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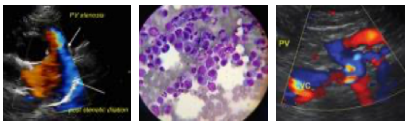

SonoPath
Clinical Sonography & Telecytology
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DATE

10/19/2021

PATIENT

Max Csida

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

5/31/2005

WEIGHT

16.3 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Gold

INVOICE

12396

PRESENTING CLINICAL SIGNS

History: Hyperthyroid; feline bronchial asthma; constipation/obstipation.

Current Medications: Methimazole 5 mg BID Prednisolone 5 mg EOD Lactulose 1 cc BID.
Lab Results: Increased T4; Blood pressure: 145 mmHg, 140mmHg, & 142mmHg. Normal CBC, hyperglycemia 329, ALKP elevated 88, T4 5.2
Radiographs: Calcification right cranial thorax, cranial mediastinum, decreased serosal detail in abdomen.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Ketamine/Valium administered prior to scan.
Stat Report: STAT report not requested by the veterinarian.

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 in size (4.34 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size (4.15 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.53 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.54 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (0.91 cm in width at the level of the hilus) with a slightly irregular medial contour near the hilus. A 0.88 x 0.56 cm hyperechoic nodule is observed in the hilar region and causes mild capsular expansion. The remaining parenchyma is homogeneous. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen with minor changes consistent with age-related remodeling. A 0.82 cm hypoechoic area/nodule is observed at the caudal aspect. In addition, 1-2 small hyperechoic nodules/areas are observed. A 1.16 cm septated cystic area is also seen deep on the left side. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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 detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments with a >1:1 ratio in a few areas. Discreet masses are not identified. The distal ileum is thickened (0.46 cm) with a prominent muscularis layer. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.18 cm in diameter). The surrounding mesentery is hyperechoic.

Free Abdomen

There is no evidence of free fluid. A few lymph nodes are visible at the ileocecal colic junction. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are consistent with acute or chronic, active pancreatitis.
- Bowel pattern consistent with severe inflammatory bowel disease or emerging lymphoma.

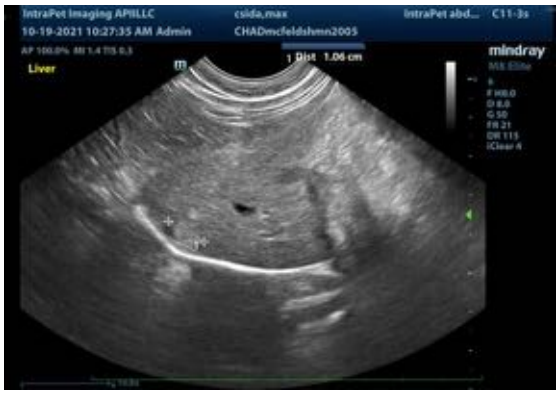
Secondary Findings:

- The hepatic nodules trend toward the benign with a lower possibility of emerging neoplasia. The diffuse hepatic parenchymal changes could be consistent with vacuolar hepatopathy, hepatic lipidosis, inflammatory/immune mediated disease or, less likely, infiltrative neoplasia.
- Bilateral age-related renal changes with dystrophic mineralization.
- The hyperechoic lesion adjacent to the splenic vessels is most consistent with a myelolipoma. Although a neoplastic process within the spleen cannot be excluded, it is considered unlikely in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care as needed is recommended for pancreatitis.
- Consider further GI workup, including the following:

