

**DATE**

9/21/21

PRESENTING CLINICAL SIGNS

History: PU/PD, otherwise acting and eating normally. Persistently elevated liver values - no improvement on Denamarin. Now seeing azotemia as well.

Current Medications: Denamarin 90 mg BID.

PATIENT

Date of Previous IntraPet Ultrasound: No previous

Sedation: Gas anesthetic.

Stitch Jacobs

Stat Report: Not requested.

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

Maine Coon

The **kidneys** revealed moderate degenerative changes with undulating contour with some loss of corticomedullary definition and increased cortical echogenicity. The right kidney revealed slight pyelectasia. The right kidney measured 4.25 cm. The left kidney measured 2.88 cm and was subnormal in size with cortical infarcts, collapse and mineralization.

SEX

Neutered male

AGE

2001

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 0.39 cm. The left adrenal gland measured 0.48 cm.

WEIGHT

9.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. Minor, hypoechoic parenchymal changes were noted. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

HOSPITAL NAME

Abbey AH

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.

REFERRING VET

Dr. Kluttz

INVOICE

91899

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. The intestinal wall thickness measured 0.24 cm. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

The base and left limb 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. The right limb of the pancreas was hypoechoic and irregular with undulating contour. 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.

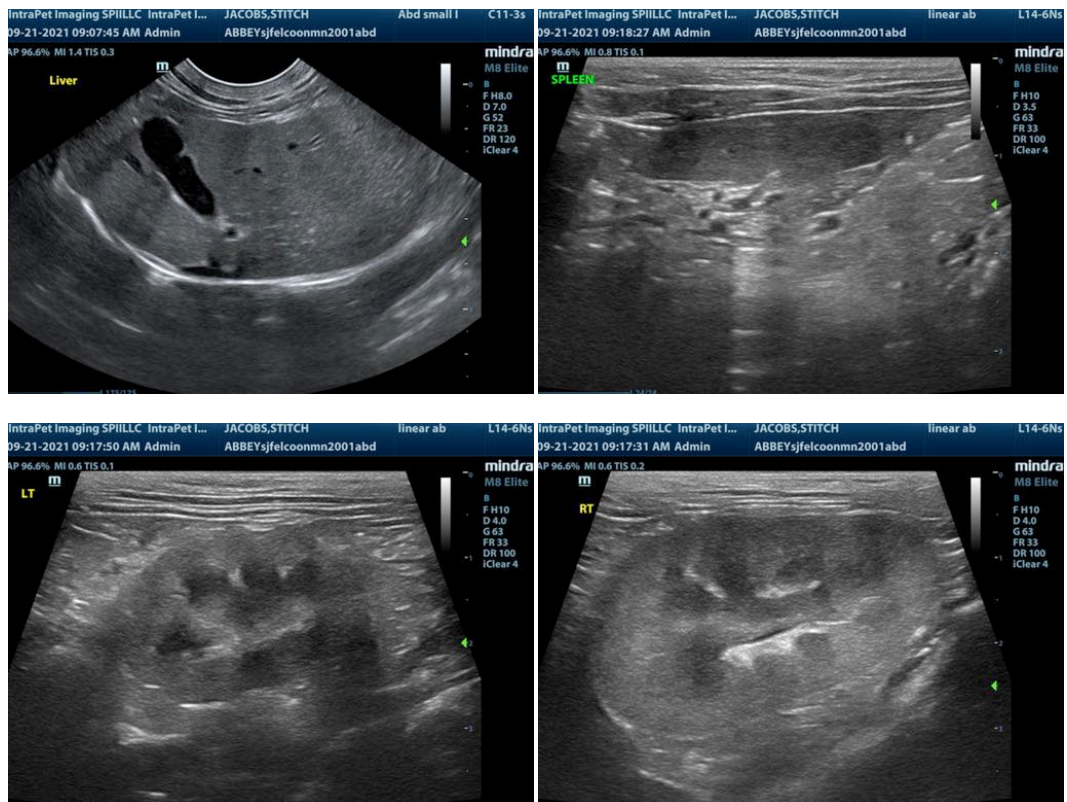
ULTRASONOGRAPHIC FINDINGS

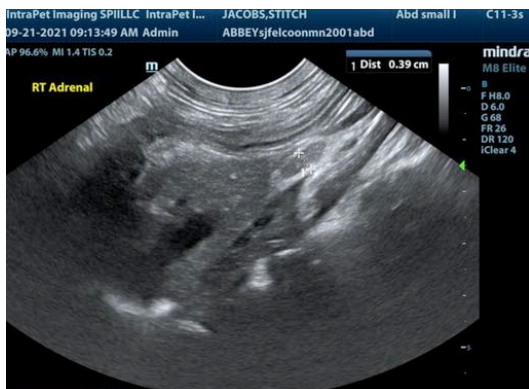
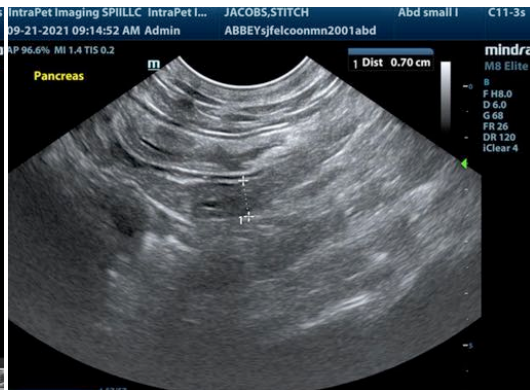
Geriatric abdomen with cortical infarct, collapse and mineralization at the dorsal cranial cortex of the left kidney.

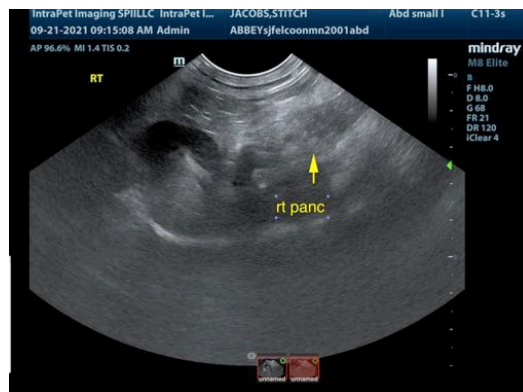
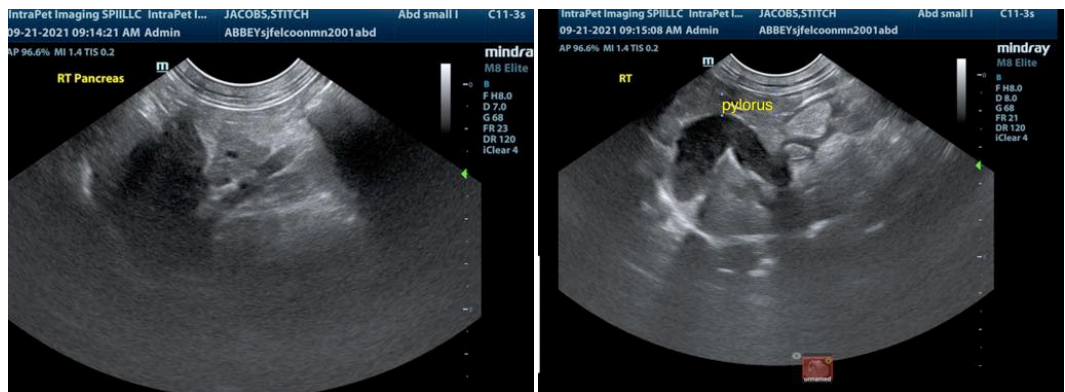
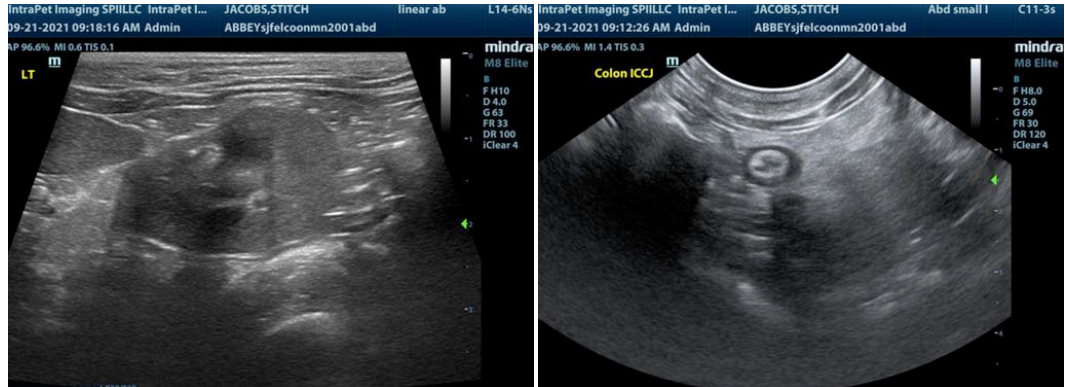
Mild chronic pancreatic and gastrointestinal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt evidence of neoplasia. The patient is likely infracting the kidneys causing the azotemia. Full urinary work-up is warranted if not already performed. 72-hour IV fluid protocol is indicated. Blood pressure measurements are recommended to ensure adequate hydration and renal oriented diet. If any evidence of infection is present in the urinalysis then 4 week antibiotic treatment is recommended given the pyelectasia in the right kidney. Some level of pancreatitis may be playing a role in this patient. Pre renal and renal azotemia may be playing a role. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected.







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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