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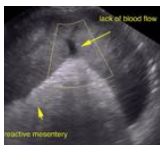
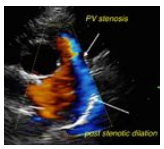
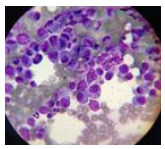
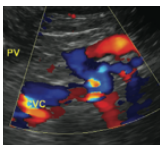

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1-800-838-4268 info@sonopath.com

PATIENT
Sumi Lawrence

SPECIES
Feline

BREED
Siamese

SEX
Neutered male

AGE
13 years

WEIGHT
8.7 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Fritz

HOSPITAL NAME
Waterbury VH

REFERRING VET
Dr. Fritz

INVOICE
32888

DATE
9/13/22

PRESENTING CLINICAL SIGNS

History: P presented as a new patient August 2022. O had noticed progressive weight loss over the past year. No d/c/s, no pu/pd. P had been vomiting frequently but vomiting improved/resolved after a short course of prednisolone this past spring. Minimal vomiting since that time. Full bw done and wnl, T4 wnl. Fecal NOS. Indoor/outdoor. Marked periodontal disease with many resorptive lesions.
Abnormal PE/Chem/CBC/UA Results: Gradual weight loss (lost 0.4lbs since August 2022), underweight April 2022 - CBC/Chem wnl T4 - 1.4 ug/dL USG 1.032 Sept 2022 - PCV 30%, TS 6.2 g/dL

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. The left kidney measured 3.5 cm. The right kidney measured 4.0 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 left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.4 cm.

Spleen

The **spleen** was mildly enlarged with slight scalloping contour and measured 1.0 cm in width.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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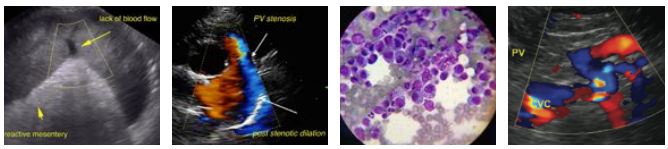

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Gastrointestinal

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 enlarged and measured 2.5 x 1.5 cm.

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.

Free Abdomen

Reactive mesentery was noted around the mesenteric lymph nodes.

ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen with mild splenic enlargement and mesenteric lymphadenopathy.

Minor intestinal thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA, cytology and culture of the mesenteric lymph nodes are recommended. Emerging small cell lymphoma is a possibility in this patient. Lymphadenitis and inflammatory bowel are most likely. FNA of the lymph nodes, spleen, cytology and culture is indicated. 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.

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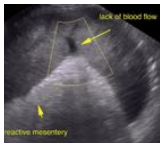

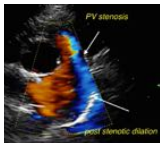

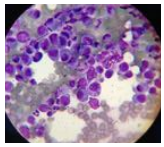
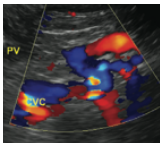

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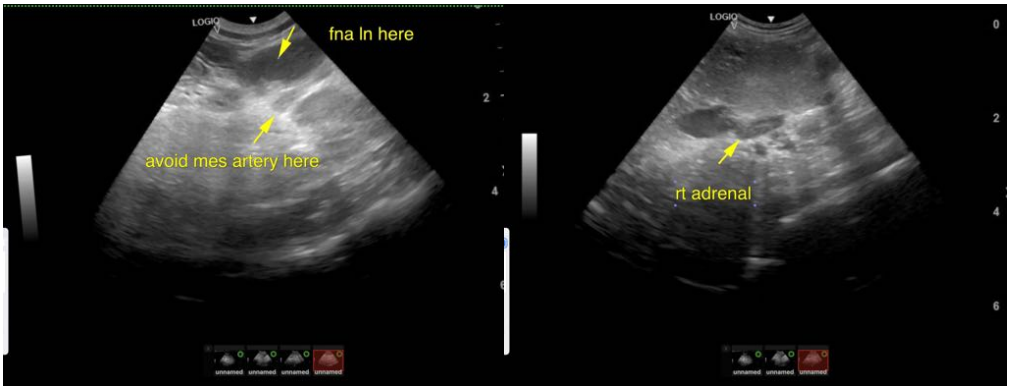

