

**DATE**

9/17/21

PRESENTING CLINICAL SIGNS

History: Patient is vomiting intermittently (bile, clear fluid). Noted weight loss - was 19 Lbs. in 2018 and is now down to 16 Lbs. Owner reports no change in food - feeds 1/2 cup of dry and 1/2 5oz can wet. BW-mild changes. Sent home with probiotics. Owner reports continues weight loss and still some more vomiting than normal. Cooper was somewhat better with probiotics added to food - he doesn't always finish his food. The owner had been working on patient's weight some.

Current Medications: Provable capsules SID.

Lab Results: mild elevation in Flobulin, mild increase in ALP, GGT.

Radiographs: NSF.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Telazol IV.

Stat Report: Not requested.

Radiographs revealed hepatomegaly and excessive abdominal and thoracic fat

PATIENT

Cooper Sweeney

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

4/30/12

WEIGHT

16.24 lbs

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

Northwind AH

REFERRING VET

Dr. Repsher

INVOICE

13140

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 were noted. Ureteral papillae were normal.

The **kidneys** presented multifocal cortical cystic changes with loss of corticomedullary definition and calculi. The right kidney measured 4.81 cm. The largest cyst measured 2.4 cm. Pyelectasia was noted in the left kidney. The left kidney measured 5.94 cm with loss of mural detail. The right kidney measured 5.94 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** was enlarged, measuring 1.5 cm in width with scalloping contour.

Liver

Uniform enlargement was present in the **liver**. 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 **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. Minor 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

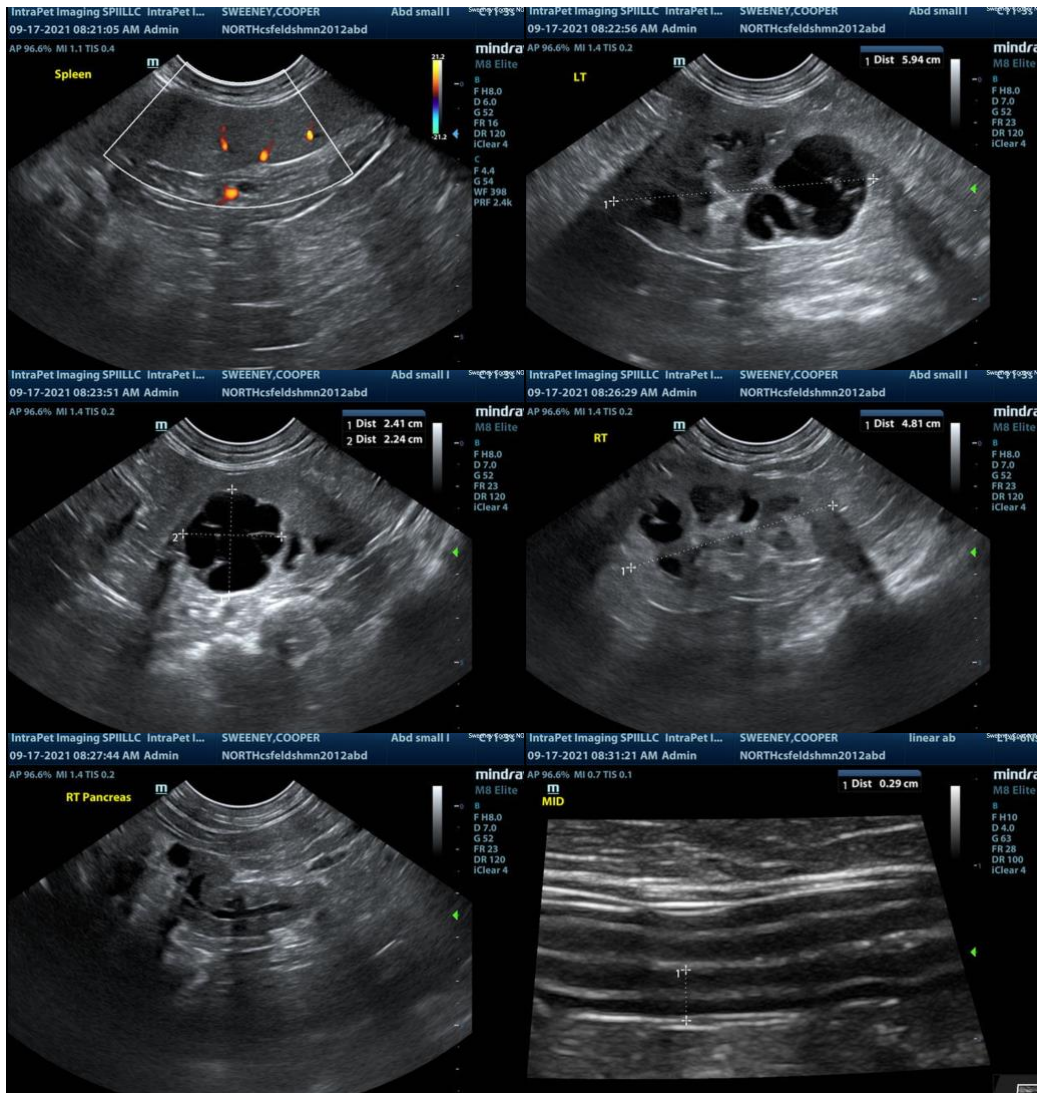
The **pancreas** was enlarged, irregular and hypoechoic with dilated duct and enhanced surround mesentery.

