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Clinical Sonography & Telecytology
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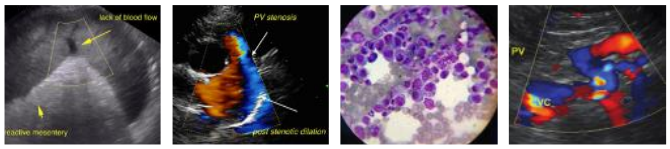

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Oz Zadravec

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

5.4 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Resolution VU, LTD

REFERRING VET

Dr. Barclay, Willow Park AC

INVOICE

16548

DATE

7/8/22

PRESENTING CLINICAL SIGNS

History: Weight loss over the past couple of months, picky eater , more lethargic

Abnormal PE/Chem/CBC/UA Results: ALT 786 (12- 130) , T4 57 (10 - 60) , rest of the bloodwork wnl

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 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. The right kidney measured 4.4 cm.

Adrenal Glands

The **left 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 left adrenal gland measured 0.36 cm.

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

Spleen

The **spleen** was slightly heterogeneous, measuring the upper limits of normal at 1.1 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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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 **pancreas** was hypoechoic and irregular in the left limb with occasional hypoechoic nodular change. Minor duct dilation was present.

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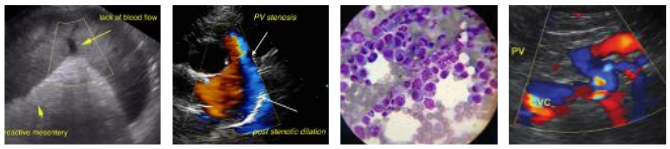

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Free Abdomen

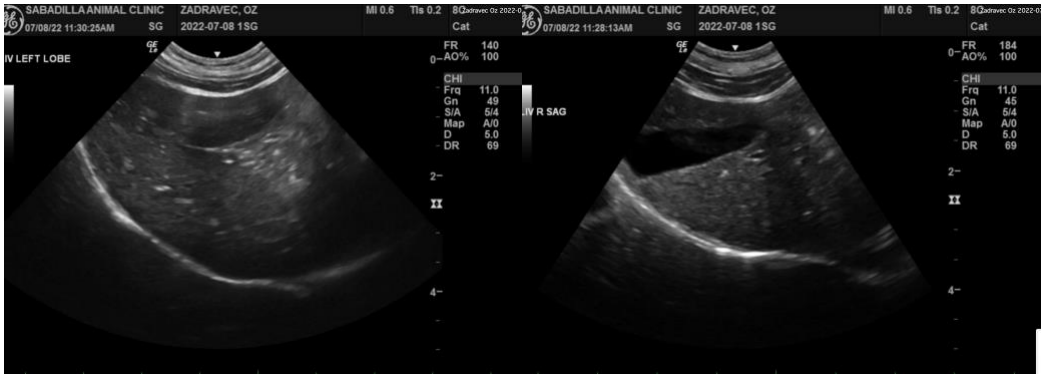
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. An example of lymph node size measured 1.9 cm x 0.5 cm. Occasional hypoechoic heterogeneous parenchymal change noted in the nodes.

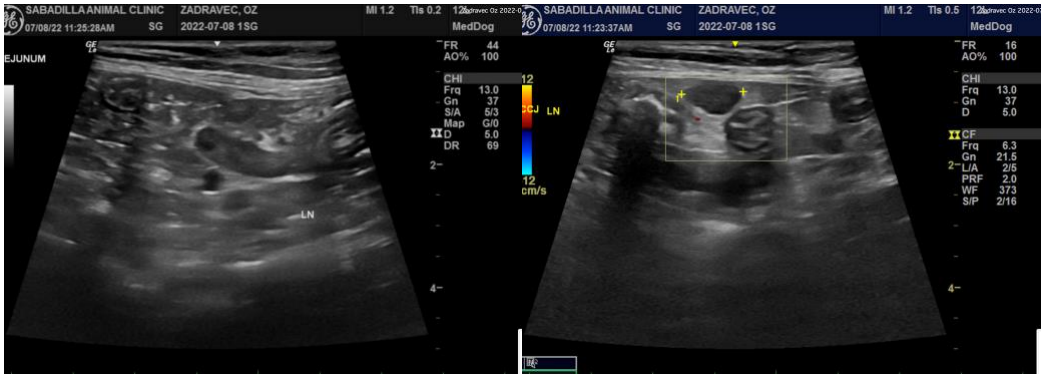
ULTRASONOGRAPHIC FINDINGS

- Minor heterogeneous pancreas
- Mesenteric lymphadenopathy, minor and reactive
- Heterogeneous spleen
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No neoplastic criteria is met in any of the organ systems. The patient is likely a chronic pancreatitis patient with possible underlying inflammatory bowel, yet structurally the GI tract appears unremarkable. Left and right subxiphoid palpation is recommended to assess for pain or discomfort around the pancreas. 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. Reactive hepatopathy is likely given the ALT elevations without significant changes in the hepatic parenchyma.





