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Clinical Sonography & Telecytology
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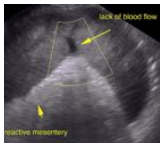
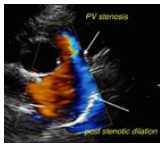
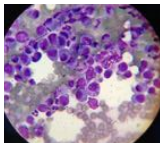
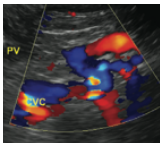

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1-800-838-4268 info@sonopath.com

PATIENT
Tink Coterel

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
14 years

WEIGHT
14 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Kitz

HOSPITAL NAME
Woodland AH

REFERRING VET
Dr. Kitz

INVOICE
32757

DATE
9/6/22

PRESENTING CLINICAL SIGNS

History: patient has chronic history of recurrent congestion and sinusitis he also has a Grade II sternal systolic murmur - recently did an echo and it was not pathologic he has a bladder stone and a bad upper canine tooth that both need addressed with surgery he presented a few weeks ago with clinical signs consistent with recurrent sinusitis, but also was having some regular vomiting of bile per owner administered steroid injection, sent antibiotics as per our usual regimen, but added in ondansetron and ran some labwork We keep putting the cystotomy and canine extraction due to other issues that develop or need due diligence
Abnormal PE/Chem/CBC/UA Results: His PSL was 78 (8-26 normal through Antech); also had elevated TP/globulins, with sl low albumin, elevated amylase, and sl elevated WBC count fPL to IDEXX showed persistently high fPL despite clinical improvement (Idexx fPL has been consistently in the high 20s, low 30s (normal range up to 3.5) since initial testing)

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. Small bladder calculus was noted and measured 0.2 cm. 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. Corticomedullary mineralization was noted. The right kidney measured 3.73 cm. The left kidney measured 4.12 cm.

Adrenal Glands

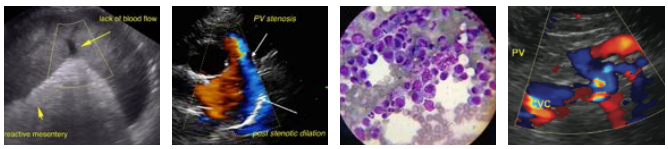
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.28 cm.

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** 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



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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 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. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

The **pancreas** was hypoechoic and irregular measuring 1.37 cm in width. There were areas of isoechoic nodular changes.

ULTRASONOGRAPHIC FINDINGS

Prominent, nodular pancreas, likely hyperplasia with a minor potential for underlying neoplasia.

Geriatric abdomen.

Minor renal mineralization and bladder calculus noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If accessible with an acoustic window for sampling ultrasound-guided FNA is indicated. There is no evidence of active inflammation. If cystotomy is to be performed then inspection and biopsy of the pancreas can be considered at that time. However, the patient may pass calculi in the future given the renal mineralization that is present. Periodic pancreatitis and nodular hyperplasia is likely. There is no overt evidence of active inflammation present. There is a mild potential for underlying neoplasia or pancreatic adenoma.

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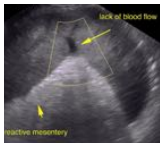
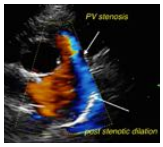
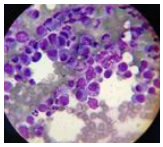
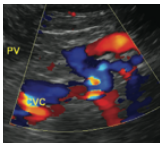

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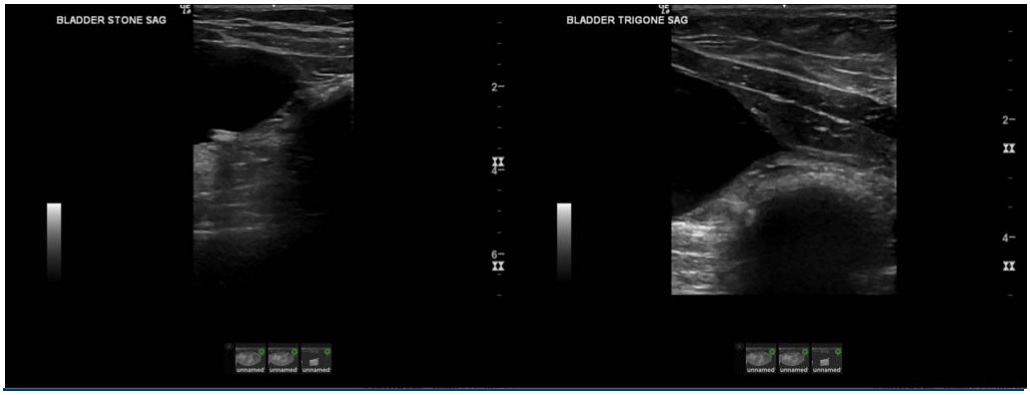

