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Clinical Sonography & Telecytology
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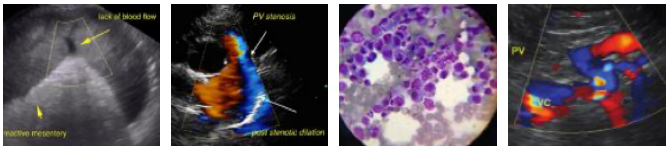

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mr. Miyagi Myers

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

16 years

WEIGHT

9.32 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Silver Springs AH

REFERRING VET

Dr. Jarrett

INVOICE

12738

DATE

PRESENTING CLINICAL SIGNS

History: Diarrhea and inappetence. Current medication: Liquitinic-0.5ml po 24hrs; Metronidazole 250-1/4 t SID; Cerenia 16mg - 1 t SID; Mirtazapine transdermal- 1.5 in strip every 24hrs; Hills Feline GI Biome.
Abnormal PE/Chem/CBC/UA Results: Fecal PCR: negative (12/15/21). CBC: HCT 26.2, RBC 6.3, HGB 9.2, and Retic 0 (12/20/21). Cardiopet: WNL (12/20/21). T4: 3.4 (12/20/21). Cysto c/s: low growth (12/20/21). U/A: USG 1.044, protein 30, pH 6.5, and sediment is NSF (12/20/21).

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. A small 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 in size (3.84 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.98 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few non-obstructive nephroliths are present. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (1.13 cm length; 0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.95 cm length; 0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.57 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal.

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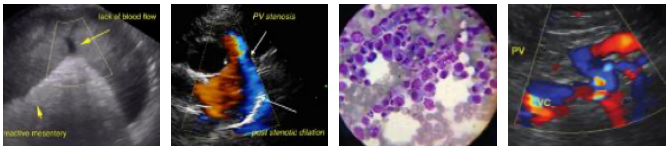

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Gastrointestinal

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 mildly thickened (up to 0.29 cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen

Trace free fluid is observed. Several prominent, irregular, hypoechoic mesenteric lymph nodes are visualized, the largest measuring 1.94 cm in length. In addition, 1-2 colic lymph nodes are present, the largest measuring 0.88 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis or emerging neoplasia (i.e., lymphoma).
- The small intestinal wall thickening could be consistent with an inflammatory process or may be a normal variant for this patient.
- The pancreatic changes are suggestive of chronic active pancreatitis.
- The trace ascites is likely secondary to bowel and/or pancreatic pathology.

Secondary Findings:

- Bilateral age-related renal changes with dystrophic mineralization and non-obstructive right nephrolithiasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If accessible a fine needle aspirate of the enlarged mesenteric lymph nodes is recommended (if clotting status is appropriate). A 25-gauge needle should be used and care should be taken to avoid inadvertently puncturing large vessels. If the nodes are not accessible and/or if cytology results are inconclusive, surgical gastrointestinal and abdominal lymph node biopsies may be necessary to get a definitive diagnosis.
- Other recommendations include the following:

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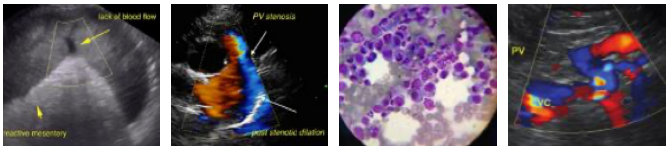

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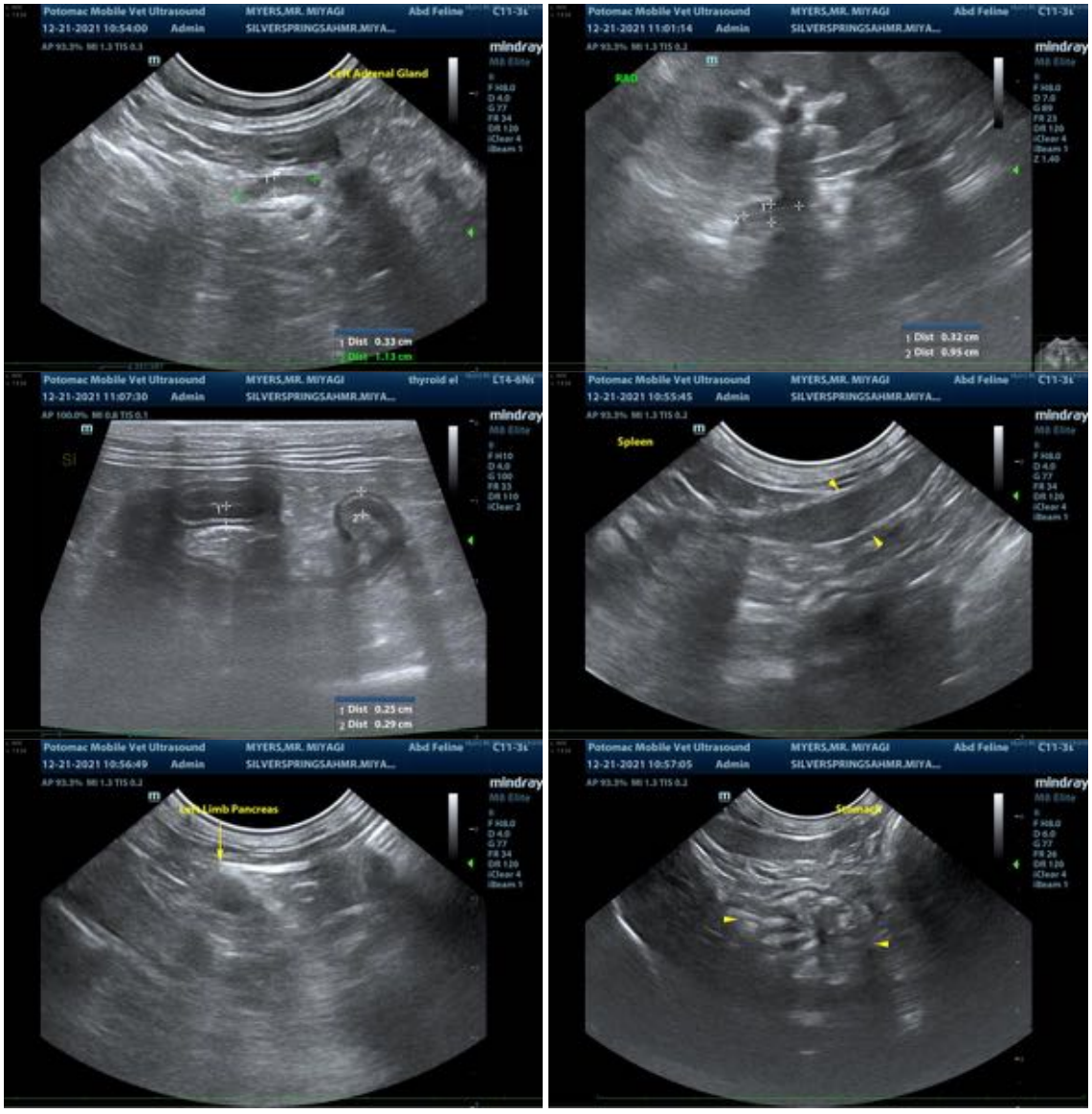
1. A fecal evaluation for ova/Giardia
2. GI panel (send to Texas A&M)
3. Limited antigen diet trial



