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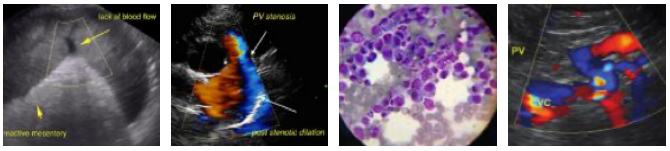

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Romeo Boots Bergland

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

17 Yrs.

WEIGHT

4.95 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Patti Mayfield

HOSPITAL NAME

Dr. Patti Mayfield

REFERRING VET

Dr. Rachel Poet

INVOICE

12995

DATE

PRESENTING CLINICAL SIGNS

History: Primary Problem: Change in behavior, lethargic, eating treats and canned food, but has declined dry food recently. Has lost ~ 4 pounds body weight in ~ 1.5 years Symptoms: Not acting like his normal self, meow is sounding different like P is sad or painful, more lethargic, has not been grooming, eating and drinking normally. Other cat in the house has recently changed behaviors and is trying to "rule the house" over Romeo. Indoor only. Has urinated on carpet a couple times, abnormal for P. Symptoms have been going on a couple weeks (documented 2/8/2022). Pertinent Medical History: Has been acting different at home, labs show some abnormalities in kidney function. Abnormal PE/Chem/CBC/UA Results: Physical Exam: Thin, with BCS of ~4/9 and lean muscle atrophy/wasting. Ill-thrift and poor coat (seborrhea sicca). Moderate to significant dental disease with FORLs of 104, 204 and maxillary osteoproliferation. Moderate calculus of existing caudal premolars/molars. Patient resents oral evaluation and has intermittent licking/bruxism. Iris atrophy and lenticular sclerosis OU Audible 3rd heart sound vs early, quiet (1/6) murmur. Blood work (2/10/2022): FeLV - Neg FIV - Neg Heartworm - Neg CBC: nsf Chem: - increased BUN = 58 mg/dL (16-37) - slight hypokalemia = 3.4 mmol/L (3.7-5.2) - slight hypochloridemia = 113 mmol/L (114-126) - increasing t4 = 2.8 microg/dL, (1.7 microg/dL in 7/2020) - SDMA 14 (0-14 ug/dL) - CREAT 1.8 (0.9 2.3 mg/dL) UA: NSF; USG: 1.020; neg for the following: proteinuria, glucosuria, ketonuria, hematuria, pyuria, bacteriuria, crystalluria, etc.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The wall in the region of the dorsoapical region is slightly thickened and irregular/proliferative. The remaining urinary bladder wall was normal in thickness with a smooth mucosal surface. No cystic calculi are observed. A scant amount of gravity-dependent mineralized sand is present within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is prominent in size (4.53 cm in length) with normal curvilinear peripheral contours. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.17 cm in the transverse plane) there is no evidence of. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. The mesentery effacing the serosal surface is slightly hyperechoic.

The right kidney is borderline small in size (3.09 cm in length) with a normal shape and smooth peripheral contours. The cortex is slightly thickened and hyperechoic and there is mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.19 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. The mesentery effacing the serosal surface is hyperechoic.

Adrenal Glands

The left adrenal gland is normal in size (0.26 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.20 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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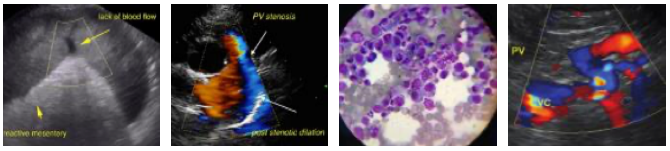

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Spleen

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 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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal. The duodenal papilla is mildly thickened (up to 0.50 cm in width).

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 0.33 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 ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is isoechoic relative to surrounding omental fat. No obvious pathology is observed. See also *Other*.

Free Abdomen

There is no obvious evidence of free fluid.

