



PATIENT

Tina Gonzalez

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

7.58 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amanda Olsen, VMD

HOSPITAL NAME

Limestone VH

REFERRING VET

Amanda Olsen, VMD

INVOICE

16864

DATE

8/15/22

PRESENTING CLINICAL SIGNS

History: Presented 5/27/22 for weight loss but other doing fine. Bloodwork consistent with hyperthyroidism, started methimazole 2.5 mg PO BID. Recheck BW on 6/21/22 showed good control of thyroid disease but continued weight loss. Recheck exam on 8/12/22 showed continued weight loss despite good appetite. Weight loss: 10/2020: 10.12 lbs 5/27/2022: 8.3 lbs 6/21/2022: 8.25 lbs 8/12/2022: 8.06 lbs 8/15/2022: 7.58 lbs

Abnormal PE/Chem/CBC/UA Results: 5/27/2022: ALT 171, BUN 40, BUN/Cre 50, K 3.3, Na/K 46, Neut 8880, T4 4.9, freeT4 85.7, USG 1.032, pH 7.5, 1+ protein, UPC 0.4 6/21/2022: BW WNL (ALT=78, T4=2.6, freeT4=41.7)

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 3.16 cm.

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 0.4 cm.

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

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.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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 and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

The **stomach** presented variable gastric mural thickening, measuring up to 0.7 cm. Some early loss of detail was noted in some regions of the gastric fundus. The pylorus was mildly thickened as well. Minor small intestine thickening was noted without loss of mural detail.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild 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

- Mild gastric thickening and minor small intestinal thickening- Inflammatory bowel with potential emerging round cell neoplasia is a concern in this patient
- Low grade inflammatory hepatopathy
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. Recheck sonogram in 2-3 weeks, primarily of the GI tract to ensure worsening of the gastric wall presentation is not an issue. However, ideally, full thickness GI biopsies would be performed or endoscopic biopsies. Even though there are no overt clinical GI signs, I'm concerned for chronic inflammatory bowel with possible malassimilation of nutrients +/- emerging round cell neoplasia.



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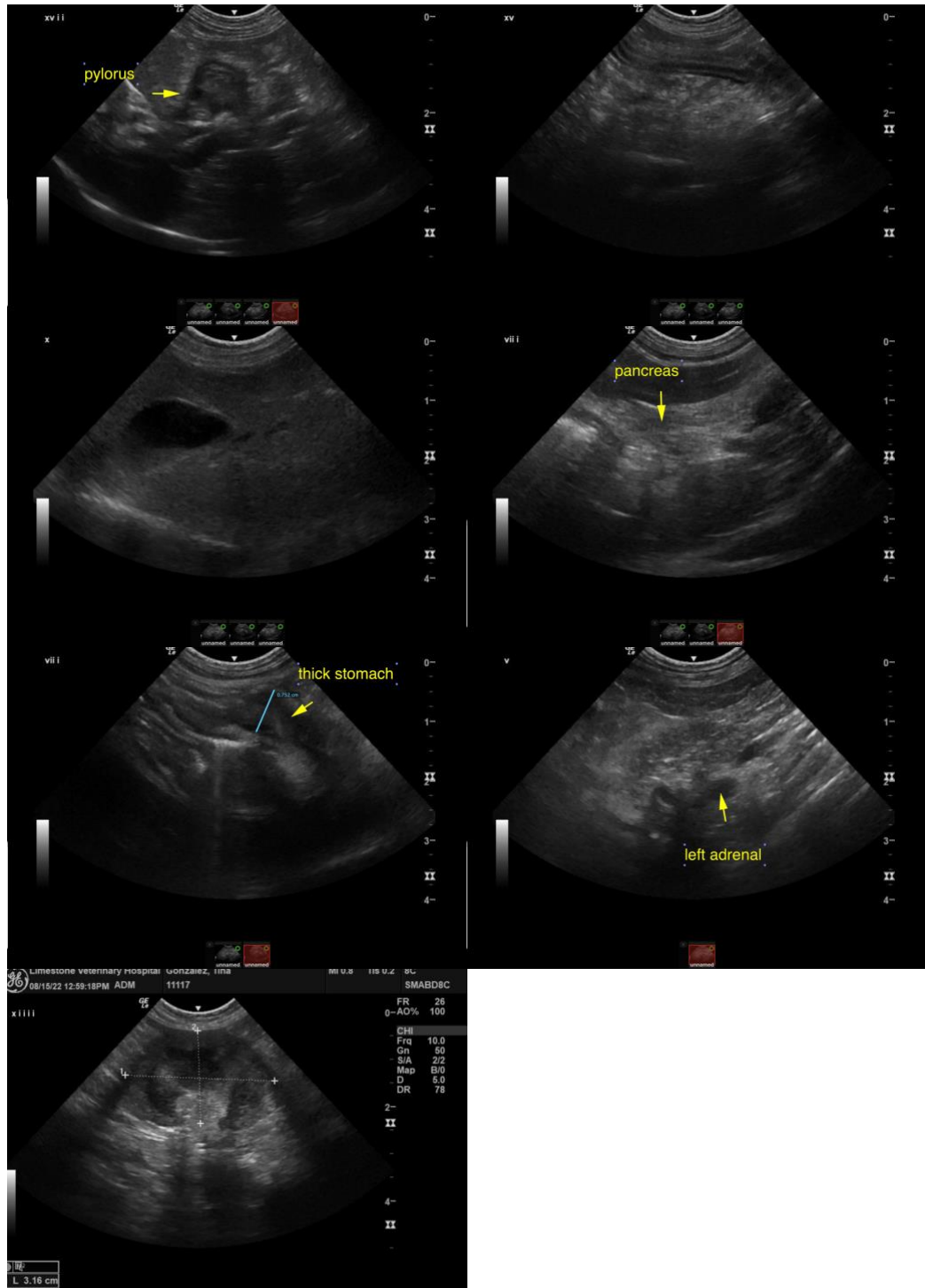
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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