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Clinical Sonography & Telecytology
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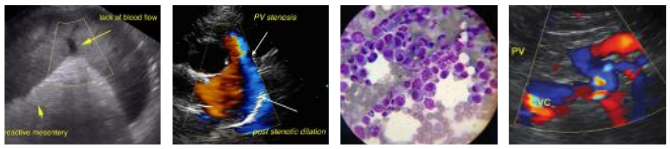


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Dale Nowicki

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

13.8 Pounds

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Glen Rock VH

REFERRING VET

Dr. Scott Stekler

INVOICE

13904

DATE

10/20/21

PRESENTING CLINICAL SIGNS

History: Weight loss, decreased appetite. Hyperthyroid - on y/d diet, T4 normal now. Current meds: Cerenia, mirtazapine.

Abnormal PE/Chem/CBC/UA Results: CBC/T4: WNL. Chem: ALT 109, Alk. Phos. 311.

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 mildly distended with 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 (3.92 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A cortical infarct is suspected at the lateral aspect. There is no evidence of pyelectasia, nephroliths or hydroureter.

The right kidney is small in size (2.92 cm in length); with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A cortical infarct is seen at the cranial lateral aspect. There is no evidence of pyelectasia, or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.72 cm length; 0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated, and no obvious pathology is seen.

Spleen

The spleen is normal in size (0.77 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.

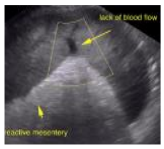
Liver

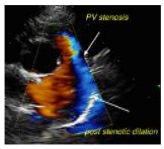
The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

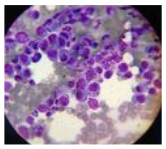
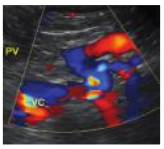
The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic debris is observed within the lumen most of which is gravity dependent and some of which is suspended. The cystic and common bile ducts are normal.

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 is normal in thickness with a normal layering pattern and appropriate mural





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detail. Discreet masses are not identified. The ileocecalcolic junction is normal. Within the lumen of the proximal colon, just distal to the ileocecalcolic valve, strong shadowing material is seen. The colonic wall is normal.There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Bilateral age-related renal pathology with cortical infarcts
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The shadowing material in the proximal colon may represent hair or other non-obstructive foreign material.

*An obvious cause for the patients' clinical signs is not identified in the study. Considerations include primary gastrointestinal disease (i.e., inflammatory bowel disease, food allergy), low grade pancreatitis, underlying metabolic issue, occult neoplasia, other. Given the elevated liver values, however, primary or secondary hepatic lipidosis is a concern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for neoplasia in the chest.
- A fine needle aspirate of the liver should be considered if clotting status is appropriate. A 25-gauge needle should be used.
- Other diagnostic considerations include a GI panel (i.e., serum cobalamin, folate, TLI and PLI), a fecal evaluation for ova and Giardia +/- endoscopic or surgical gastrointestinal biopsies.
- Nutritional support (i.e., via a temporary feeding tube) is also strongly recommended to help prevent/treat hepatic lipidosis.
- Also consider a thorough neurologic evaluation, as brain tumors can present with weight loss and inappetence as clinical signs.

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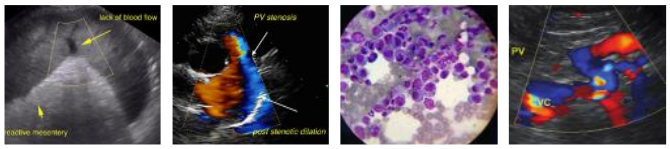