Lymph Nodes

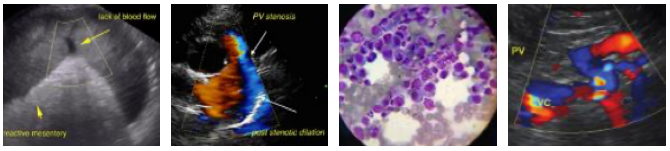
A few colic lymph nodes are visualized, the largest measuring 0.51 cm in length). Surrounding mesentery is hyperechoic. See *Other*.

Other

A 2.88 x 1.30 cm irregular hypoechoic mass/lesion is observed in the right cranial quadrant. In addition, a 1.10 x 0.61 cm hypoechoic lesion is also seen in this region. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:



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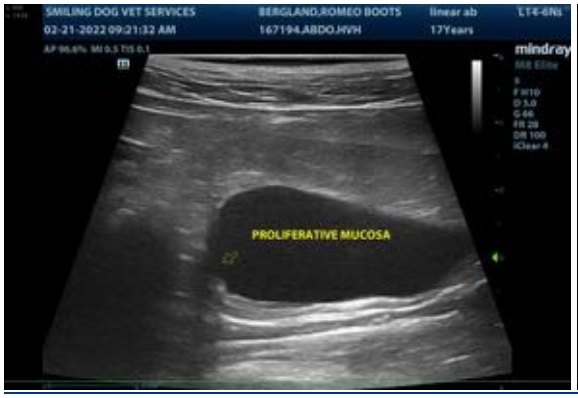
- The origin of the lesions in the right cranial quadrant are unclear. They may represent enlarged lymph nodes, a pancreatic mass with adjacent lymphadenopathy, mesenteric lesions, other. Infiltrative neoplasia is of primary concern. However, inflammatory disease or granulomas cannot be excluded. Regional peritonitis is present.
- Bowel pattern suggestive of inflammatory bowel disease with potential for emerging lymphoma.
- Bilateral, chronic renal changes with mild pyelectasia and regional retroperitonitis. The left kidney is small/atrophied. The prominent right kidney is suspected to be secondary to compensatory hypertrophy. However, inflammatory or infiltrative disease cannot be completely excluded.

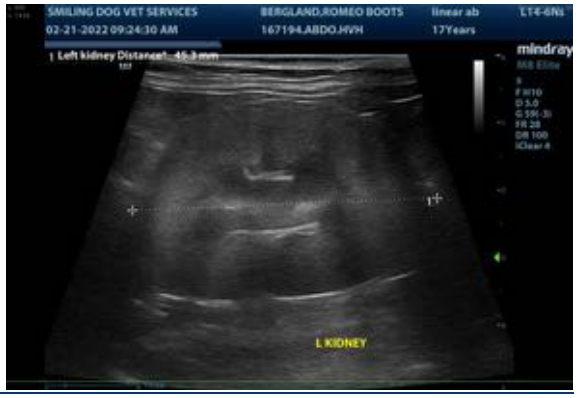
Secondary Findings:

- The apical urinary bladder wall changes are most consistent with cystitis (i.e., polypoid) with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Regarding the renal changes, a urine culture and sensitivity +/- left renal aspirate is recommended (if clotting status and blood pressure are normal).
- Ideally, a fine needle aspirate of the lesions in the right cranial quadrant would be performed. However, if this is not deemed safe, surgical biopsies or palliative/supportive care can be considered.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI is also recommended.





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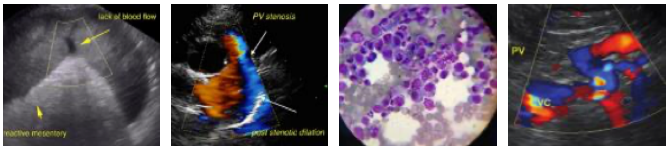