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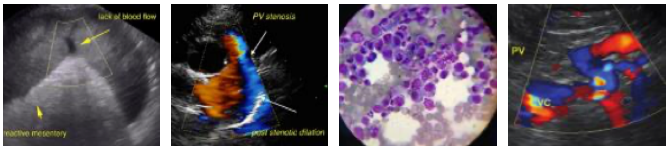

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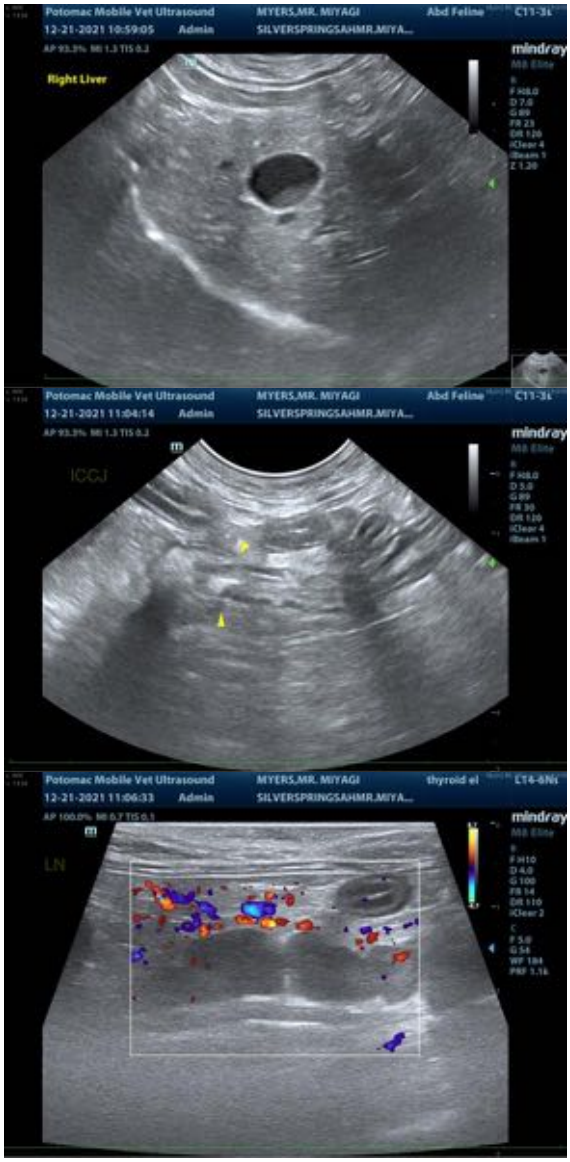

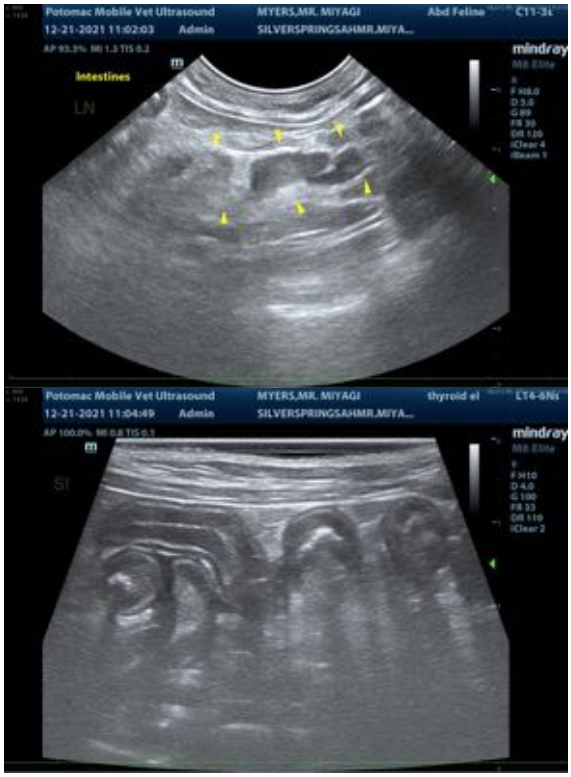

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com