SonoPath
Clinical Sonography & Telecytology
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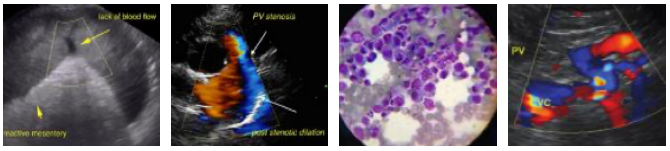


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Jack Tippe

SPECIES
Feline

BREED
Domestic shorthair

SEX
Male, neutered

AGE
12 Yrs.

WEIGHT
12.1 lbs.

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

IMAGING PERFORMED BY
Shari Reffi CVT

HOSPITAL NAME
Tranquiltiy VC

REFERRING VET
Dr. Jones

INVOICE
12381

DATE
10/19/21

PRESENTING CLINICAL SIGNS

History: Presented for seizures 9/30/21. No prior hx of seizures. Losing weight and poor appetite. Hx of heart dz at prev. vet.
Abnormal PE/Chem/CBC/UA Results: 9/2021- HCT 56.5, PLT 99(clumping), Gluc 176. Otherwise nsf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.15 cm in length) with a slightly irregular shape. The cortex is diffusely thickened and there is poor corticomedullary distinction. Numerous varying sized cysts are observed throughout the organ. A few nephroliths are present. There is mild pyelectasia (0.29 cm in the longitudinal plane). There is no evidence of hydroureter.

The right kidney is enlarged (6.89 cm in length) with an irregular shape. A large amount of subcapsular fluid is present. There is poor corticomedullary distinction. Numerous varying sized cysts are observed throughout the organ. A few nephroliths are present. There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

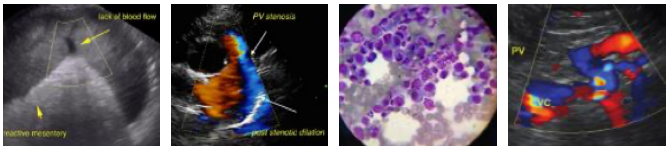
The spleen is subjectively prominent in size (1.04 cm in width at the level of the hilus) with an elongated contour. One small hyperechoic nodule is observed within the parenchyma. The parenchyma is otherwise homogeneous in appearance. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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



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thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance with numerous ill-defined cystic areas. The left limb is visible with normal curvilinear peripheral contours and hypoechoic parenchyma. The pancreatic duct is borderline dilated (0.24 cm in diameter).

Free Abdomen

There is no evidence of free fluid. A few prominent jejunal lymph nodes are visible just medial to the spleen.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Bilateral polycystic kidney disease with non-obstructive nephrolithiasis and right subcapsular fluid accumulation, possibly due to a ruptured cyst, perinephric pseudocyst or abscessation (less likely).
- The splenomegaly could be secondary to benign pathology (i.e., extramedullary hematopoiesis or lymphoid hyperplasia). Alternatively, infiltrative neoplasia (i.e., round cell tumor) cannot be completely excluded.
- The pancreatic changes are suggestive of chronic pancreatitis with parenchymal cysts in the right limb.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the history of seizures, a baseline blood pressure measurement and thorough neurologic evaluation is recommended. Consider referral to a board-certified neurologist for further evaluation.
- Consider a fine needle aspirate of the spleen to further assess for infiltrative neoplasia.
- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Given the renal changes, consider a urine culture and sensitivity +/- percutaneous ultrasound guided drainage of the right subcapsular fluid accumulation (if patient is exhibiting discomfort in this region).
- Other diagnostic considerations include a malabsorption panel, fecal evaluation for ova and Giardia +/- gastrointestinal biopsies (depending on the stability of the patient and concurrent problems).

