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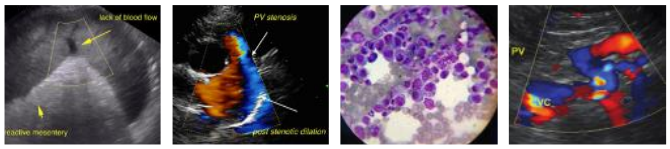

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1-800-838-4268 info@sonopath.com

PATIENT
Milo Killeen

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
12 Years

WEIGHT
21 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
13903

DATE
10/20/21

PRESENTING CLINICAL SIGNS

History: Decreased appetite (is already on mirtazapine).
Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4: WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. A 1.55 cm x 0.61 cm ill-defined shadowing structure is observed. It is unclear whether this structure is arising from the wall or free within the lumen. The remaining bladder wall is normal in thickness. A small amount of suspended echogenic debris is also seen.

The left kidney is normal size (3.40 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. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.71 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. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

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

Spleen

The spleen is normal in size (1.04 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 enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. A 0.80 cm hypoechoic nodule is observed on the left side. 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. Luminal contents are anechoic. 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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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.

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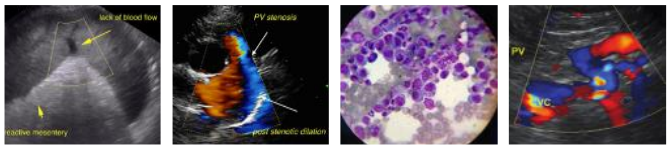

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Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other
A 5.35 cm x 1.81 cm irregular hypoechoic structure with a hypoechoic to anechoic center is observed in the subcutaneous tissue. The surrounding tissue is hyperechoic. There is a questionable defect in the abdominal wall in this region.

ULTRASONOGRAPHIC FINDINGS

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. The hypoechoic hepatic nodule trends toward the benign (i.e., a focus of lymphoid hyperplasia) or inflammation with a lower possibility of emerging neoplasia.
- Minor age-related renal changes
- The shadowing structure within the urinary bladder may represent an accumulation of mineralized sand or a mineralized growth within the wall. Due to the lack of luminal distention, it is difficult to differentiate between these two possibilities.
- The subcutaneous structure may represent an area of herniated fat or possibly a subcutaneous growth.

*An obvious cause for the patients' clinical signs is not definitively identified in the study. Considerations include primary gastrointestinal or pancreatic disease, underlying metabolic issue, other. Given the hyperechoic liver, however, there is concern about the development of hepatic lipidosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patients' clinical history, consider the following

1. Malabsorption panel including serum cobalamin, folate, TLI and PLI
2. Fecal evaluation for ova and giardia
3. Three view thoracic radiograph to assess for occult neoplasia in the chest
4. Fine needle aspirate of the liver if clotting status is normal. A 25-gauge needle should be used.
5. Also consider a thorough neurologic evaluation, as brain tumors can present with weight loss and inappetence as clinical signs.
6. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.
7. Nutritional support (i.e., via temporary feeding tube) should also be considered to help prevent/treat hepatic lipidosis.

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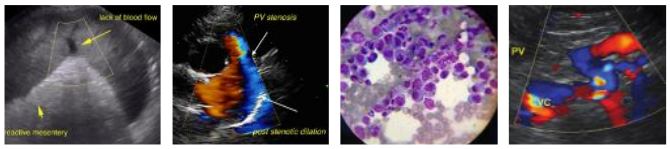

