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Clinical Sonography & Telecytology
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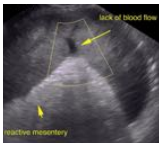
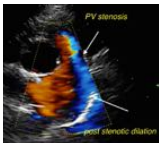
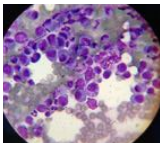
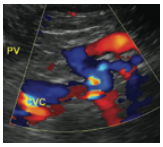

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1-800-838-4268 info@sonopath.com

**PATIENT**
Ginge Dikengil

**SPECIES**
Feline

**BREED**
Domestic Shorthair

**SEX**
Neutered male

**AGE**
16 years

**WEIGHT**
7.7 lbs

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

**IMAGING PERFORMED BY**
Jenn

**HOSPITAL NAME**
Rockaway AH

**REFERRING VET**
Dr. Maniar

**INVOICE**
46458

**DATE**
8/4/23

## PRESENTING CLINICAL SIGNS

History: recheck prev u/s 7/17 now not eating

## 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.

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. The right kidney measured 3.43 cm and the left kidney measured 3.3 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.

### *Spleen*

The **spleen** revealed subtle micronodular changes, yet the spleen was normal in size at 0.5 cm.

### *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. 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.

### *Gastrointestinal*

The stomach was fluid filled with normal curvilinear pattern. There was no evidence of pathology. The pylorus was persistently thickened with a wall thickness of 0.62 cm. The duodenum was also thickened.

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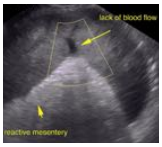
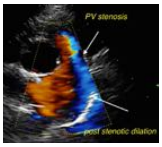
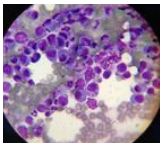
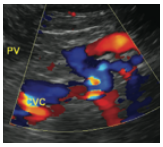

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## *Pancreas*

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## ULTRASONOGRAPHIC FINDINGS

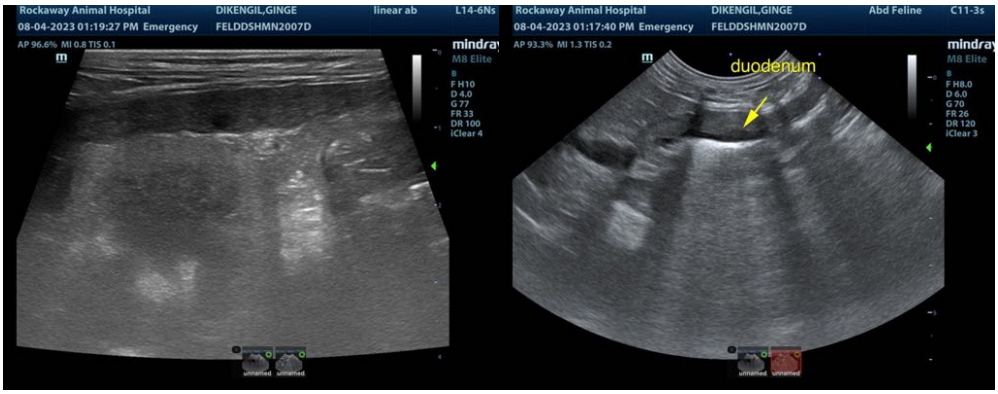
Mild fluid filled gastric lumen.

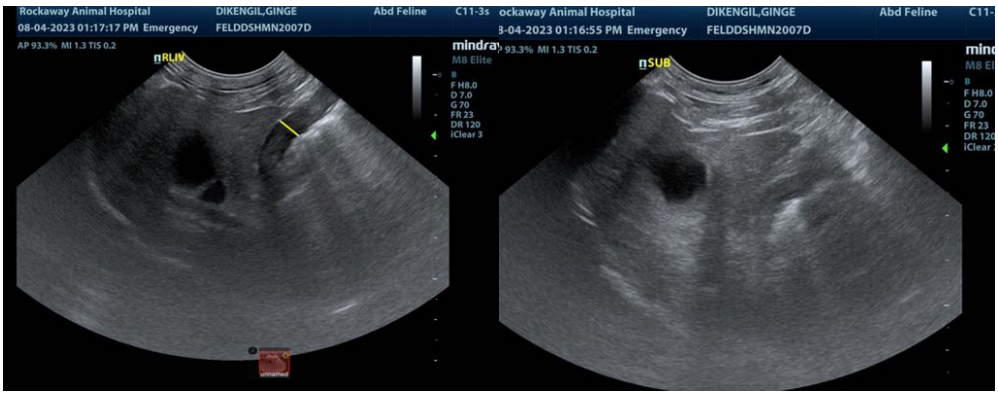
Progressively thickened duodenum and pylorus.

Micronodular splenic changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Some level of low grade irritation is likely. If clinical signs persist then full thickness gastroduodenal biopsies or endoscopy is indicated. Chronic gastroduodenitis versus emerging round cell neoplasia is possible. Screening FNA of the spleen can be considered especially if clinical signs persist. There is a potential for emerging gastrointestinal +/- splenic neoplasia.



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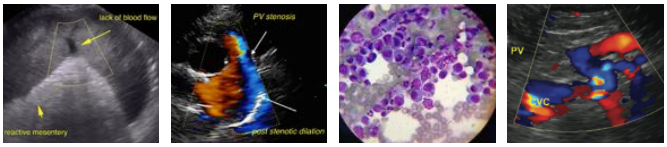

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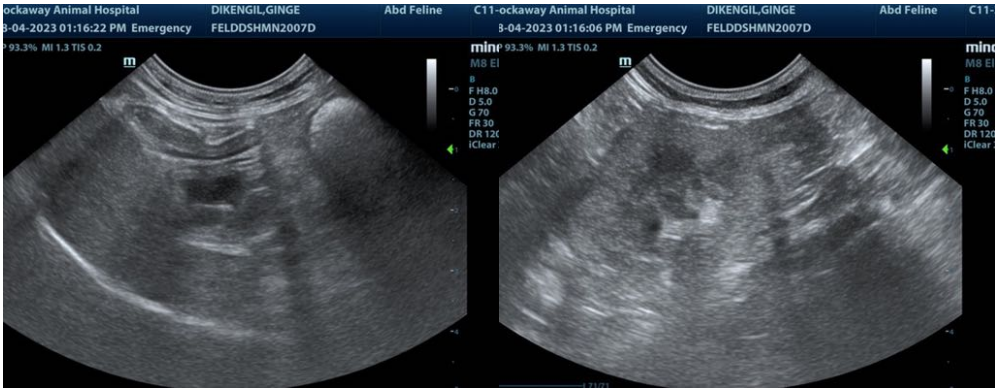


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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
info@SonoPath.com