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Clinical Sonography & Telecytology
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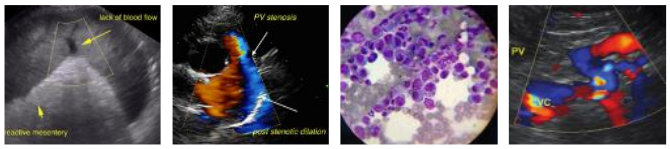


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Grizzly Mangano

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

7 Years

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mandy Becker

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mandy Becker

INVOICE

14267

DATE

11/11/21

PRESENTING CLINICAL SIGNS

History: Patient is suspected to be older than reported 7 years. He was a rescue presented for recent increased thirst/urination. Other systems normal.

Abnormal PE/Chem/CBC/UA Results: Periodontal disease; mild epaxial muscle loss and buphthalmia from chronic ocular disease on PE. CBC/CHEM/UA/T4- BUN 41, Cr 2.0 SDMA 18.0, USG is 1.022 with UPCR 1.6. Normal BP via doppler and euthyroid.

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 is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. 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 (4.33 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. Trace pyelectasia (0.18 cm in the transverse plane) is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.94 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.31 cm cranial, 0.33 cm caudal, 1.13 cm in length). 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 observed.

Spleen

The spleen is subjectively prominent in size (1.10 cm in width at the level of the hilus) with slightly swollen peripheral contours. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

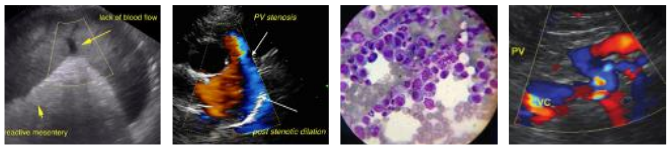
Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A 2.19 cm multiseptated cystic nodule/mass is observed in the left lateral lobe. The remaining parenchyma is homogeneous in appearance. Hepatic vasculature is dilated. Intrahepatic biliary tracts are normal.

The gallbladder is not definitively visualized.

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



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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 left limb of the pancreas is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter).

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 1-2 prominent mid abdominal lymph nodes are visualized, the largest measuring 1.16 cm in length.

Other

The caudal vena cava is subjectively dilated (1.00 cm at the level of the diaphragm).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic nephropathy
- The dilated hepatic vessels and caudal vena cava could be consistent with congestive heart failure, fluid overload, obstruction in the thoracic caudal vena cava, other. The diffuse hepatic parenchymal changes are non-specific and may be secondary to passive congestion, early hepatic lipidosis, inflammatory disease, infiltrative neoplasia (less likely), normal variation, other. The cystic liver nodule is most consistent with biliary cystadenoma or less likely, biliary cystadenocarcinoma.

Secondary Findings

- The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the dilated hepatic vessels and caudal vena cava, three-view thoracic radiographs +/- an echocardiogram should be considered.
- Regarding the renal disease, a urine culture and sensitivity is recommended to assess for occult pyelonephritis. Also consider the following:

    1. Angiotensin II receptor blocker (e.g., telmisartan)
    2. Antithrombotic (e.g., clopidogrel at 2.5 mg/kg PO q 24 hours)
    3. Omega-3 fatty acids (65 mg/kg of DHA and EPA combined daily)

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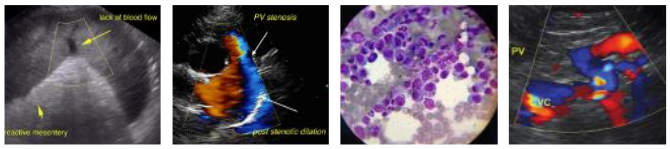

