

**DATE**

9/9/22

**PRESENTING CLINICAL SIGNS****PATIENT**

Zoe Oross

History: Chronic hx of ibd, managed with budesonide (poor follow up/consistency with treatment). Initial presentation of IBD included vomiting. Presented end of august for decreased appetite, weight loss. No vomiting per o, no diarrhea. On PE bcs 4/9, friendly, bright, euhydrated. Labs revealed ALT/ALKP/Tbili elevation.

**SPECIES**

Feline

Current Medications: Budesonide (dosage last dispensed 10m ago, unknown dose/frequency o currently giving), Cerenia 8mg po sid started 9/2.

Lab Results: Alt 803, ALKP 353, Tbili 1.8, T4 wnl, remainder of Chem wnl. Mild monocytosis on cbc. UA isosthenuric.

**BREED**

DSH

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

8/1/09

**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.

**WEIGHT**

6 Pounds

The **kidneys** revealed largely normal 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 right kidney measured 3.75 cm. The left kidney was subnormal in size, measuring 2.81 cm.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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 0.25 cm.

**HOSPITAL NAME**

Hickory VH

**Spleen****REFERRING VET**

Dr. McCourt

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.

**INVOICE**

17240

**Liver**

The **liver** revealed coarse architecture and increased portal markings. Isoechoic nodular changes were noted within the right medial liver/caudate process. The right medial nodule appeared to be deviating the portal vein. The extra and intrahepatic vasculature was congested and tortuous with a fairly complex pattern. Primary or secondary shunting owing to chronic hepatic parenchymal disease is likely. CT with contrast recommended for further clarification. The gallbladder and common bile duct were unremarkable.

### ***Gastrointestinal***

The **stomach** presented progressively shadowing material, likely hairball accumulation. The small intestine and colon were unremarkable.

### ***Pancreas***

The **pancreas** was enlarged and irregular with undulating contour and dilated duct.

