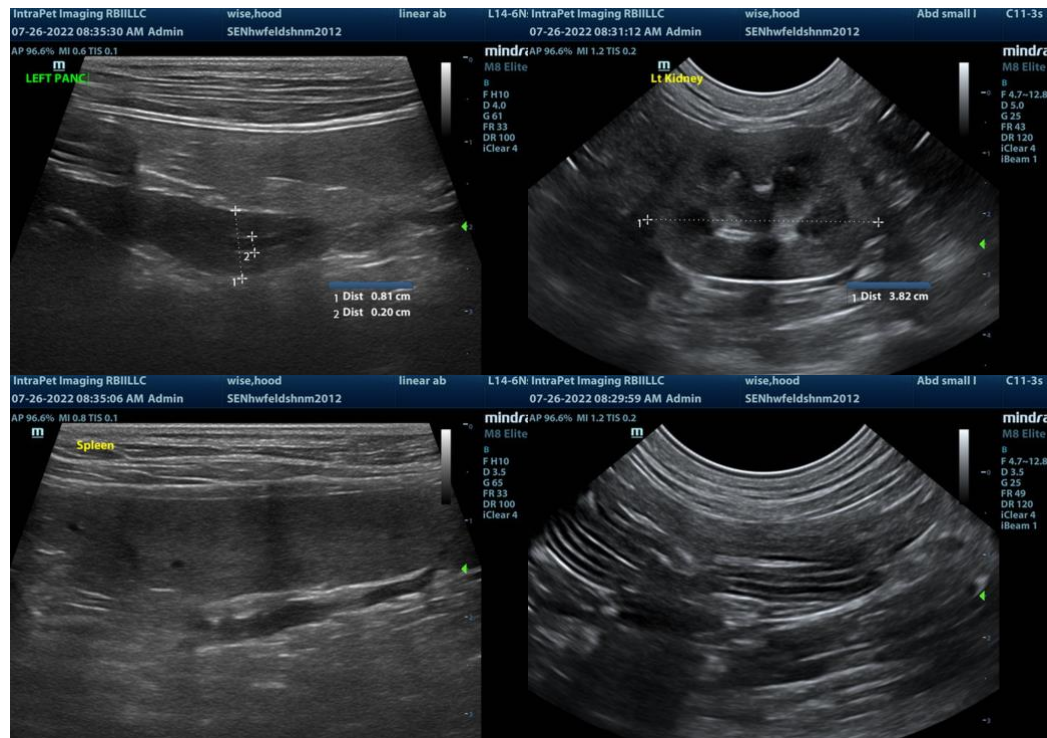
The **pancreas** was hypoechoic with dilated duct (0.2 cm). The left limb of the pancreas measured 0.81 cm in width. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

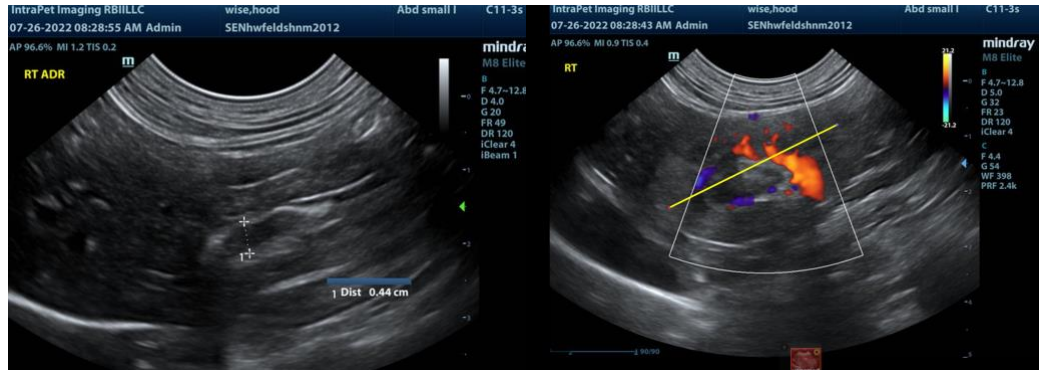
### **ULTRASONOGRAPHIC FINDINGS**

- Prominent irregular pancreas
- Age-related abdominal changes otherwise

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Suspected low-grade pancreatitis. No evidence of neoplasia. Empirical treatment with Zithromax at 10 mg/kg s.i.d. for 5 days and then every other day up to 14-21 (if Bartonella +) days and B12 injections twice a week, hydrolyzed diet +/- Prednisolone therapy would be recommended at the minimal necessary dose to control symptoms.





**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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