    1. A fecal evaluation for ova/Giardia
    2. GI panel (i.e., serum cobalamin, folate, TLI and PLI).
    3. +/- endoscopic or surgical GI biopsies.
    4. Given the patient's hyperglycemia, a urinalysis and serum fructosamine are recommended. If the patient proves to be diabetic, consider a urine culture and sensitivity, as many new diabetics have occult urinary tract infections.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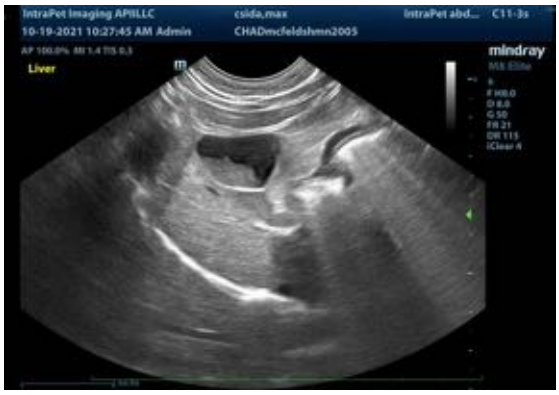
Liver
mindray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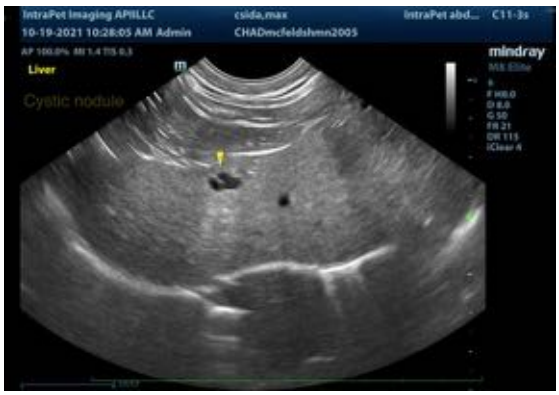
