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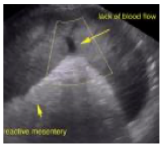
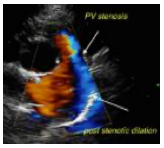
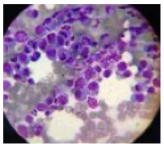
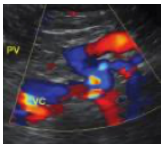
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Petunia Winter

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 years

WEIGHT

10.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

Susan Zhang DVM

INVOICE

12569

DATE

3.29.23

PRESENTING CLINICAL SIGNS

History: seen for weight loss and muscle atrophy end of Jan. (12lb 1/24 11.8lb 2/24 10.9lb 3/24). Is on methimazole for hyperT, last BW 1/25 WNL including T4. Appetite is good with no other GI signs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.16 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.14 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A cortical infarct is suspected at the cranial pole. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.74 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 a slightly irregular peripheral margins at the caudal aspect. The parenchyma is hypoechoic relative to the spleen. A 2.31 x 1.92 cm hyperechoic-to-heterogenous multiseptated cystic lesion is observed on the right side (adjacent to the gall bladder). The remaining parenchyma is homogenous. 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.

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 diffusely thickened (up to 0.43 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

(See “Other” category).

Free Abdomen

Trace free fluid is observed.

Lymph nodes
(See “Other” category).

Other
In the left cranial quadrant, a 1.69 cm irregular, hyperechoic structure is observed just caudal to the stomach. Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- The hypoechoic structure in the left cranial quadrant may represent prominent pancreas or lymph nodes. Mild adjacent peritonitis is present.
- Trace ascites

Secondary Findings

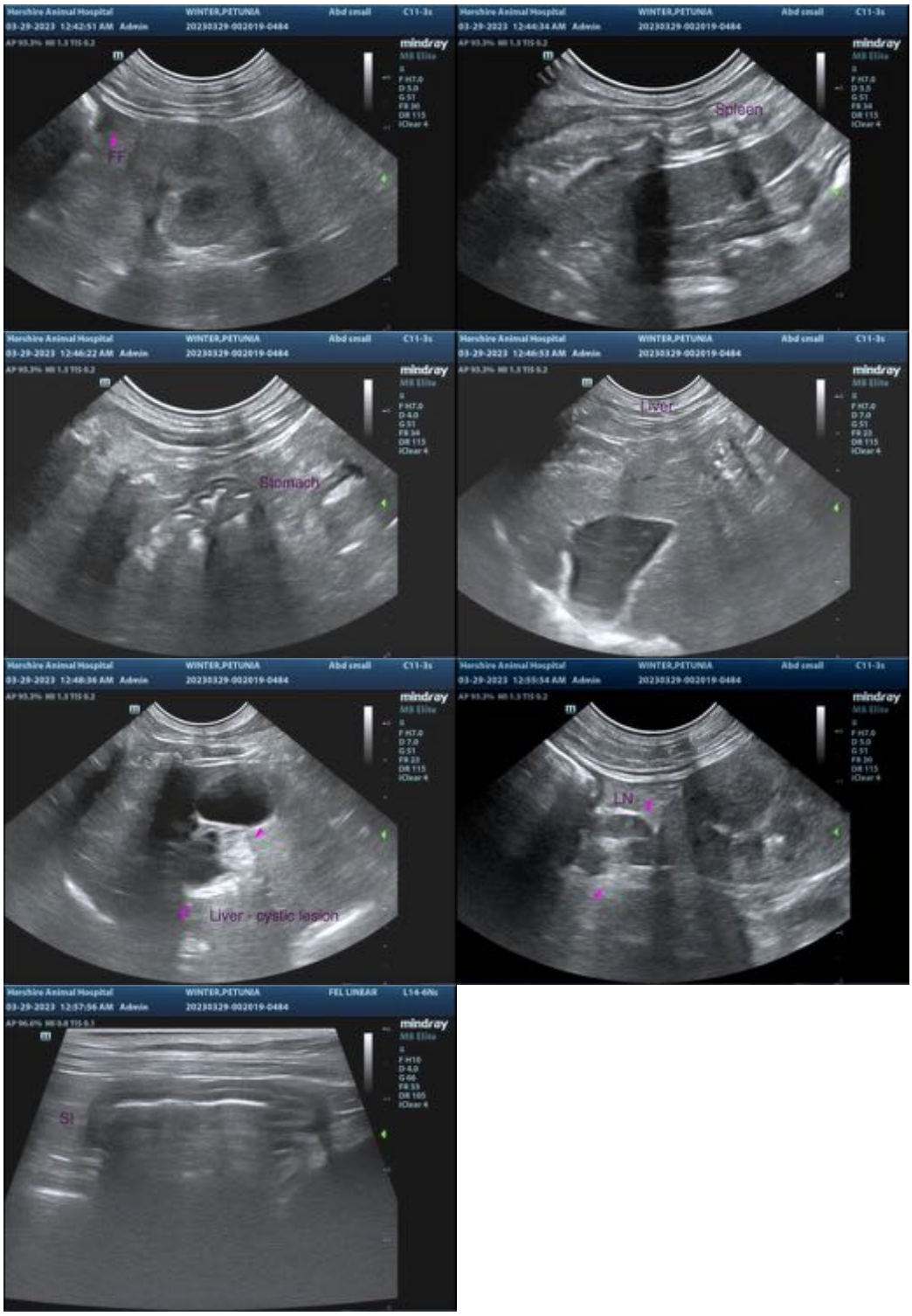
- The right hepatic nodule/mass could be consistent with biliary cystadenoma or biliary cystadenocarcinoma.
- Bilateral chronic age-related renal changes with right nonobstructive nephrolithiasis and a suspected cortical infarct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider repeating baseline lab work, including a CBC, chemistry panel, urinalysis and T4.
- Given the bowel changes, consider the following:

    1. Fecal evaluation for ova and Giardia
    2. GI panel including serum cobalamin and folate, TLI and PLI

- Given the weight loss, three-view thoracic radiographs are recommended to assess for occult neoplasia or other pathology in the chest.
- Depending on the results of the above diagnostics, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis. However, the patient’s age and risk of anesthesia should be taken into account when deciding whether or not to pursue biopsies.



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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