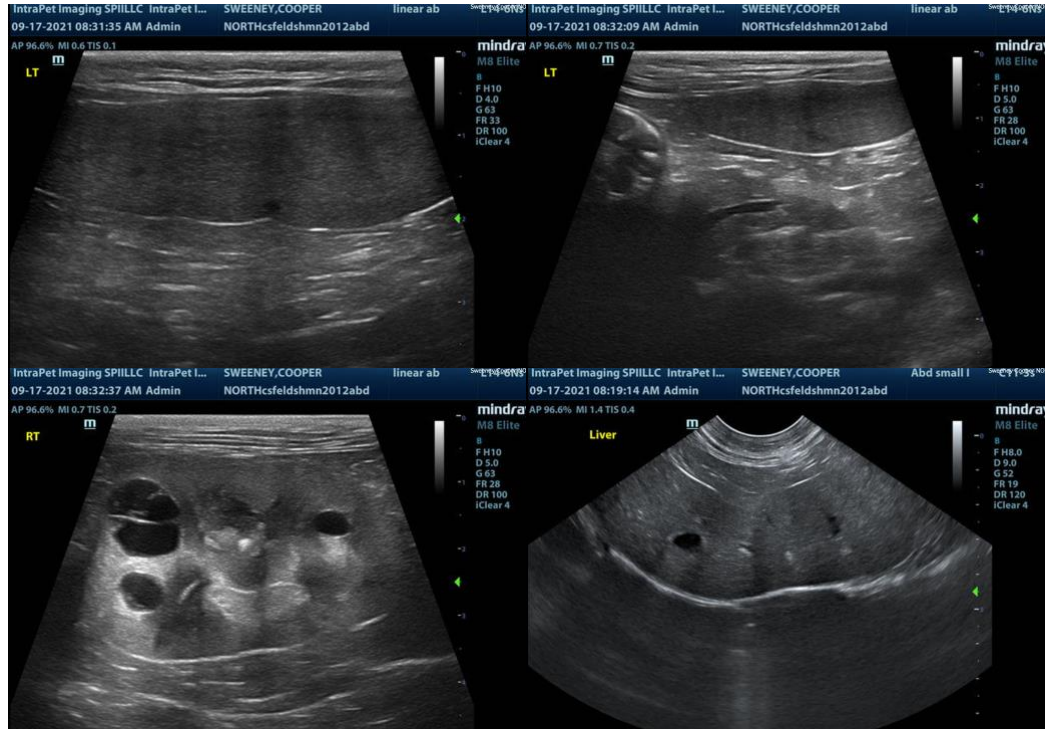
ULTRASONOGRAPHIC FINDINGS

- Enlarged irregular spleen
- Non-specific hepatic enlargement
- Prominent irregular pancreas
- Polycystic kidneys
- Variable intestinal thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver warranted for further definition and to rule out underlying emerging round cell neoplasia. FNA of the pancreas would be ideal to assess if any inflammatory cell type. Chronic triad disease with reactive spleen versus neoplasia are primary differentials. The kidneys appear approximately 50% compromised with the polycystic and degenerative changes.





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.

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