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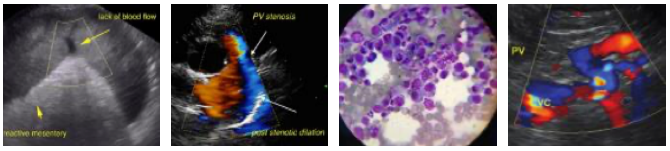

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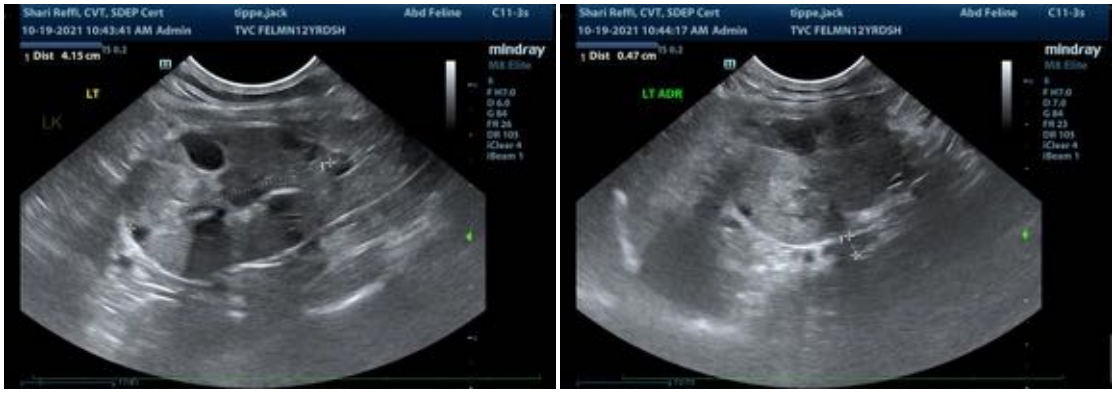