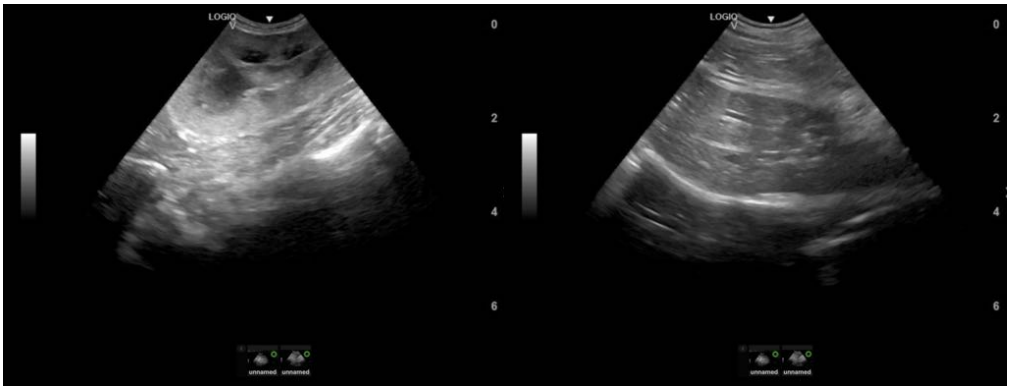

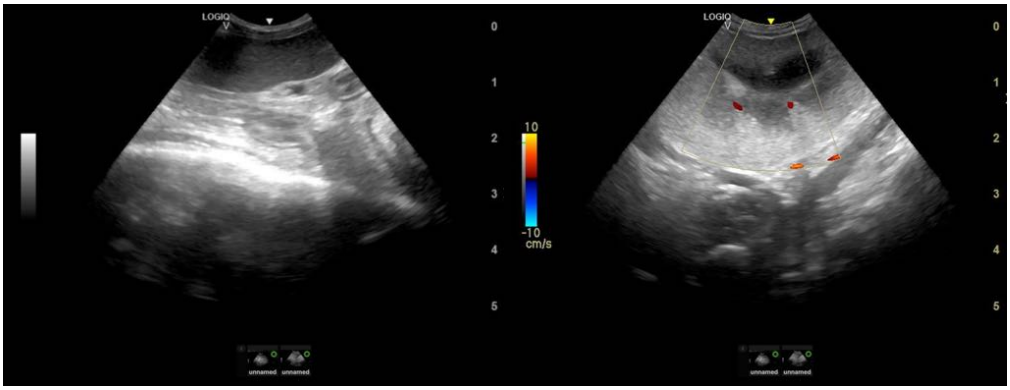

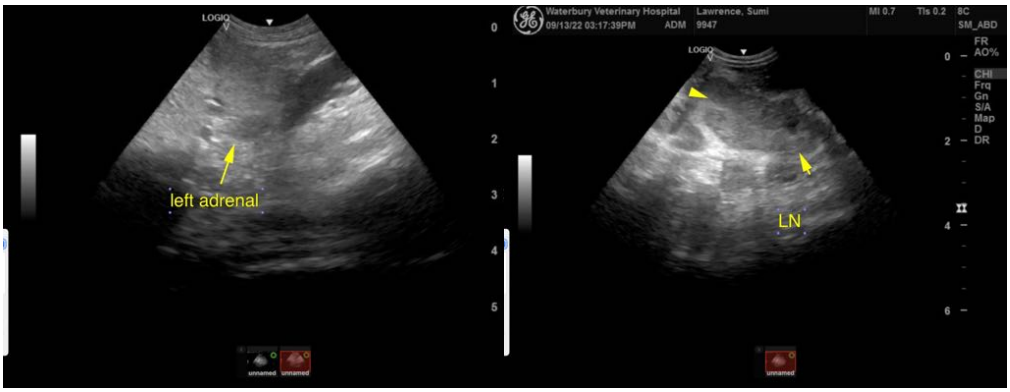

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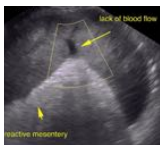

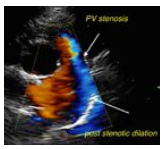

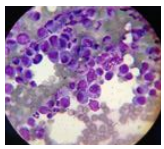
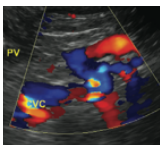

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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