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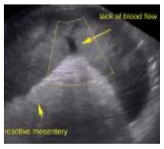
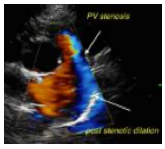
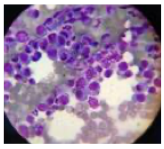
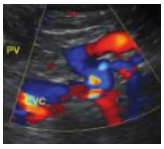
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Marty Freedman-Zelinski

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

9 years

WEIGHT

5 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Karen Zelinski

INVOICE

12022

DATE

1.11.23

PRESENTING CLINICAL SIGNS

History: Weight loss despite eating well. Recent episode of elevated liver enzymes, dehydration, constipation (has chronic renal disease since 2021), treating with Clavamox, was on SQ fluids daily, now getting SQs EOD.

Abnormal PE/Chem/CBC/UA Results: 12/31/22 BUN 121, creat. 3.4, AST 243, ALT 433. Reck bloods on 1/5/23: BUN 45, creat. 1.4, AST 109, ALT 194, albumin 23.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal. The proximal urethra is dilated (up to 0.31 cm in diameter). There is no obvious evidence of intraluminal obstruction.

The left kidney is small in size (2.64 cm in length) with an irregular shape. The cortex is hyperechoic to slightly heterogenous in appearance. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. A few mineralized foci are visualized. There is no evidence of pyelectasia, or hydroureter. Renal vasculature is normal.

The right kidney is borderline small in size (3.14 cm in length) with a normal shape and smooth peripheral contours. The cortex is hyperechoic to slightly heterogenous in appearance. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is enlarged (0.61 cm width) with a rounded shape. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (0.64 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

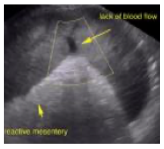
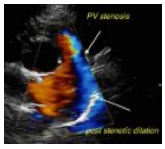
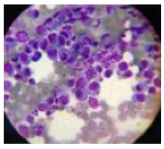
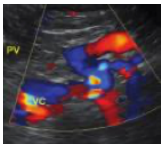
Liver

The liver is enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen. A 1.71 cm multi-septated cystic nodule is observed on the right side. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder is moderately distended. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts tortuous. The common bile duct is not overtly dilated (0.26 cm in diameter, near its entry point into the duodenal papilla). A 0.30 cm mineralized focus is observed in the right cranial quadrant. It is unclear whether it is within the common bile duct lumen or arising from another location.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural

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detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral degenerative renal changes with nonobstructive nephrolithiasis
- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, inflammatory disease (i.e., lymphoplasmacytic hepatitis, bacterial cholangiohepatitis), infiltrative neoplasia (i.e., lymphoma), other hepatopathy. The cystic hepatic nodule is most consistent with a biliary cystadenoma with a lower possibility of biliary cystadenocarcinoma.

Secondary Findings

- The significance of the proximal urethral dilation is unclear. There is no visible evidence of an intraluminal obstruction. However, a partial obstruction may be present distally. Correlation with the patient's clinical history is recommended.
- The right adrenomegaly could be consistent with stress, hyperplasia, or less likely, an emerging tumor.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's history of azotemia, consider the following:

  1. Urinalysis (if not already performed)
  2. Urine culture and sensitivity
  3. UPC (if proteinuria is present in the absence of infection)
  4. Baseline blood pressure measurement

- Given the weight loss, a fecal evaluation for ova and Giardia as well as a malabsorption panel, including serum cobalamin and folate, TLI and PLI +/- GI biopsies can be considered.
- Regarding the liver changes, consider hepatic tissue sampling (i.e., fine-needle aspirate or biopsies). If biopsies are pursued, aerobic and anaerobic bile cultures should also be obtained.

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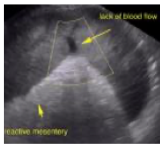
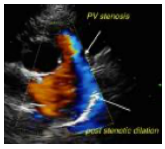
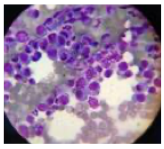
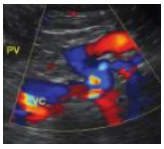

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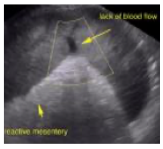
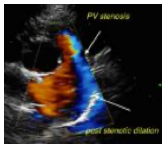
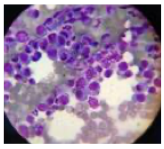
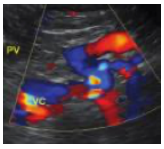

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com