

**DATE**

8/18/21

PRESENTING CLINICAL SIGNS

History: Chronic Vomiting, weight loss.
Current Medications: Not provided by the veterinarian.
Lab Results: Current lab work including current GI panel pending
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: 8-31-2020.
Sedation: Not needed.
Stat Report: Not requested.

PATIENT

Ramil Phillips

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11/06

WEIGHT

10.5 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Cat Hospital at Towson

REFERRING VET

Dr. Brunt

INVOICE

91341

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. 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. Blood flow to the kidneys appears to be subnormal. The right kidney measured 4.87 cm. The left kidney measured 4.39 cm.

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 0.42 cm. The left adrenal gland measured 0.46 cm.

Spleen

The **spleen** presented minor swelling and scalloping contour.

Liver

Mild coarse **hepatic** architecture was noted. The gallbladder is duplicated. This is similar to the prior sonogram.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Diffuse intestinal thickening was noted with hypertrophied muscularis measuring up to 0.31 cm.

Pancreas

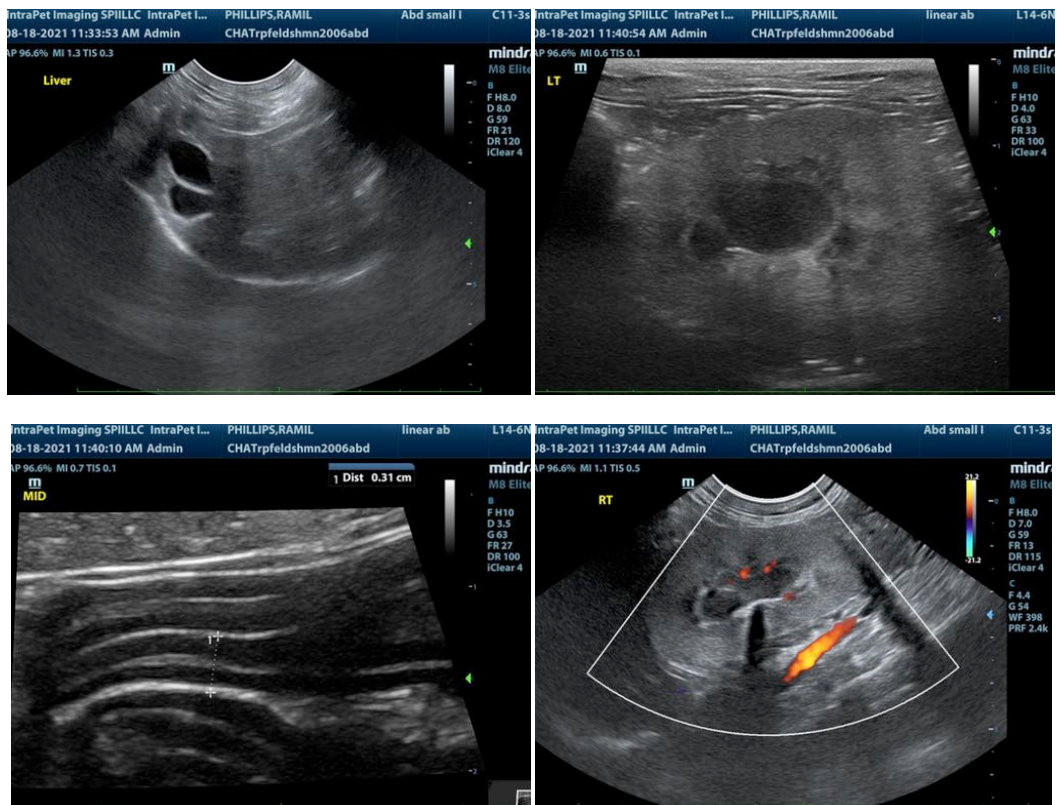
The **pancreas** revealed coarse architecture similar to the prior sonogram. Slight pancreatic duct dilation was noted. The left pancreatic size was normal and measured 0.65 cm.

