

**DATE PRESENTING CLINICAL SIGNS**

8/4/23 Anorexia, weight loss (14.7 in 7/2021, now 9.6 lb), turgid/firm cranial abdomen, mild tachycardia, slight icteric of pinneal & Perianal areas, more grumpy. On aging cat wet food and royal canin digestive dry

PATIENT

Lexie McWilliams

Current Medications: SubQ fluids and miralax . SQ fluids, Convenia, Mirataz, Denamarin Adv.
 Lab Results: See attached.

SPECIES

Feline

Radiographs: 6/20 radiograph - Spondylosis, multi narrowed disc spaces, sharp bend in colon/prominent walls. 8/1 Smallish cardiac silhouette, two 90 degree bends in colon , prominent liver, mild bronchiolar pattern caudal ventral lung fields

BREED

DSH

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

3/21/10

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.

WEIGHT

9.6 Pounds

Both **kidneys** were slightly irregular in contour and mildly enlarged. The left kidney measured 3.8 cm. The right kidney measured 4.14 cm.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

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 left adrenal gland measured 0.43 cm. The right adrenal gland measured 0.45 cm.

HOSPITAL NAME

Bel Air Vet Hospital

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

REFERRING VET

Dr. Stevenson

Liver

The **liver** was diffusely hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable. This change is most consistent with hepatic lipidosis, however, FNA is indicated to ensure underlying lymphoma is not an issue.

INVOICE

23761

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. No concerning lymphadenopathy was visible. 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

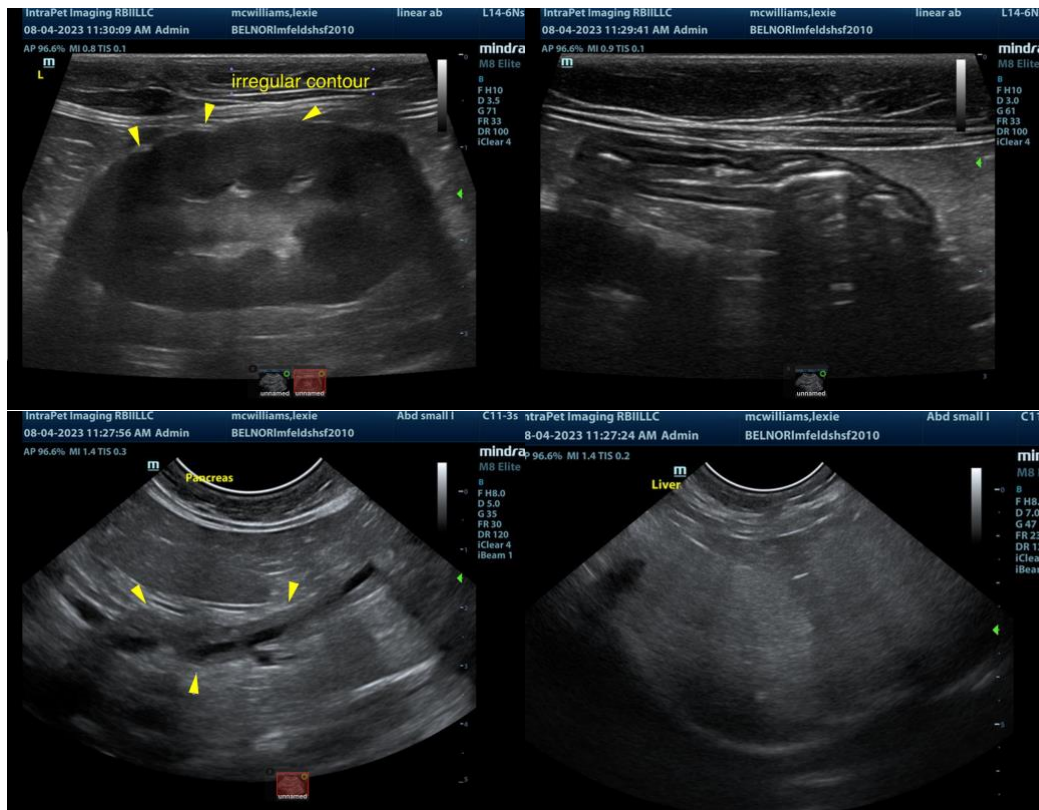
The **pancreas** was hypochoic and irregular with undulating contour and dilated duct.