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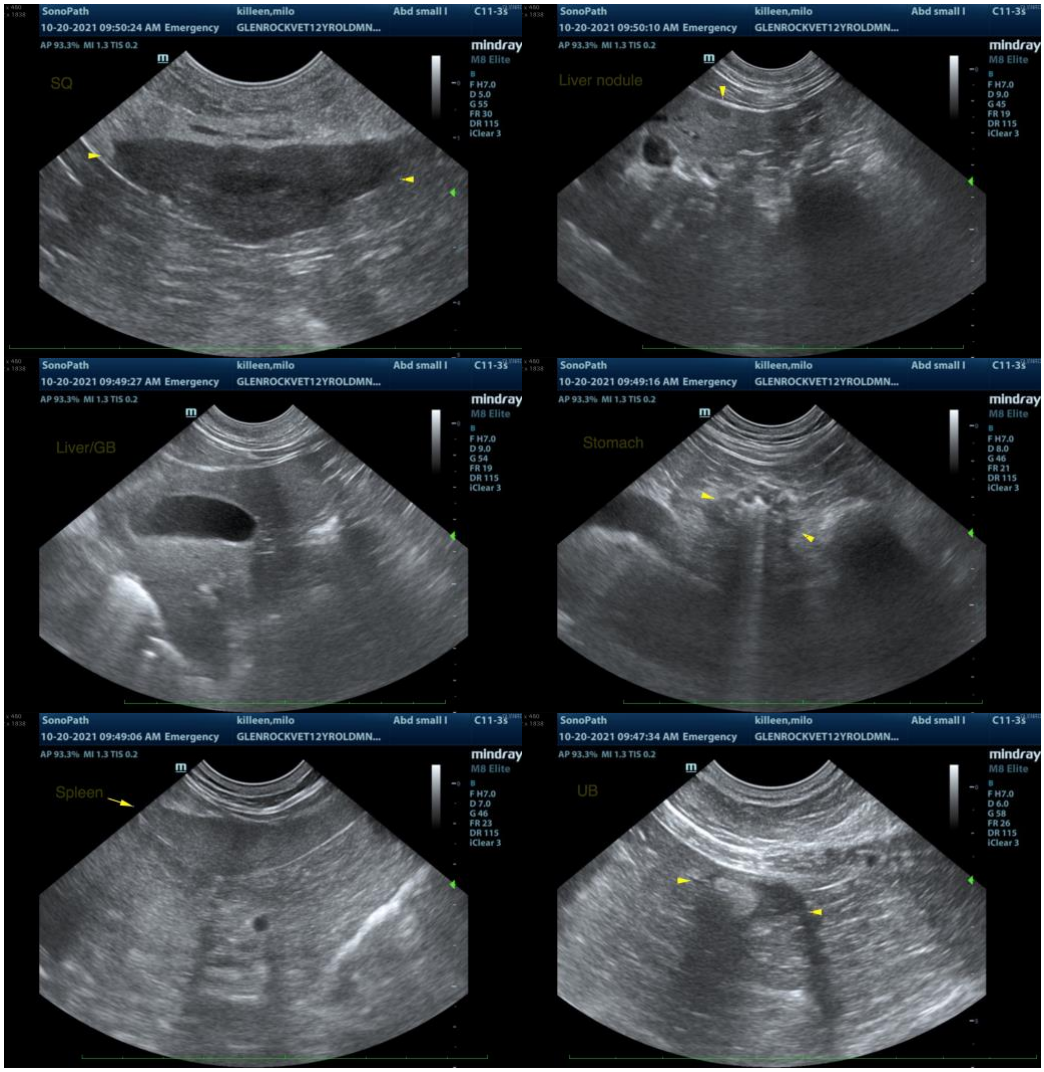
- Regarding the urinary bladder pathology, consider a repeat ultrasound when the bladder is full.
- Regarding the subcutaneous structure, an abdominal CT scan would be useful in further determining if a hernia is present.



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.

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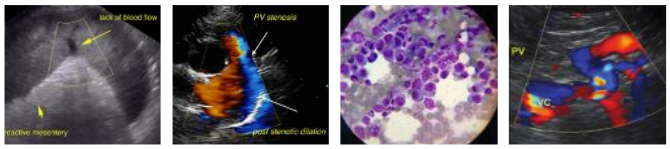

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