



PATIENT

Cleo Abrams

SPECIES

Feline

BREED

Calico

SEX

Spayed female

AGE

11 years

WEIGHT

8.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Striano-Kaplan

INVOICE

39579

DATE

9/22/22

PRESENTING CLINICAL SIGNS

History: pet was with pet-sitter for 2 mos while O was away. O's returned end of august and pet was vomiting - vomiting has since resolved. O noting weight loss - down 2# since 9/2021. Per O pets appetite is off, not very active at home. Currently on RX: Methimazole 2.5mg BID
Abnormal PE/Chem/CBC/UA Results: BUN: 39H, Total Protein: 5.9L, Globulin: 2.8L, Platelet: 103L
Possible maldigestion pending

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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.4 cm. The right kidney measured 3.6 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 adrenal glands measured 0.4 cm each.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed slight coarse architecture with mildly increased portal markings. The liver was normal in size. The patient likely has a history of inflammatory hepatopathy. The gallbladder revealed a minor amount of debris. Pinpoint mineralization was noted and non-obstructive.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Mild intestinal thickening was noted. Reactive mesentery was noted associated with the thickened small intestine. There was no evidence of neoplastic criteria with any organ.

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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

Intestinal thickening with reactive mesentery, likely subacute inflammatory bowel.

Minor pancreatic and hepatic remodeling.

Age related renal changes with mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

I recommend treatment for inflammatory bowel. The azotemia is likely prerenal as the kidneys are structurally unremarkable.

IMAGING PERFORMED BY

Dr. Striano-Kaplan

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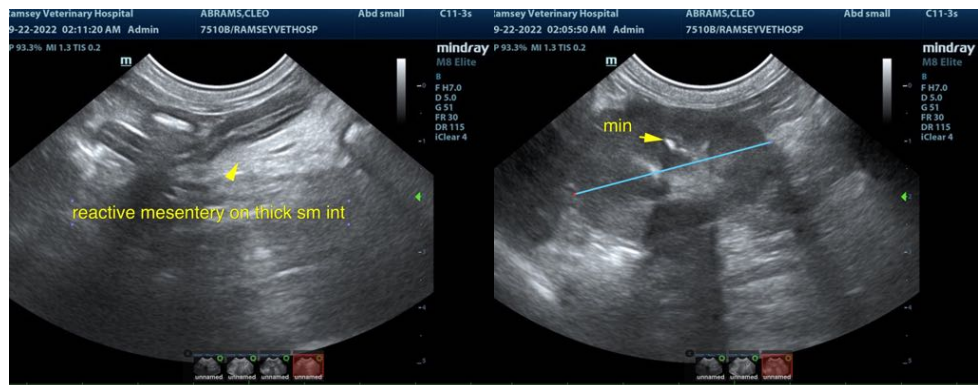
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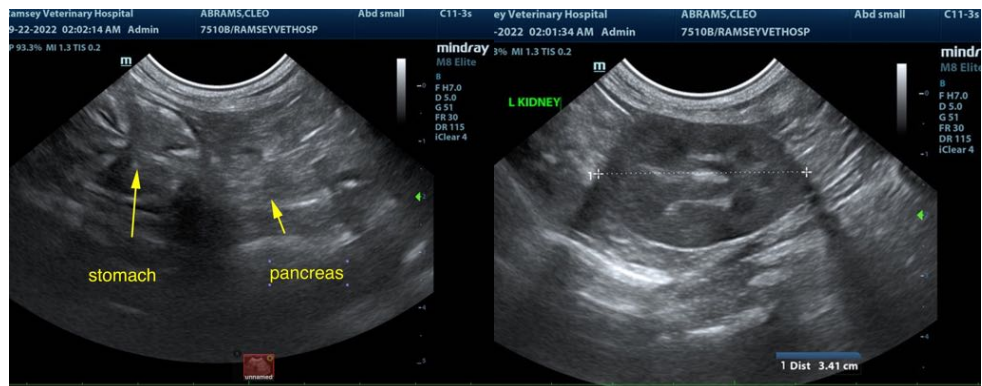
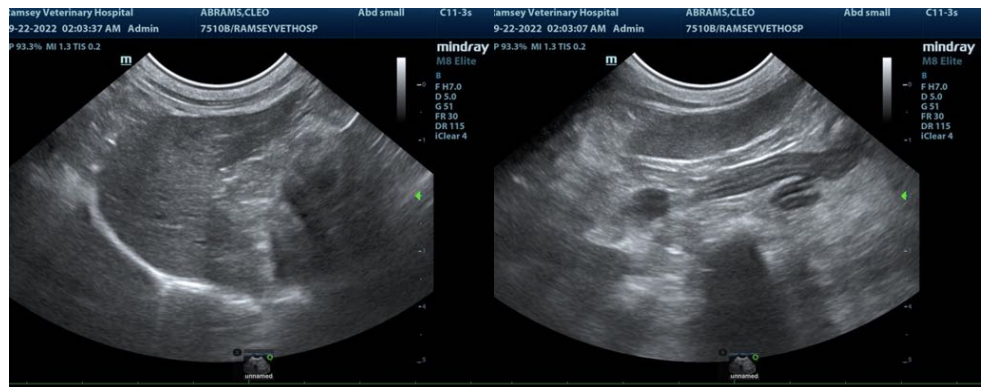
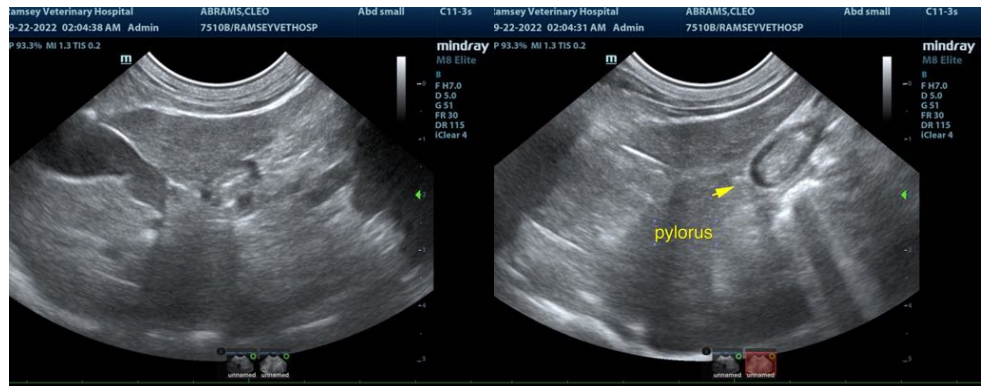
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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