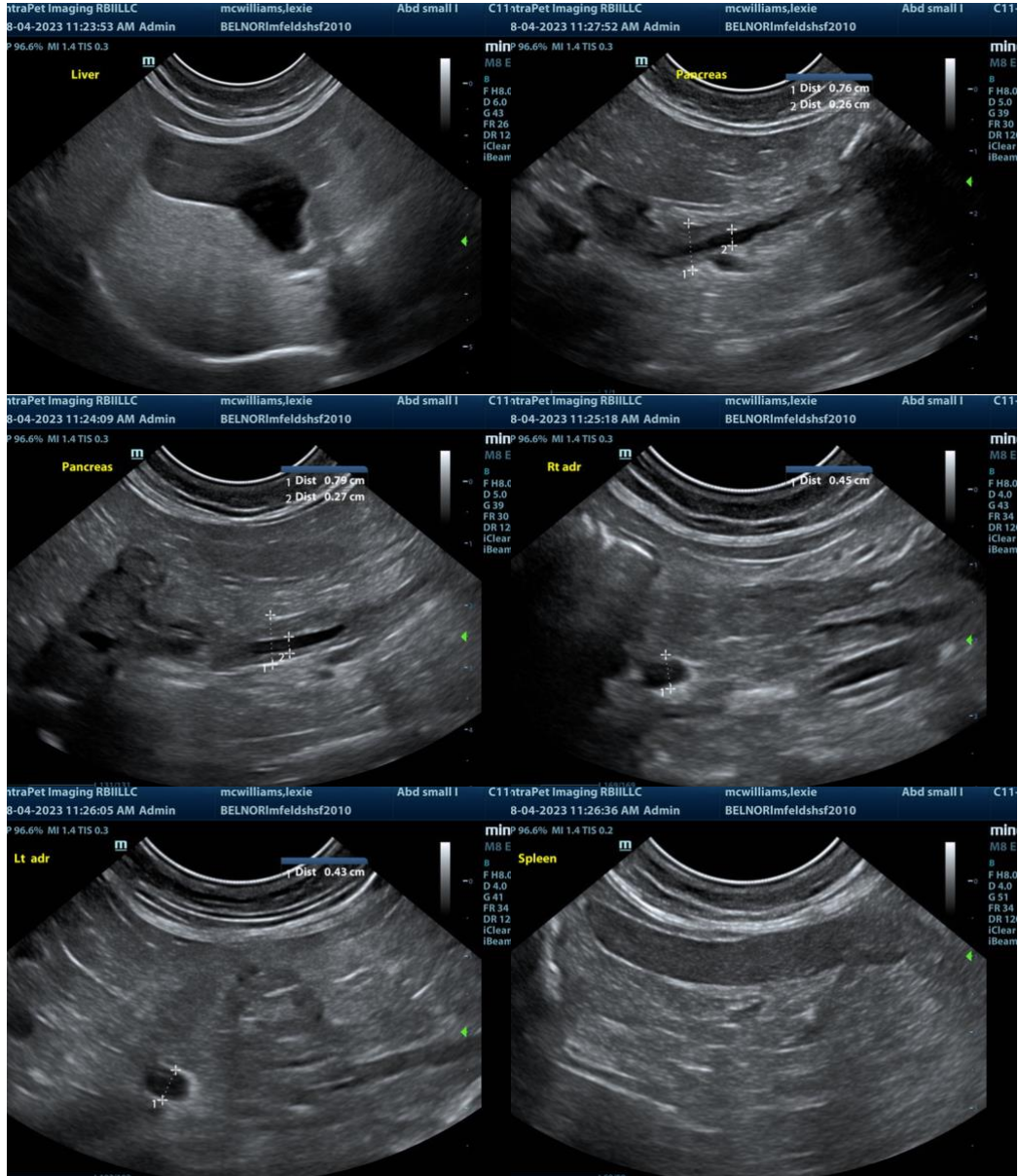
ULTRASONOGRAPHIC FINDINGS

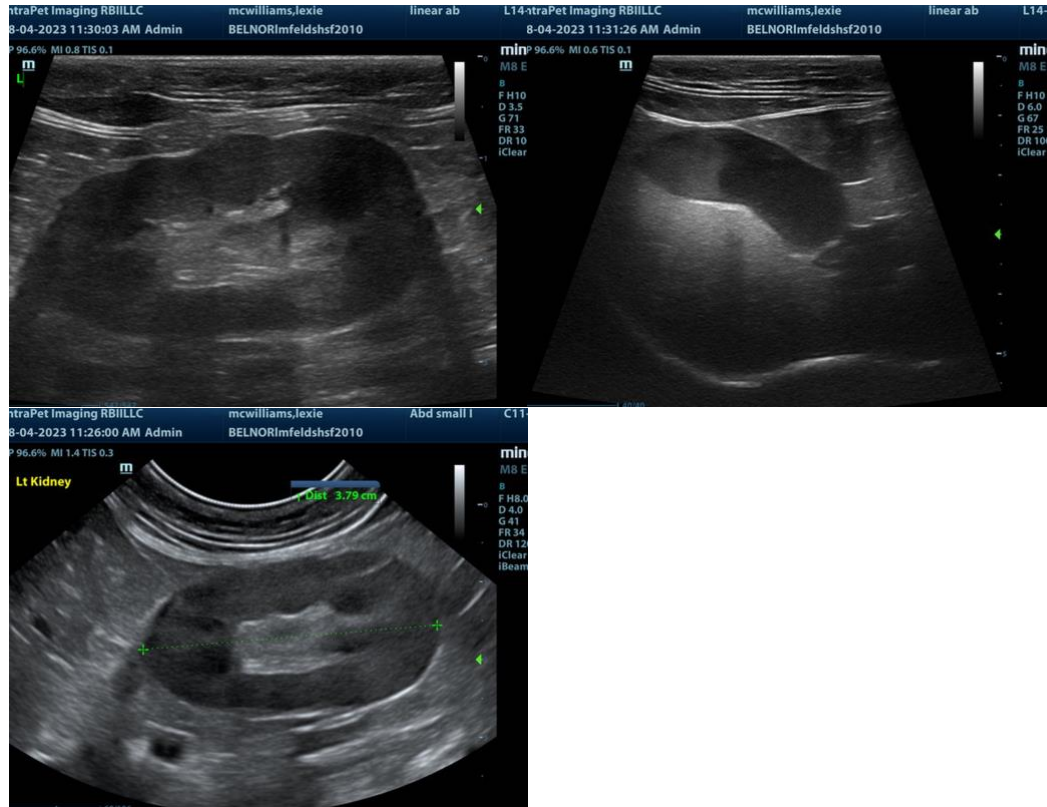
- Heterogenous pancreas- suspect pancreatitis
- Hepatic lipidosis pattern
- Slight irregular kidneys- cannot rule out the possibility of emerging round cell neoplasia in this patient.
- Volume contracted spleen
- IBD GI pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and FNA to confirm hepatic lipidosis pattern is warranted. Left renal FNA would also be ideal.







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.

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