

**DATE**

9/9/22

PRESENTING CLINICAL SIGNS

History: Patient is at least 14 years old, outdoor only cat. She had 2 litters of kittens that died and then was spayed. Has no other medical history. Over the last few days, she is not eating much but does beg at the door for food. She will lick gravy off food but not eat anything. She turns her head to one side when she tries to eat. This summer has been hard on her per owner. Date: 09-09-2022 Notes: Since being discharged, patient has not been eating much, maybe 2 tsp food per day. She has continued to be lethargic, not greeting owner like she usually does. Owner tried to confine her in a house outside but cannot make her an indoor cat because her husband is allergic.

PATIENT

Rosie Wilson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9/3/08

WEIGHT

9.2 Pounds

Current Medications: Convenia, B12, Maropitant, BVits in IV fluids, TM buprenex

Lab Results: No significant abnormalities.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

PRESENTING CLINICAL SIGNS**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 3.78 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**Adrenal Glands**

The **left adrenal gland** was visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. Mineralization was noted in the left adrenal gland. The left adrenal gland measured 0.52 cm.

REFERRING VET

Dr. Goessling

The region of the **right adrenal gland** revealed no evident pathology.

INVOICE

17224

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 were noted.

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.

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. 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. This is a minor change.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. Dilating undulating duct noted, measuring 0.26 cm. The left limb of the pancreas measured 1.18 cm.

Free Abdomen

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. An example of lymph node size measured up to 0.63 cm.

Other

The **uterus** was uniform (4.0 mm) with no evident pathology, appeared empty.

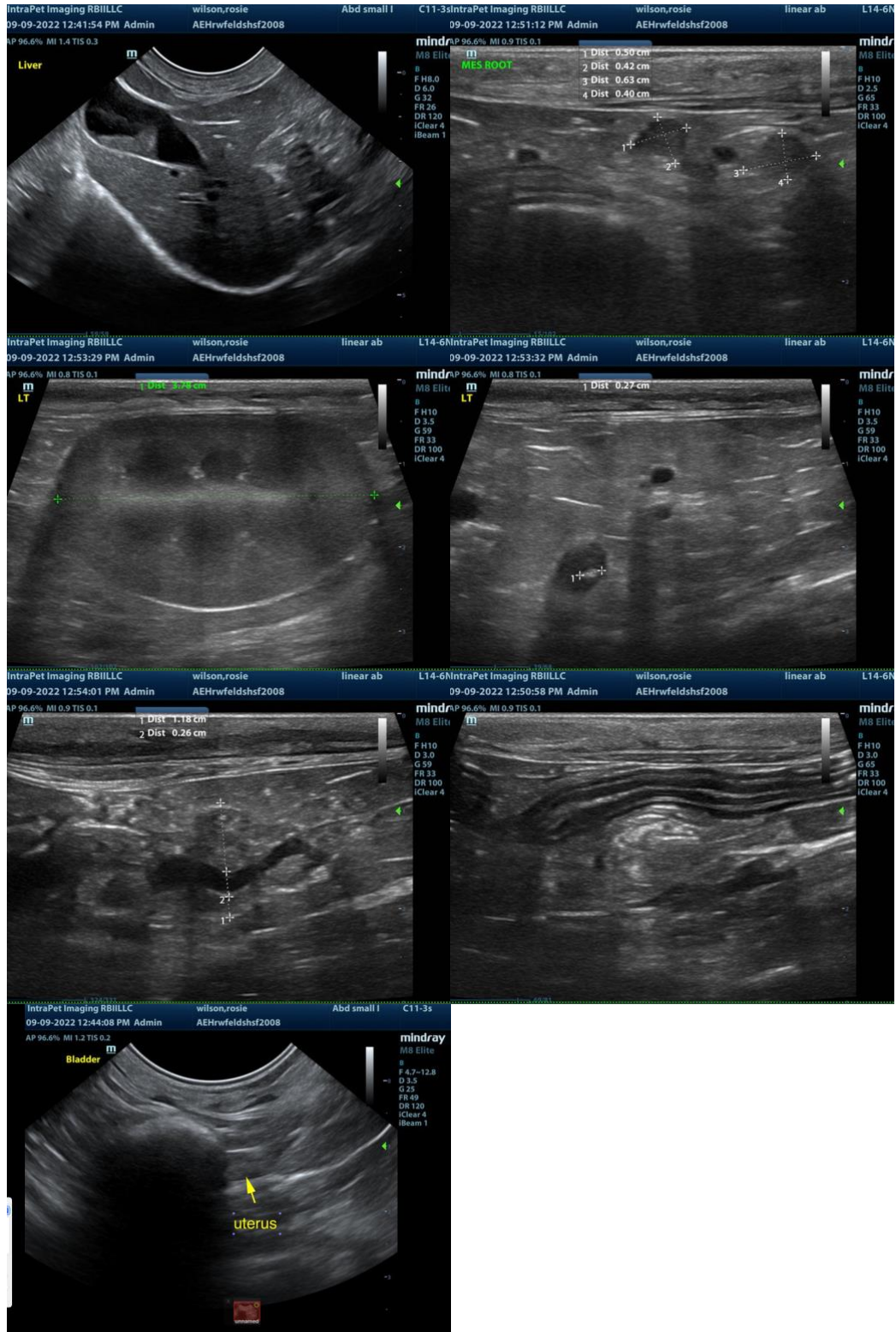
ULTRASONOGRAPHIC FINDINGS

- Prominent irregular pancreas
- Minor intestinal thickening
- Age-related pancreatic and renal changes
- Age-related adrenal changes with left adrenal mineralization
- Stable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of pathology. Given the patients history, underlying low grade pancreatitis may be the issue. Other causes of anorexia, such as orthopedic, CNS or thoracic disease should also be considered yet the

abdomen appears benign and no residual uterine pathology is noted.



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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