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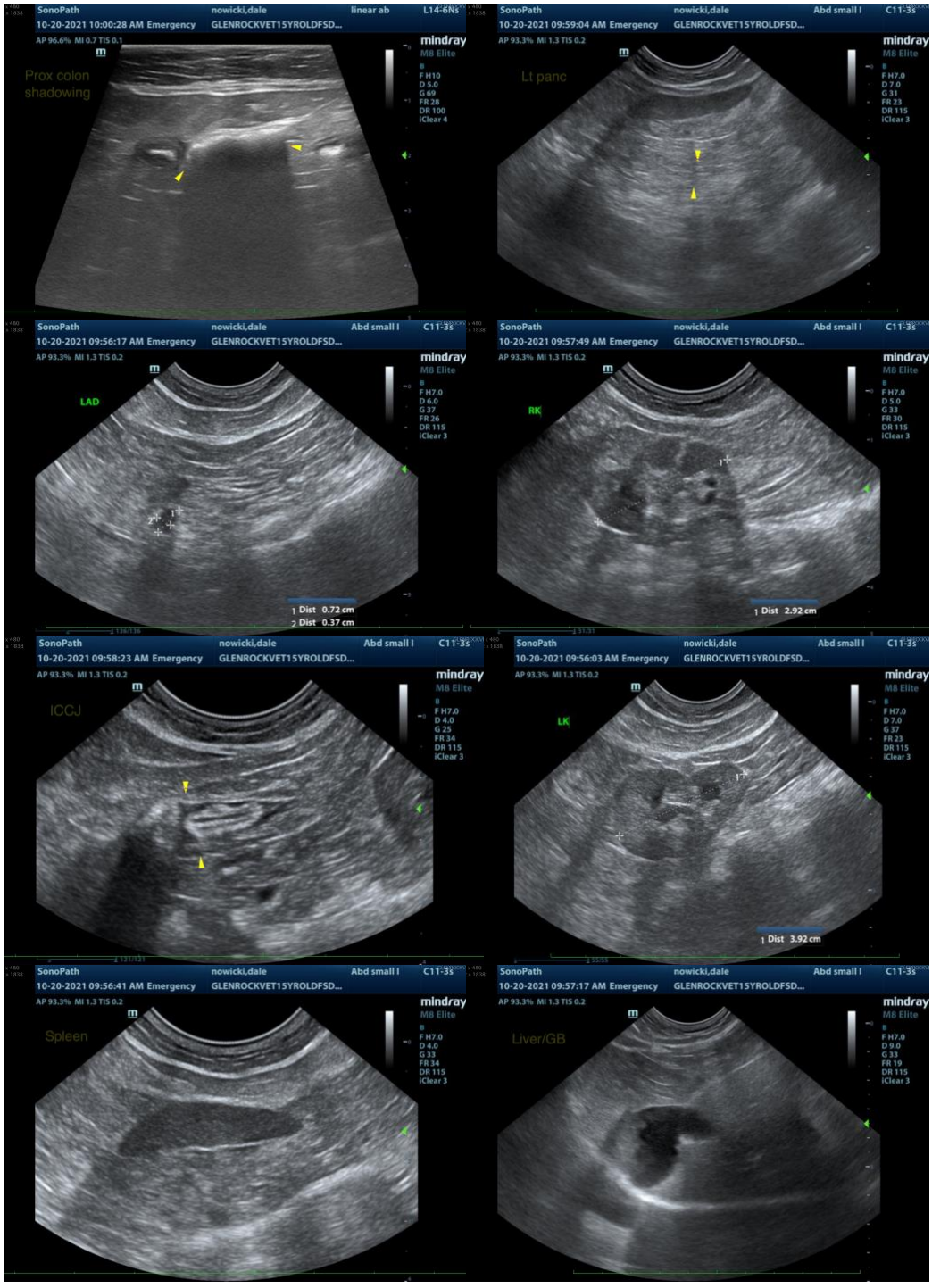

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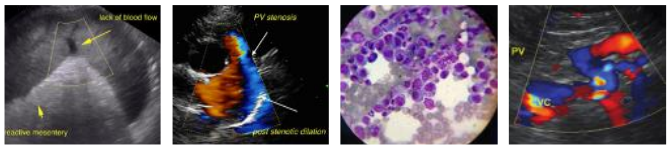

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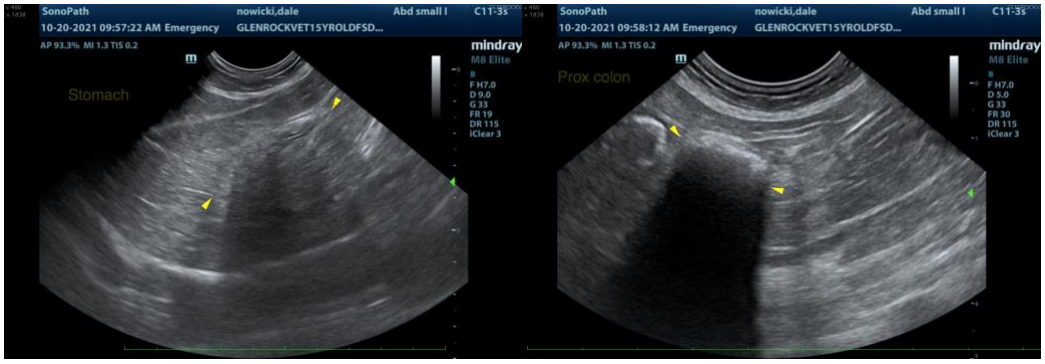

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com