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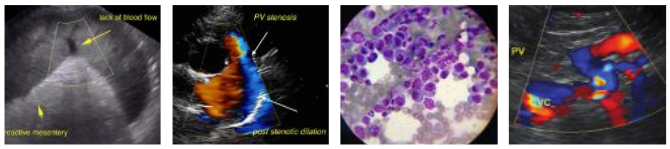

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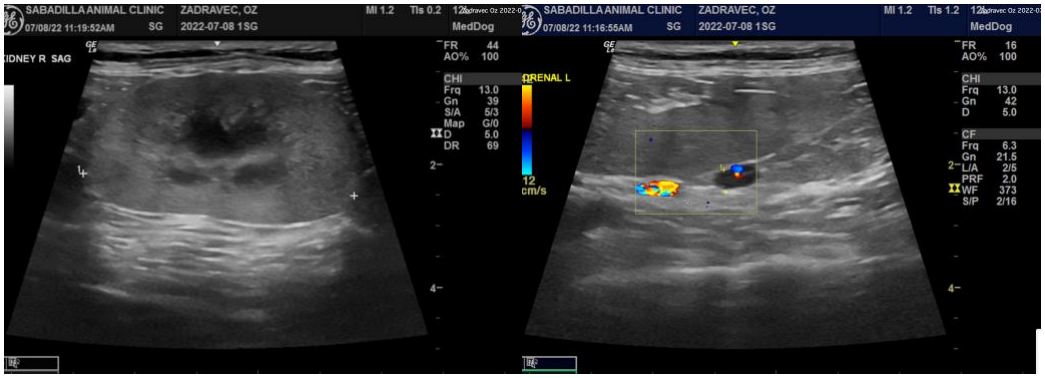

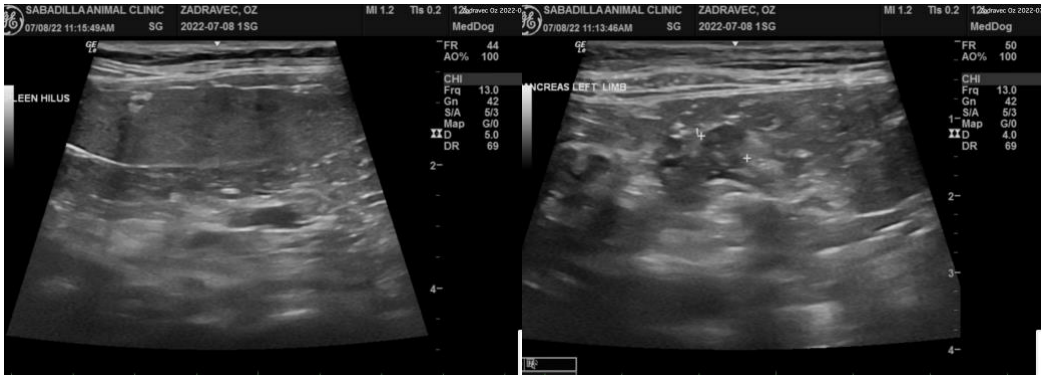

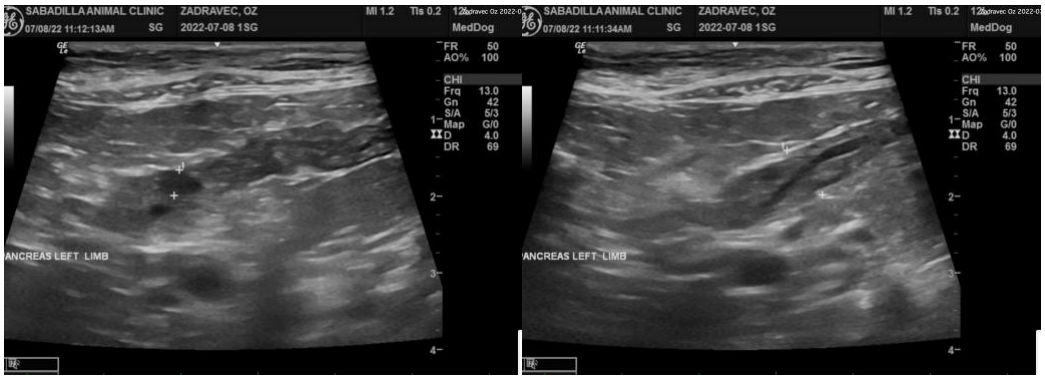

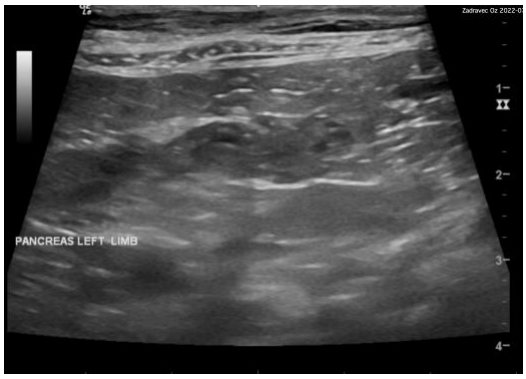

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not

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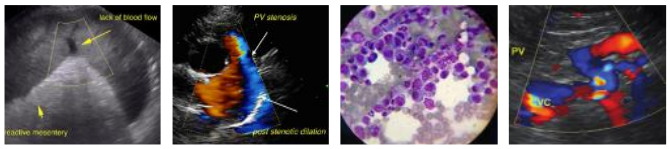

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visible in the image/video clips provided.

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