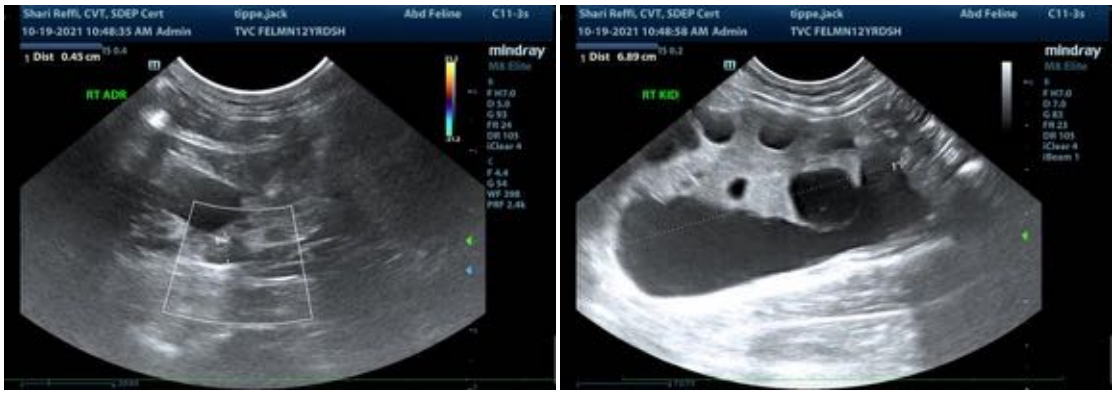

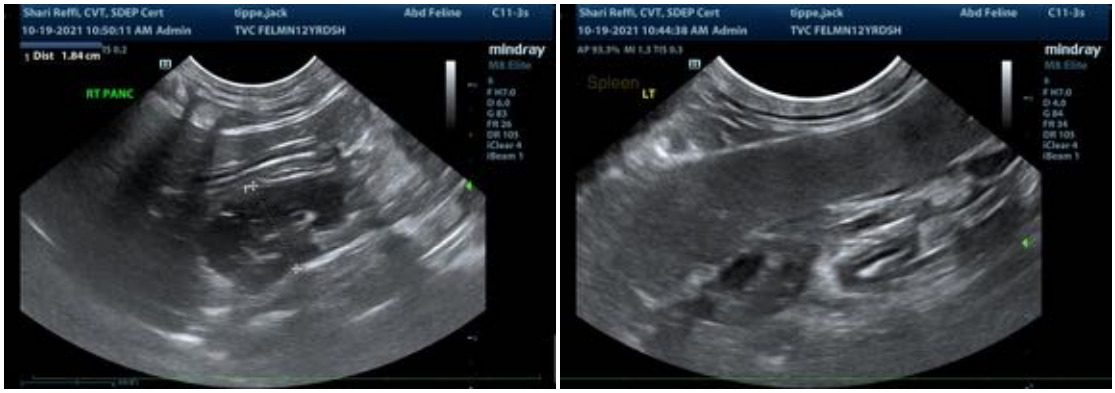

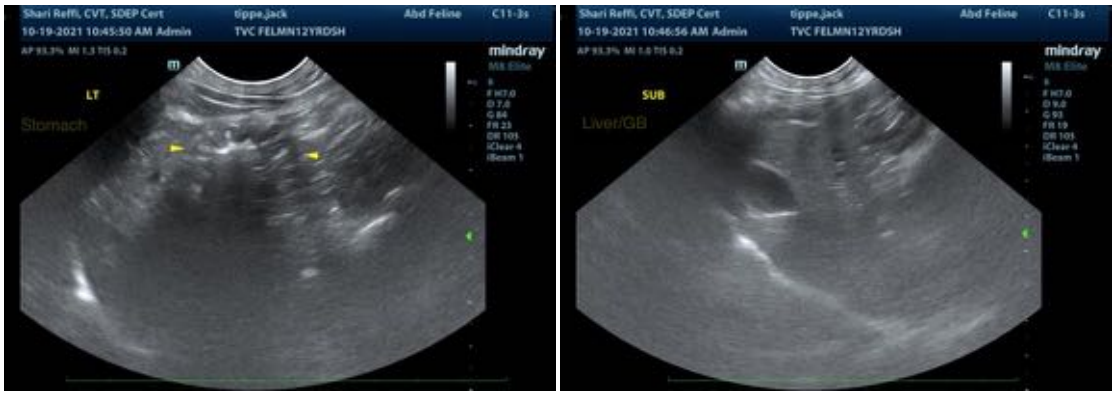

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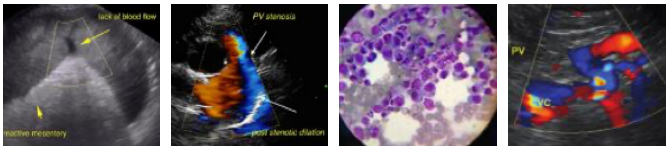

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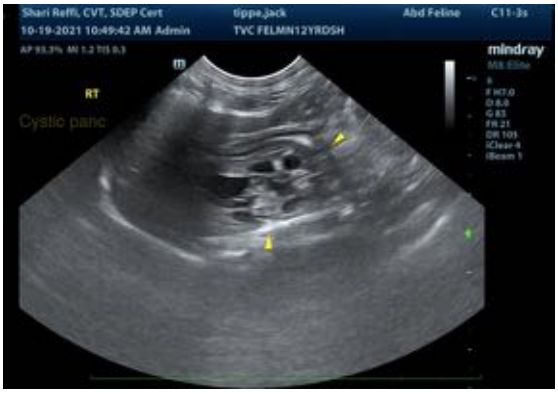

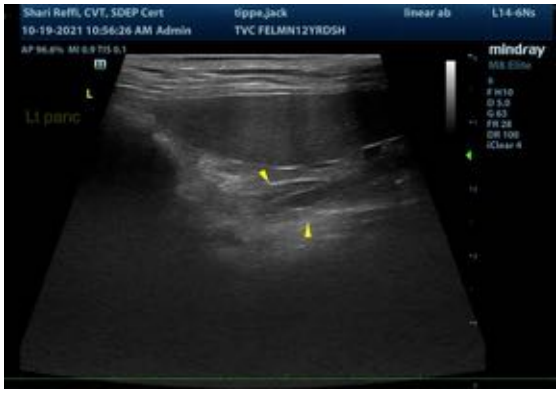

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com