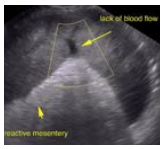
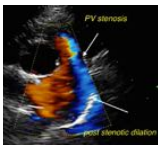
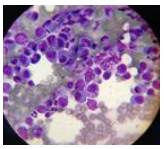
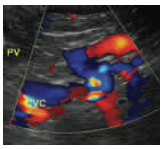

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PATIENT

Solo Wickner

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

15 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

All Creatures Great and Small

REFERRING VET

Dr. Ashmore

INVOICE

30809

DATE

5/25/22

PRESENTING CLINICAL SIGNS

History: Anorexia, vomiting, unregulated diabetic. Current meds: IVF, PZI, Cerenia, Flagyl, Miratax.
Abnormal PE/Chem/CBC/UA Results: Elevated ALP, FPL-abnormal

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 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 4.6 cm. The right kidney measured 4.53 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 0.43 cm. The right adrenal gland measured 0.48 cm.

Spleen

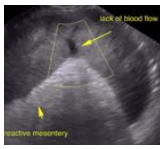
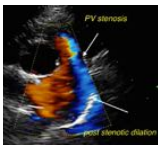
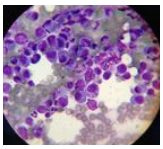
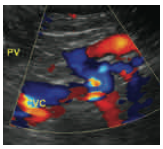
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted. The spleen measured 0.87 cm.

Liver

The **liver** was diffusely hyperechoic to the falciform fat. The gallbladder and common bile duct were unremarkable with uniform enlargement. This is consistent with diabetic hepatopathy.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No

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evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The right limb of the **pancreas** revealed hypoechoic 1.4 x 0.97 cm nodule with regional, hyperechoic reactive surrounding mesentery. The nodular change in the right pancreatic limb may represent a distorted overlying lymph node versus granulomatous pancreatic lesion.

ULTRASONOGRAPHIC FINDINGS

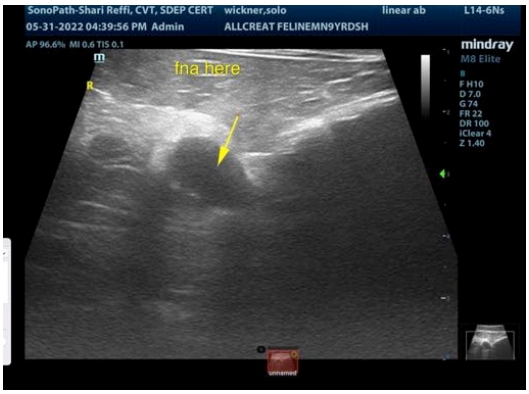
Chronic interstitial nephrosis.

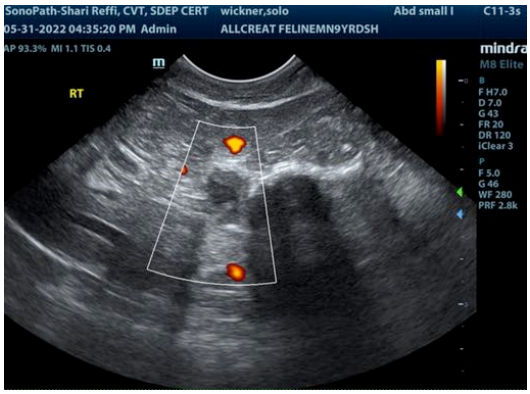
Pancreatic necrotic nodule or overlying distorted lymph node.

Diabetic hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Empirical treatment for focal pancreatic necrosis could be considered or ultrasound-guided FNA with cytology and culture of the lesion can also be considered. Surgical exploratory with removal is also an option. The lesion is just cranial to the mesenteric root. The remainder of the abdomen appears fairly stable with concern for long term viability of the kidneys. If non-surgical management is to be taken then a recheck sonogram is recommended in a week to ensure adequate resolution under medical treatment.