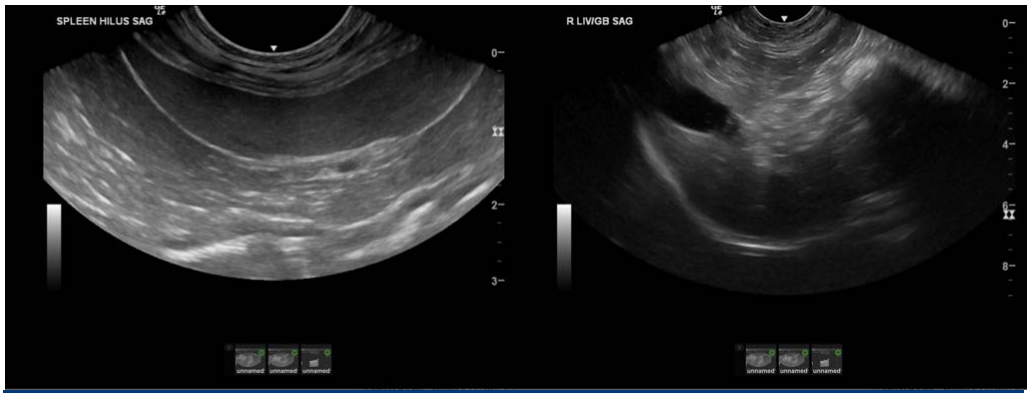

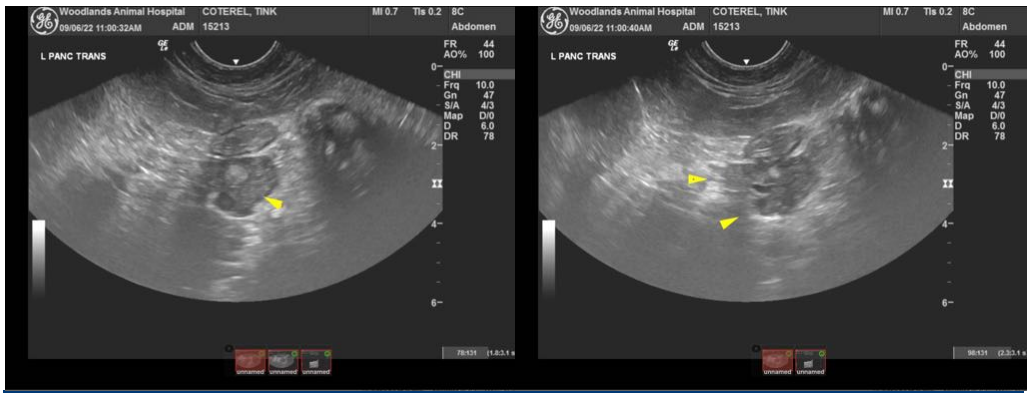

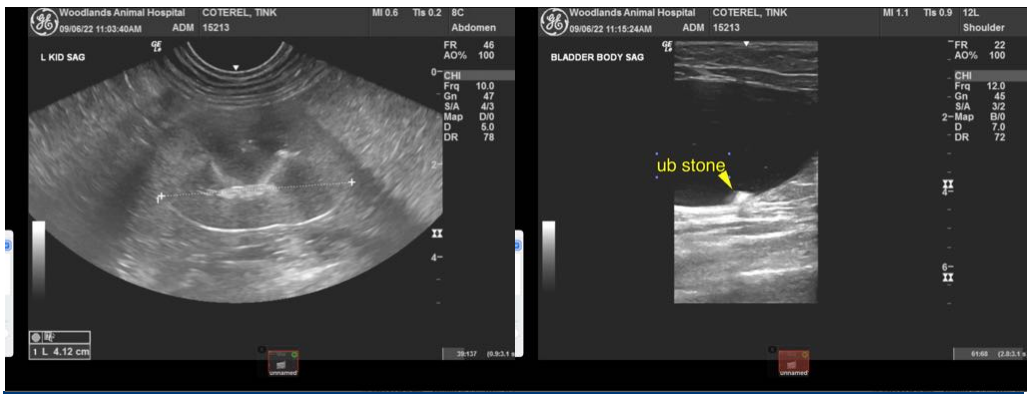

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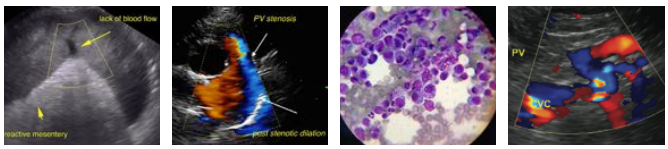

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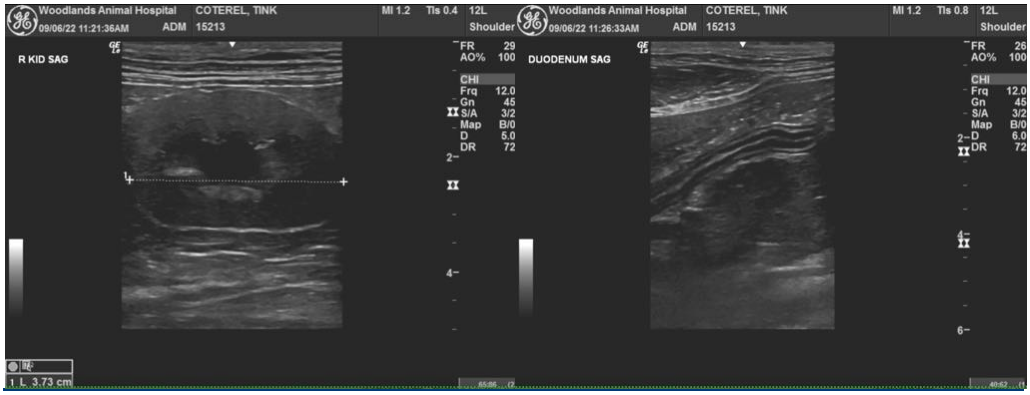

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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