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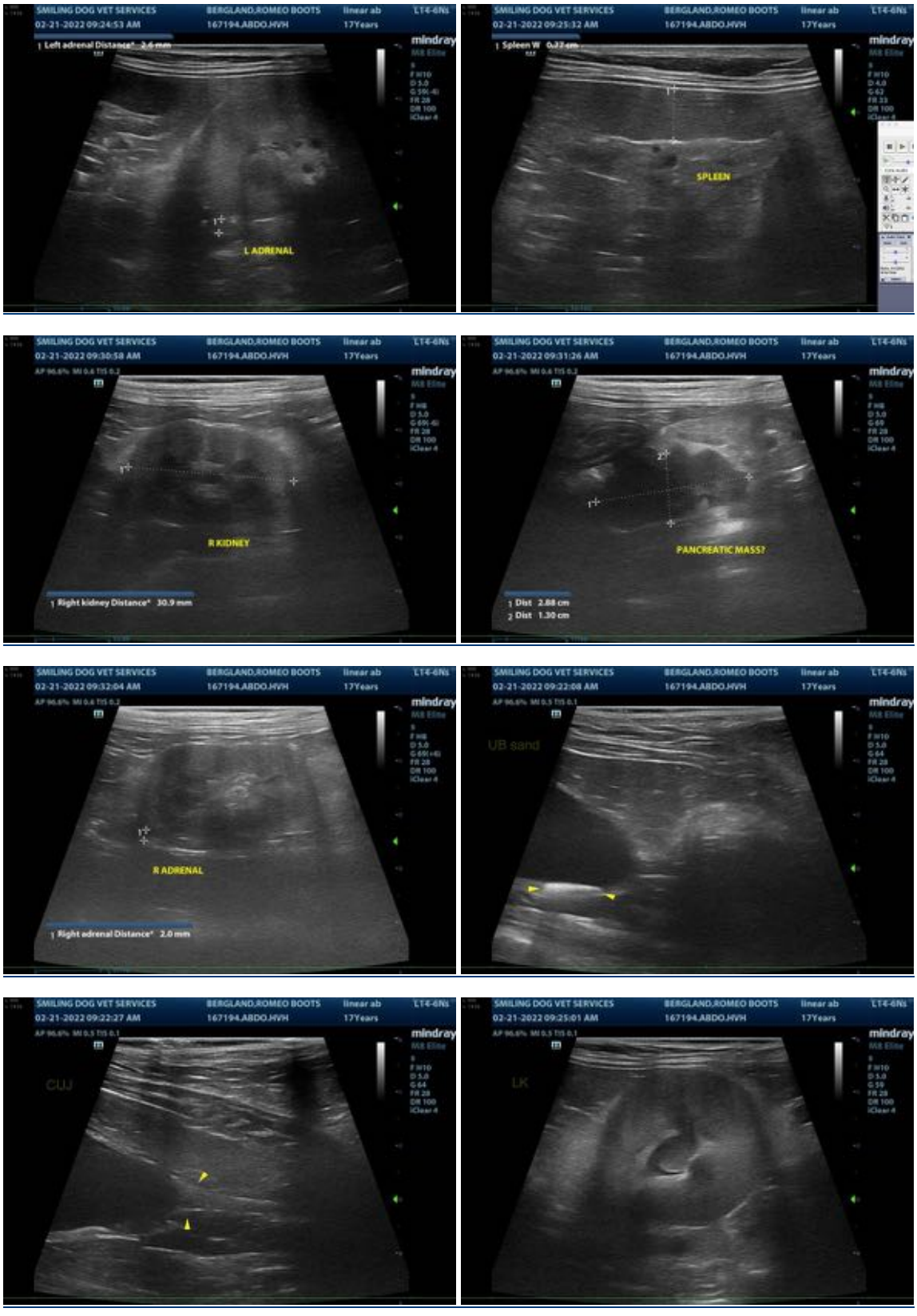

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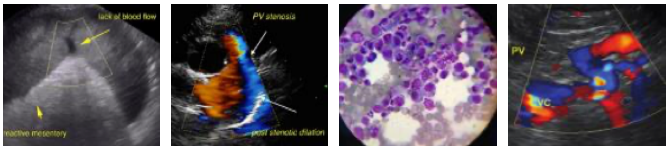