### ***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. The lymph nodes measured up to 1.09 cm.

## **ULTRASONOGRAPHIC FINDINGS**

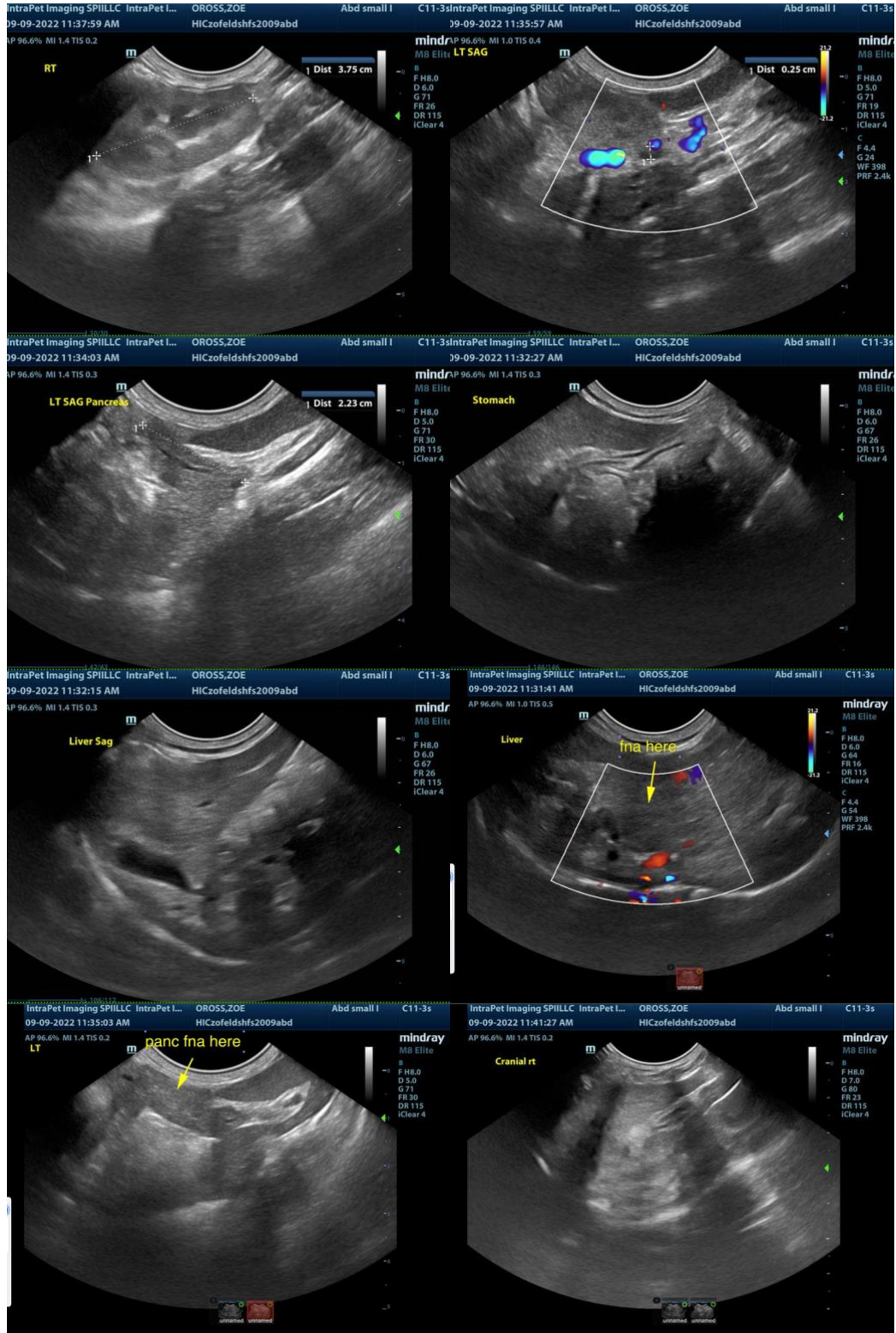
- Diffuse hepatic disease with remodeling and nodular changes. Tortuous vasculature owing to primary or secondary shunting. CT with contrast and hepatic biopsies warranted.
- Concurrent pancreatitis is likely
- Enlarged irregular pancreas
- Reactive mesenteric lymph nodes
- Shadowing material in the stomach, likely hairball accumulation
- Age-related renal changes

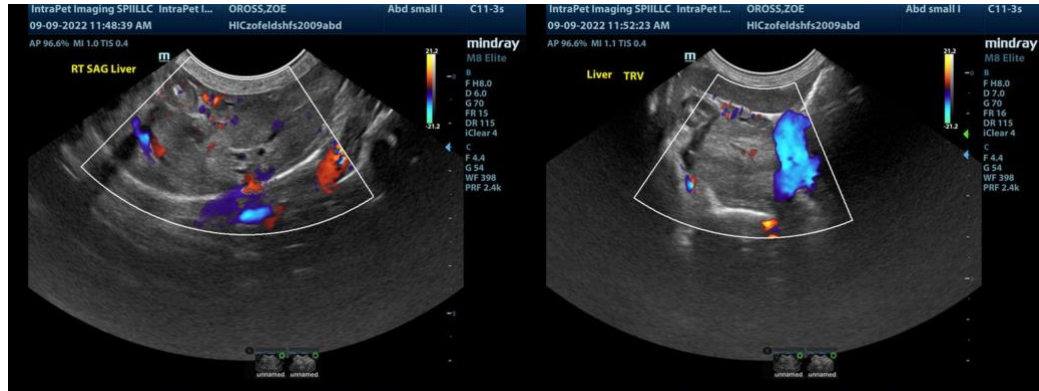
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pancreatic and hepatic FNA (or liver biopsy) are indicated. No obvious evidence of neoplasia, however, emerging hepatic neoplasia cannot be ruled out given the isoechoic nodule. Vascularity appeared congested. Bile acid profile is warranted. CT evaluation indicated.

Hairball therapy is warranted from a supportive standpoint.







**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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