**DATE**

8/24/22

**PRESENTING CLINICAL SIGNS**

Vomiting, diarrhea, weight loss.

Current Medications: Mirataz Transdermal ointment 1.5 inch ribbon to inner ear flap once a day.

Lab Results: Pancreatitis, renal disease stage 3, anemic.

**PATIENT**

Date of Previous IntraPet Ultrasound: 4/24/19. See attached.

Moe Hann

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

**SPECIES**

Feline

**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.

**BREED**

Domestic Longhair

**SEX**

Neutered male

The right **kidney** revealed dystrophic changes and infarcts with an interstitial nephrosis pattern. The right kidney measured 4.03 cm with mineralization. The left kidney revealed pyelectasia that measured 0.52 cm with mineralization and infarcts and interstitial nephrosis pattern. The left kidney measured 3.43 cm.

**AGE**

3/13/13

**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 0.5 cm.

**WEIGHT**

11.4 lbs

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

The **spleen** revealed a hyperechoic lipogranulomatous expansive nodule that measured 1.77 x 1.4 cm. This is likely benign.

**HOSPITAL NAME**

Cat Hospital of Towson

**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. A 2.2 cm cystic nodule was noted in the left liver. This is consistent with cystadenoma. 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.

**REFERRING VET**

Dr. Brunt

**INVOICE**

32538

**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The mesenteric lymph nodes were slightly enlarged. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

## Pancreas

The **pancreas** revealed a mixed, hypoechoic, irregular contour with a dilated duct. Pericapsular mesenteric remodeling was noted.

## ULTRASONOGRAPHIC FINDINGS

Enlarged, irregular pancreas. Pronounced hyperplasia is likely with a minor potential for underlying carcinoma.

Diffuse intestinal thickening.

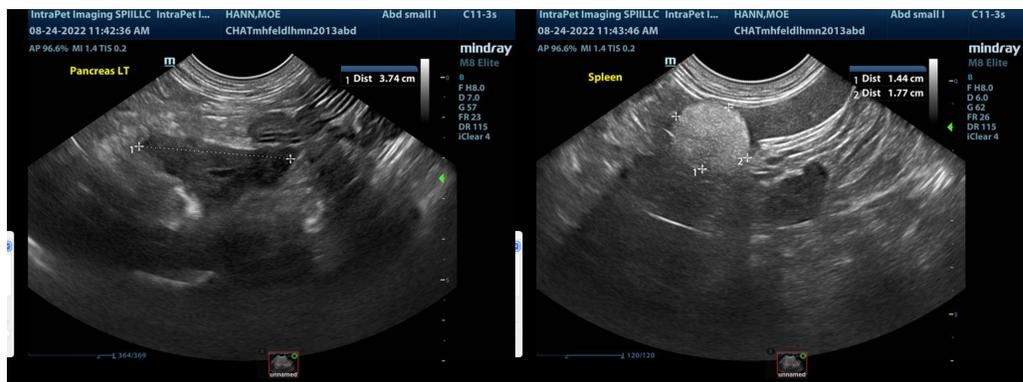
Minor mesenteric lymphadenopathy, subjectively end stage.

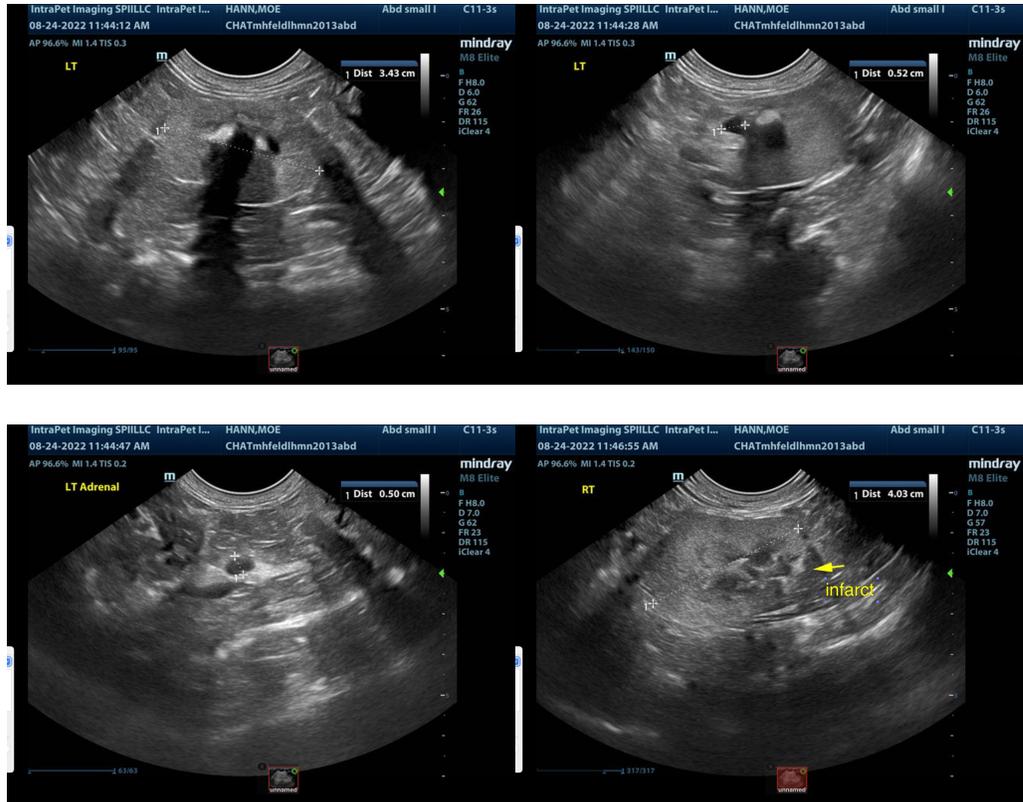
Interstitial nephrosis renal dystrophy with infarcts and calculi/nephrolithiasis.

Liver lesion, likely benign.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreas could be considered for further definition. Given the global presentation in this patient this is likely chronic triad disease with prerenal component from inflammatory bowel and pancreatic pathology and renal component owing to intrinsic interstitial nephrosis, infarcts and calculi. 72-hour IV fluid protocol can be considered to treat the azotemia. Subxiphoid palpation is warranted to assess any pain related to the pancreas. Prognosis is guarded to poor long term depending on response to therapy for the azotemia.





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**  
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