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Liver
Cystic nodule
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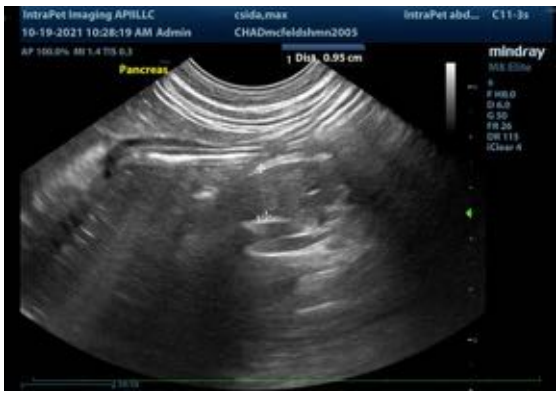
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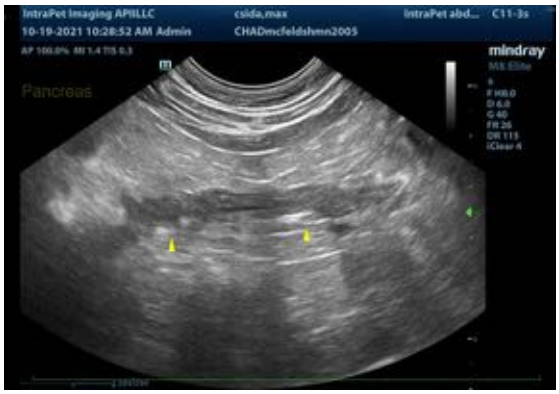
1 Dist 0.95 cm
Pancreas
mindray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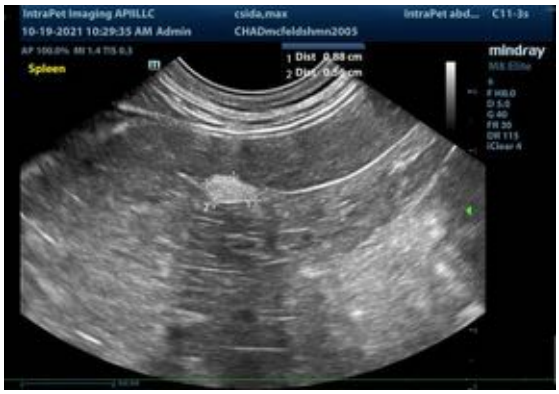
Pancreas
mindray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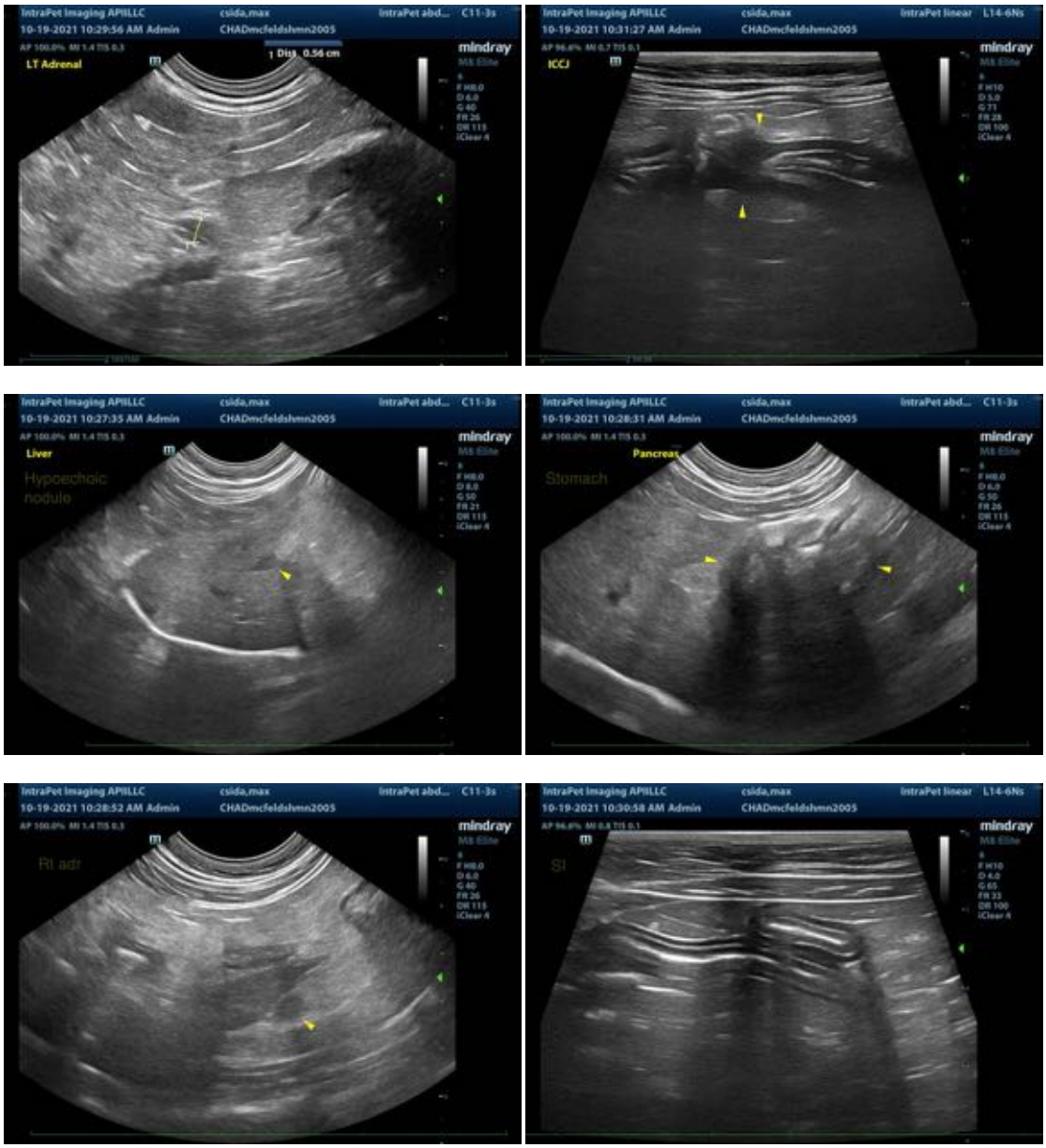
1 Dist 0.88 cm
Spleen
mindray



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*)
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