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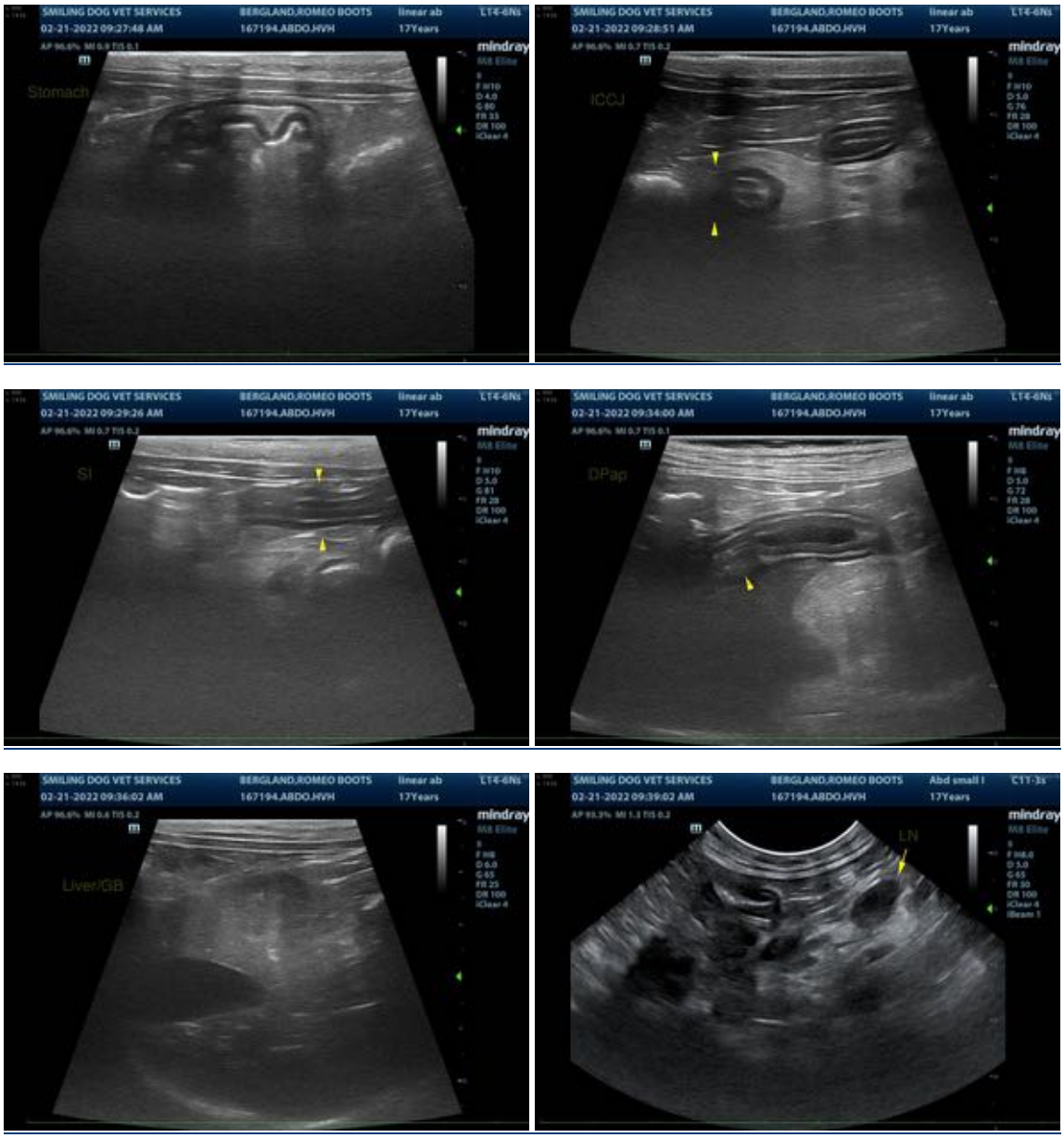

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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