



PATIENT

Ditty Washam

PRESENTING CLINICAL SIGNS

History: Evaluate chronic intermittent vomiting/diarrhea, weight loss, inappetence.
Abnormal PE/Chem/CBC/UA Results: WNL

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Longhair

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.

SEX

Neutered male

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 3.9 cm. The right kidney measured 4.27 cm. Blood flow to the kidneys appeared to be mildly subnormal.

AGE

11 years 10 months

WEIGHT

14 lbs

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 right adrenal gland measured 0.37 cm. The left adrenal gland measured 0.26 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Shari Reffi, CVT

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.

HOSPITAL NAME

VCA Blairstown AH

Liver

REFERRING VET

Dr. Lovell

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.

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PATIENT

Gastrointestinal

Ditty Washam

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.

SPECIES

Feline

BREED

Domestic Longhair

Pancreas

The **pancreas** was prominent and mildly irregular in the left limb. Subxiphoid palpation is recommended.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Non-specific, geriatric abdominal changes with slight, irregular pancreas.

AGE

11 years 10 months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect pancreatitis as cause of the clinical signs. The cystic duct was mildly tortuous, yet this is largely an age related change. Given the intestinal thickening underlying inflammatory bowel is likely playing a role. GI parasitic disease should be considered as a complicating factor. Infectious agents such as Bartonella is also possible.

WEIGHT

14 lbs

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IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

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REFERRING VET

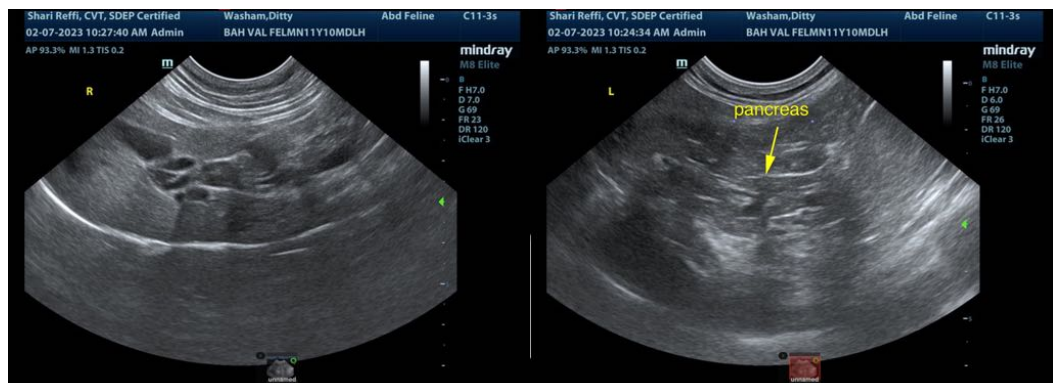
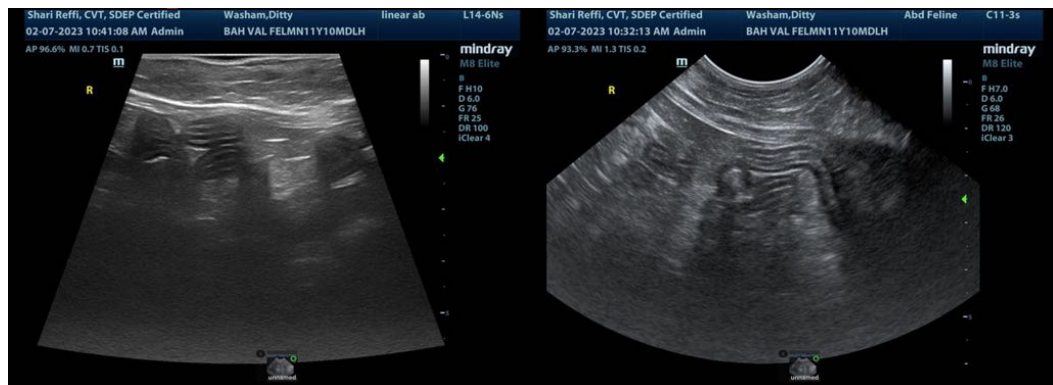
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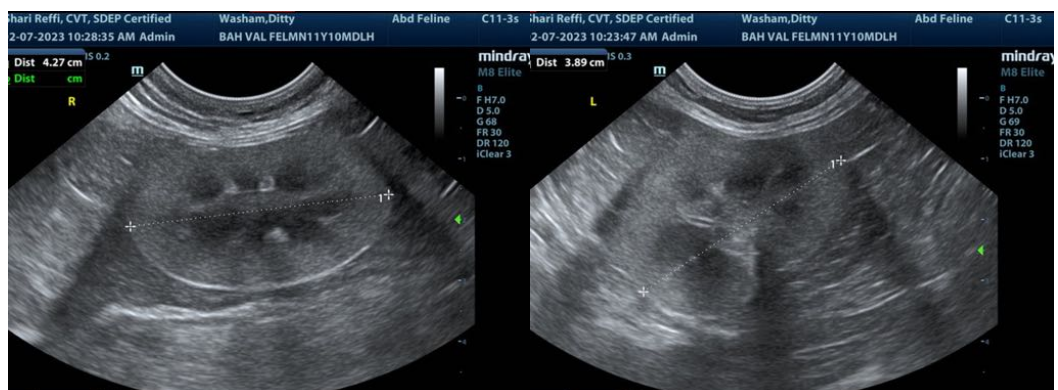
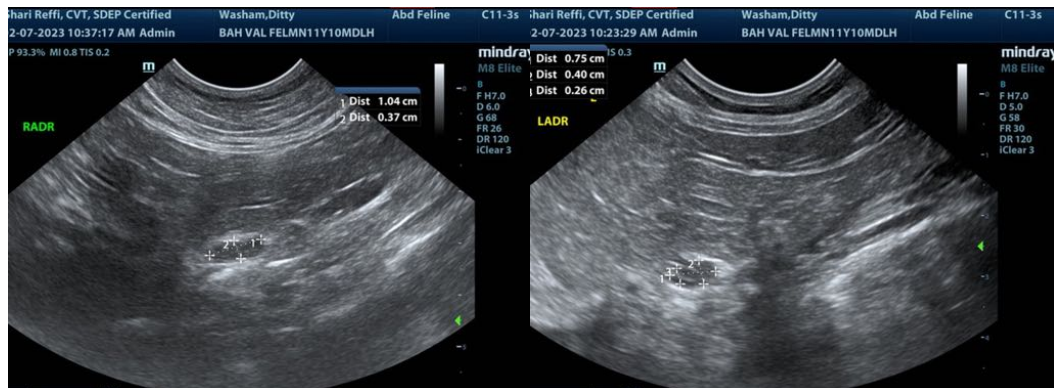
Neutered male

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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.

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