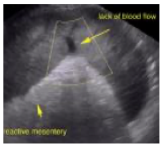
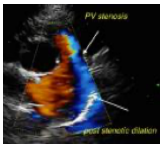
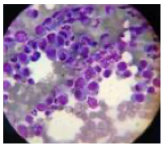
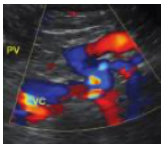
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Abner Buksman

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
16 years

WEIGHT
12.9 bs

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
11777

DATE
10.5.22

PRESENTING CLINICAL SIGNS

History: Patient with history of pancreatitis, presents for weight loss, chronic leukocytosis.

Abnormal PE/Chem/CBC/UA Results: May 2022: WBC 21,300. Sept. 2022: WBC 16,800, neutrophilia, increased EOS and MONOs, BUN 39. USG: 1.019. HCT: 35.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is 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. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (3.54 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Moderate to severe pyelectasia is present (0.76 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.68 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.52 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 isoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic 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/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 is normal to borderline thickened (up to 0.27 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.21 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen
There is no evidence of free fluid. A cluster of prominent mesenteric **lymph nodes** are visualized, the largest measuring 1.34 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with age-related remodeling/fibrosis. Mild chronic pancreatitis is also possible, particularly if the patient's clinical history is supportive of this diagnosis.

- The small intestinal wall changes are most consistent with inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings

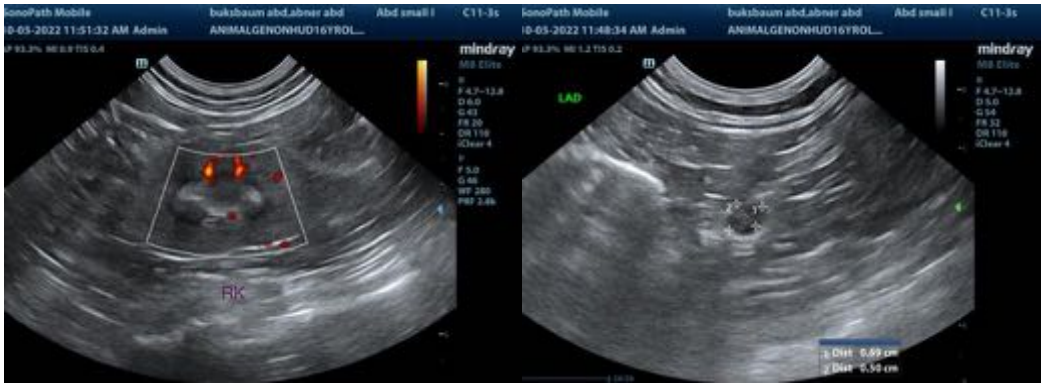
- Bilateral degenerative renal changes with pyelectasia, more pronounced in the left kidney.

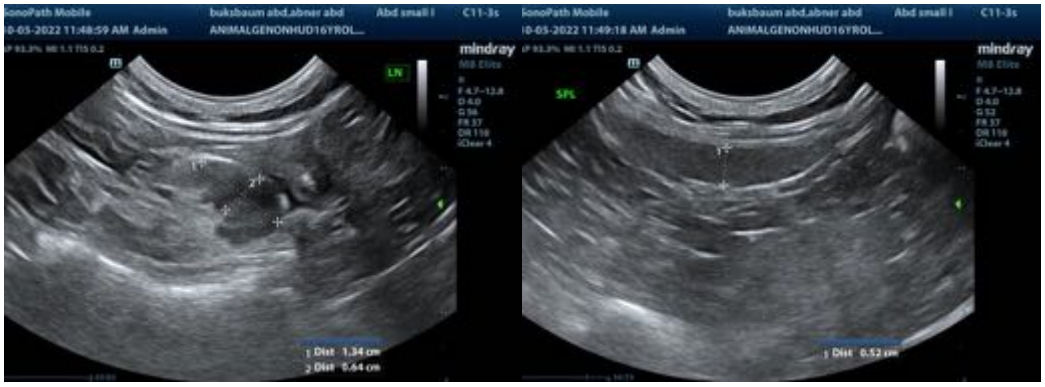
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the azotemia and the patient's sonographic renal changes, a urine culture and sensitivity is recommended. Also consider a UPC, if proteinuria is present in the absence of infection. A baseline blood pressure measurement should also be considered.

Regarding the history of weight loss, consider the following:

1. A fecal evaluation for ova and Giardia is recommended
2. Malabsorption panel including serum cobalamin and folate, TLI and PLI
3. Consider transitioning to a prescription limited antigen of hydrolyzed protein diet.
4. Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.
5. Three-view thoracic radiographs should be performed prior to any anesthetic event.


RK
LAD


LN
SPL


STOM
RAD


Liver/GB

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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