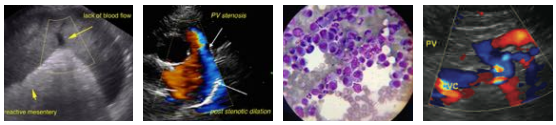

PATIENT

Bondy Hagstrom

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

12.8 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Bush AH

REFERRING VET

Dr. Gibson

DATE

8/25/21

Invoice
91500

PRESENTING CLINICAL SIGNS

History: HX: inappetent for 5-7 days. Chronic hx of hairballs and constipation. Normal CBC/Chem/T4 / spec fPL July 15, 2021. Physical exam in normal Current Medications Cerenia 5.5 mg sq and sq fluids Primary Question/Differential to Be Answered in This Exam Infiltrative gi disease? Pancreatitis? Looking for source of inappetence.
Abnormal PE/Chem/CBC/UA Results: Most recent labs show low normal albumin and high normal Ca. Elevated spec fPL at 13.8 up from 3.8 one month ago.

ULTRASONOGRAPHIC EXAMINATION OF THE _____

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.87 cm. The right kidney measured 3.67 cm. Blood flow appeared to be adequate on the kidneys on color flow assessment.

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.

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.

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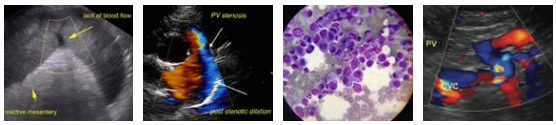

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MOBILE VETERINARY ULTRASOUND
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Liver

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

Retention of ingesta was noted in the **stomach**. Transit of chyme was noted in the small intestine. A portion of the small intestine was particularly thickened without loss of detail. The mesentery was reactive and associated with a portion of intestinal thickening. This region of small intestine should be monitored for potential emerging neoplasia, yet is a localized area.

Pancreas

The **pancreas** was mildly heterogenous and irregular with coarse architecture. There was no evidence of masses; however, low-grade inflammation or history of inflammation is suspected.

ULTRASONOGRAPHIC FINDINGS

Irregular pancreas. Suspect, chronic active pancreatitis.

Possible hair accumulation in the stomach.

Variable minor small intestinal thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of neoplasia. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. There is a potential for lymphoma in an early phase. Protein losing enteropathy is possible. A clinical trial of the following may prove effective. Recheck sonogram is recommended in 2 weeks regarding the pancreas and small intestine.

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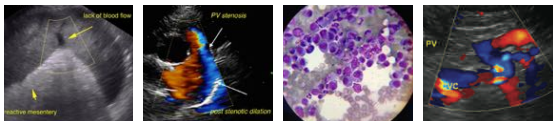

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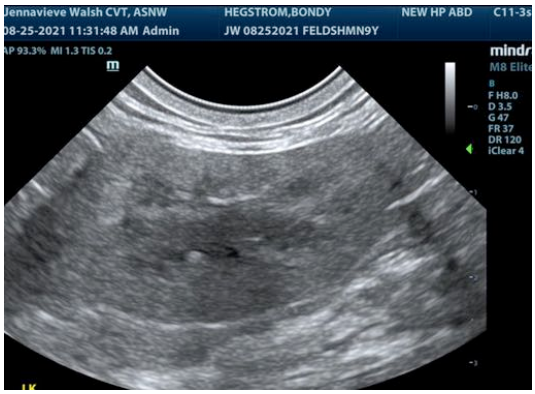