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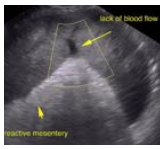
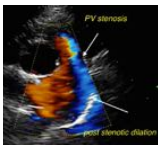
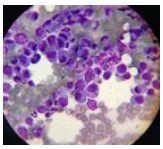
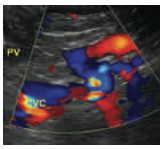

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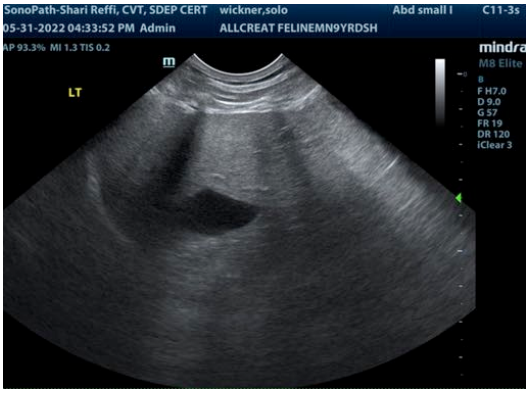

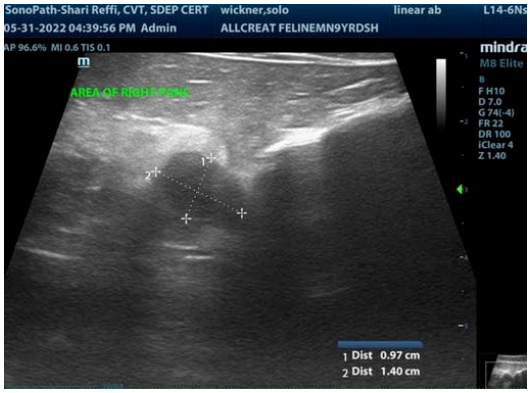

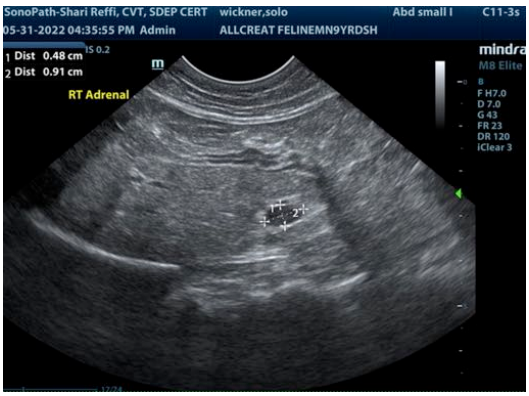

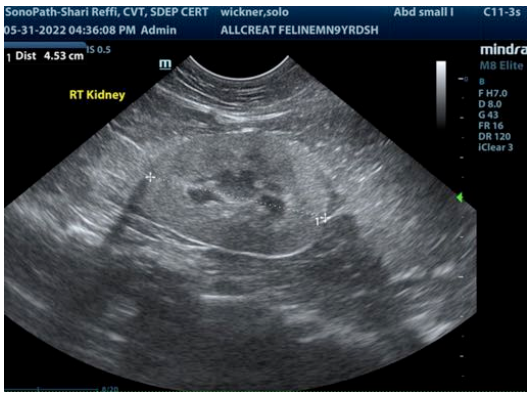

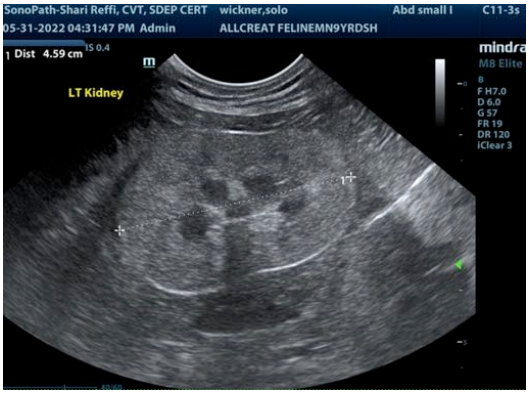

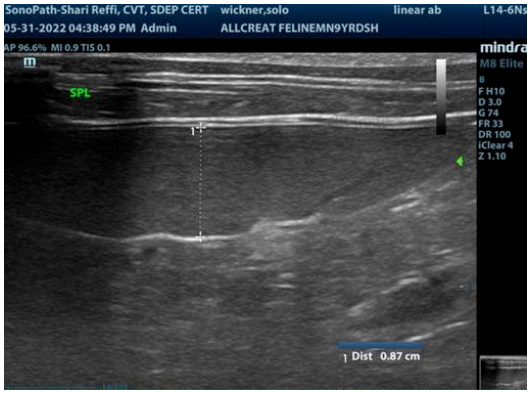

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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