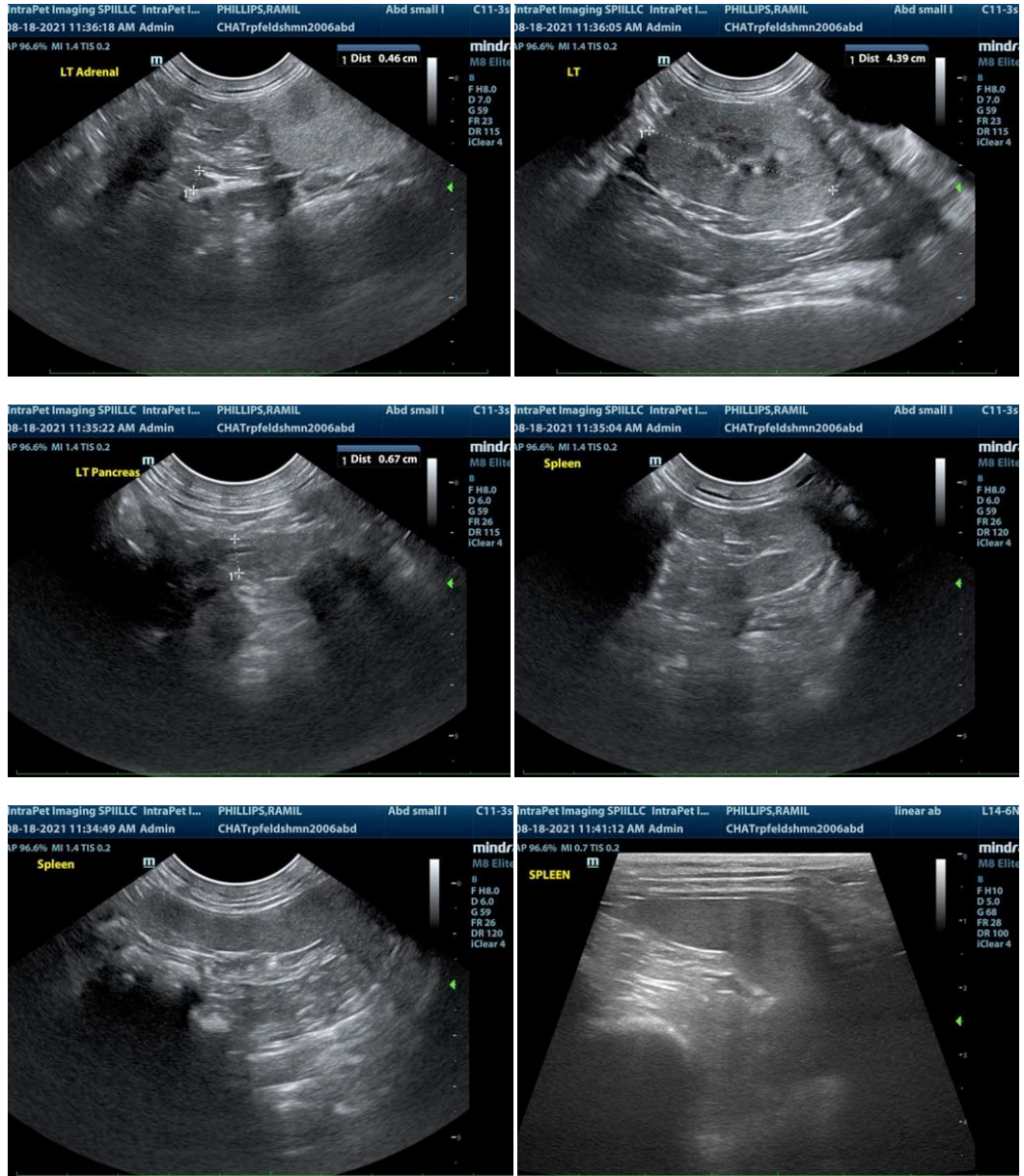
ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen with similar changes to the prior sonogram.
Kidneys appear subjectively near end stage.
Duplicated gallbladder, normal variant.
Minor splenic swelling.
Chronic inflammatory bowel, minor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The renal values should be monitored carefully. The spleen is a little enlarged given the patient's history. FNA screening would be appropriate to ensure round cell neoplasia is not present in an occult fashion. 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. Full thickness intestinal biopsies could be justified given the intestinal thickening. However, neoplastic criteria is not present. Malassimilation of nutrients is suspected in this patient or occult neoplasia elsewhere if the spleen is normal on aspiration in a reactive or low-grade splenitis pathology.





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
 Eric.Lindquist@SonoPath.com