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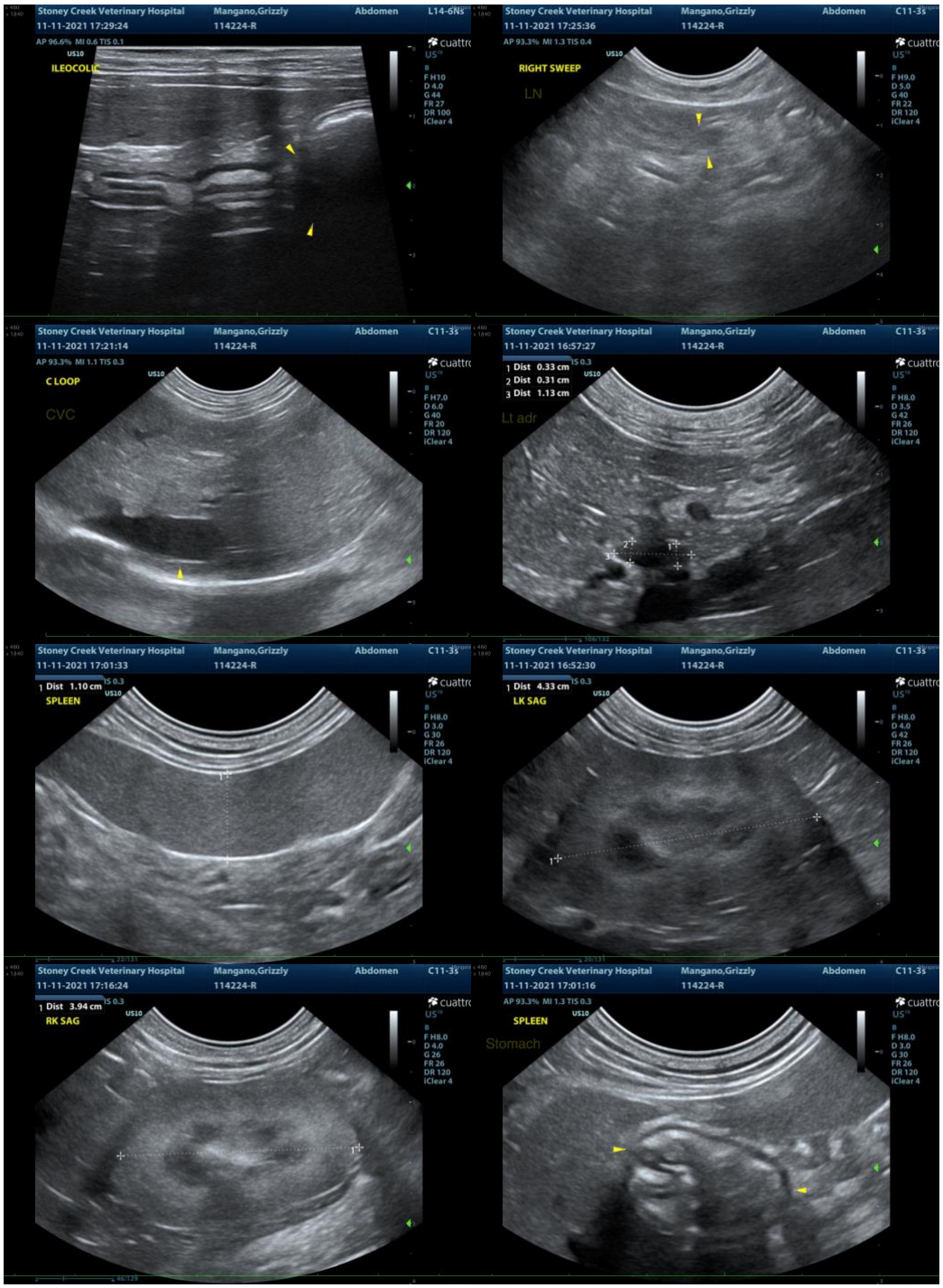
4. Prescription renal diet
5. Baseline blood pressure measurement with serial monitoring thereafter
6. Routine monitoring of UPC and bloodwork (CBC, chemistry panel) to assess for progressive disease



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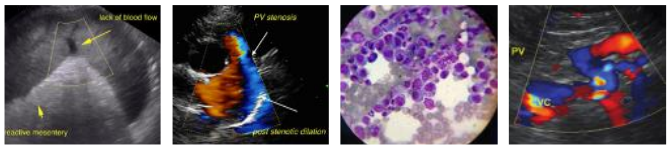

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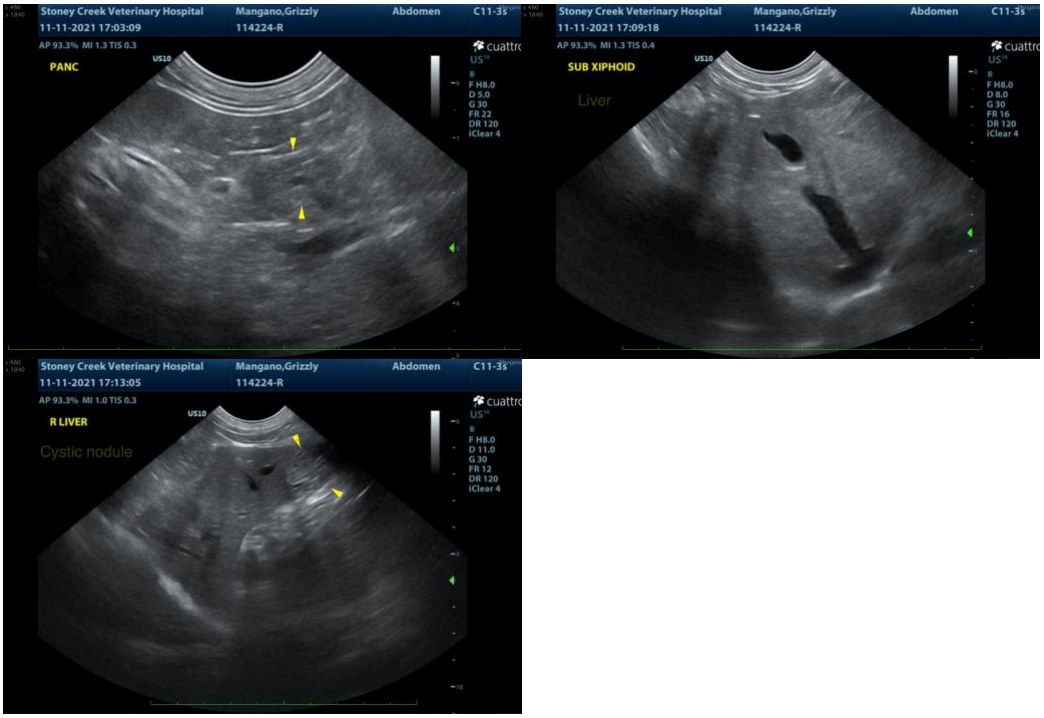

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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