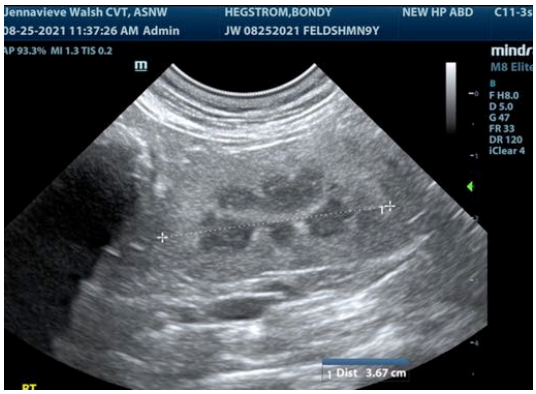

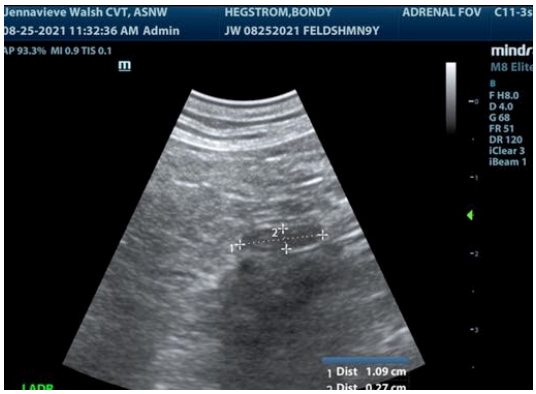

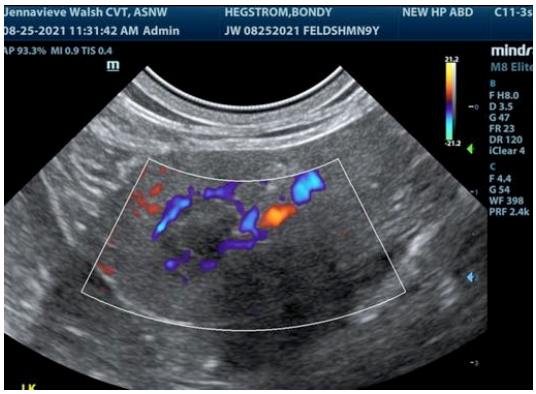

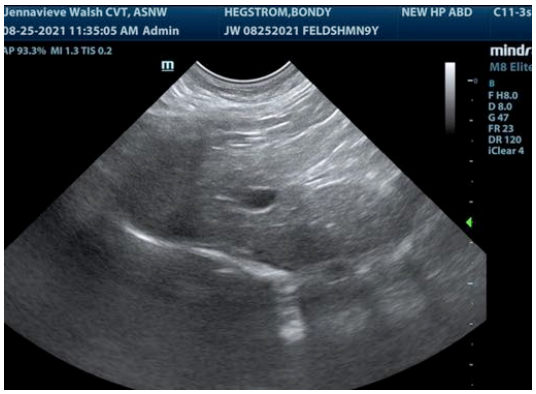

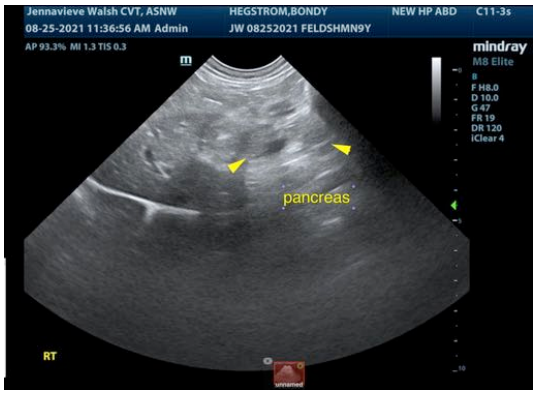

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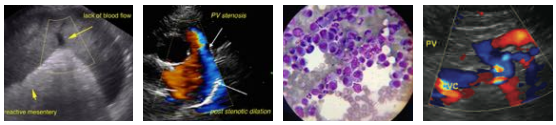

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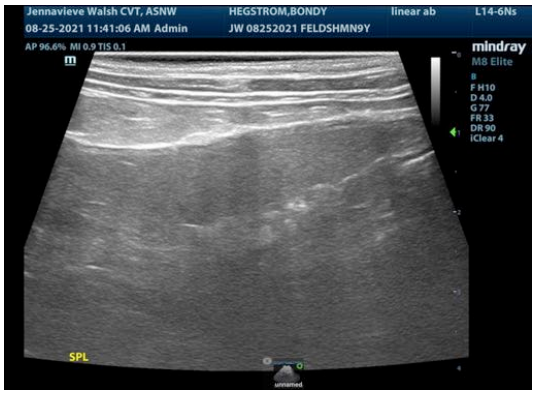

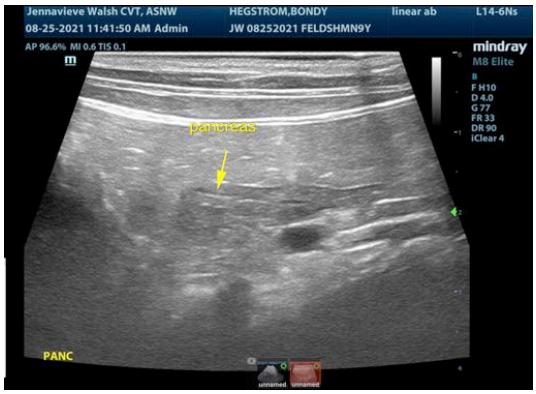

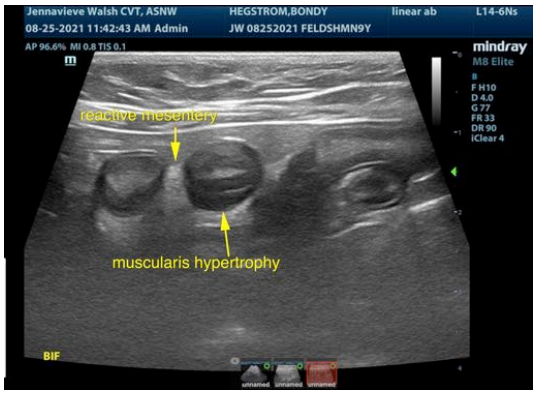

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com