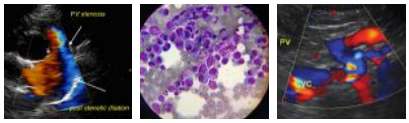
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

4/29/2022

PATIENT

Max Csida

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5/31/2005

WEIGHT

14lbs 6.5oz

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Gold

INVOICE

10824

PRESENTING CLINICAL SIGNS

History: Pleural effusion, peripheral edema.

Current Medications: Lasix 12.5mg TID.
Radiographs: See attached.
BP: size 2 cuff: Sys/Dia/Map/BPM.
= 210/167/172/222
= 109/72/80/264
= 221/156/169/207
Blood-work shows a monocytosis. SDMA 17. Normal T4.
Date of Previous IntraPet Ultrasound: 10/19/21. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 moderately distended with anechoic urine. 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 (4.37 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.02 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.51 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

One still image is available for interpretation. In the available image, the spleen appears normal in size with normal curvilinear peripheral contours and homogenous parenchyma.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is subjectively hypoechoic and subtly mottled in appearance, with an increase in portal markings. At least two

irregular cystic areas are observed, one measuring 1.03 cm, the other measuring 0.90 cm. In addition, a 0.50 cm hypoechoic nodule is seen. There is questionable dilation of the hepatic veins

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 normal to mildly thickened (up to 0.28 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/right limb is prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is mildly dilated (0.26 cm in diameter). The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen
A small amount of free fluid is present. The mesentery throughout the abdomen is hyperechoic. The abdominal lymph nodes are normal/not visible.

Other
A large amount of pleural effusion is visualized. There are no obvious thoracic masses seen. **B**rief visualization of the heart reveals questionable right-sided enlargement.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bi-cavitary effusion (pleural and abdominal) with possible right-sided cardiac chamber enlargement and suspected dilated hepatic vessels. The top concern is congestive heart failure, although occult neoplasia or lymphatic abnormalities cannot be completely excluded.
- The diffuse peritonitis may be secondary to the presence of free fluid or other organ pathology (i.e., pancreas, bowel, etc.)

Secondary Findings

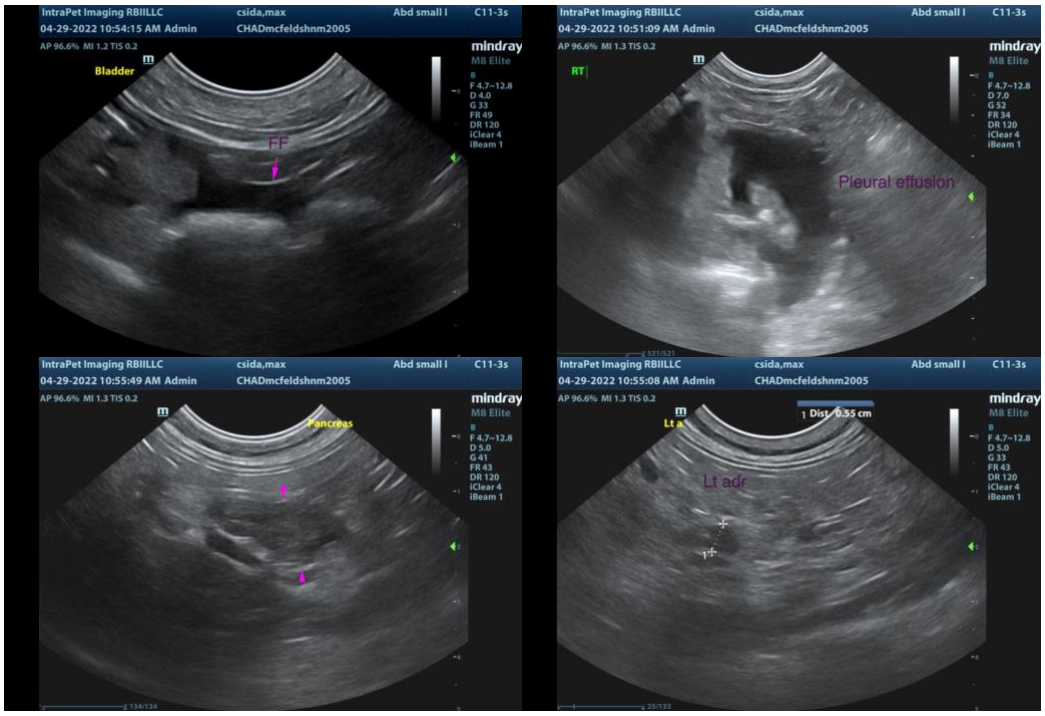
- Bilateral age-related renal changes with dystrophic mineralization (similar to the previous sonogram)
- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.
- The hepatic parenchymal changes are suggestive of passive congestion, although an underlying hepatopathy (i.e., inflammatory disease or infiltrative neoplasia) cannot be completely excluded. The cystic areas trend toward the benign, with a lower possibility of emerging neoplasia.

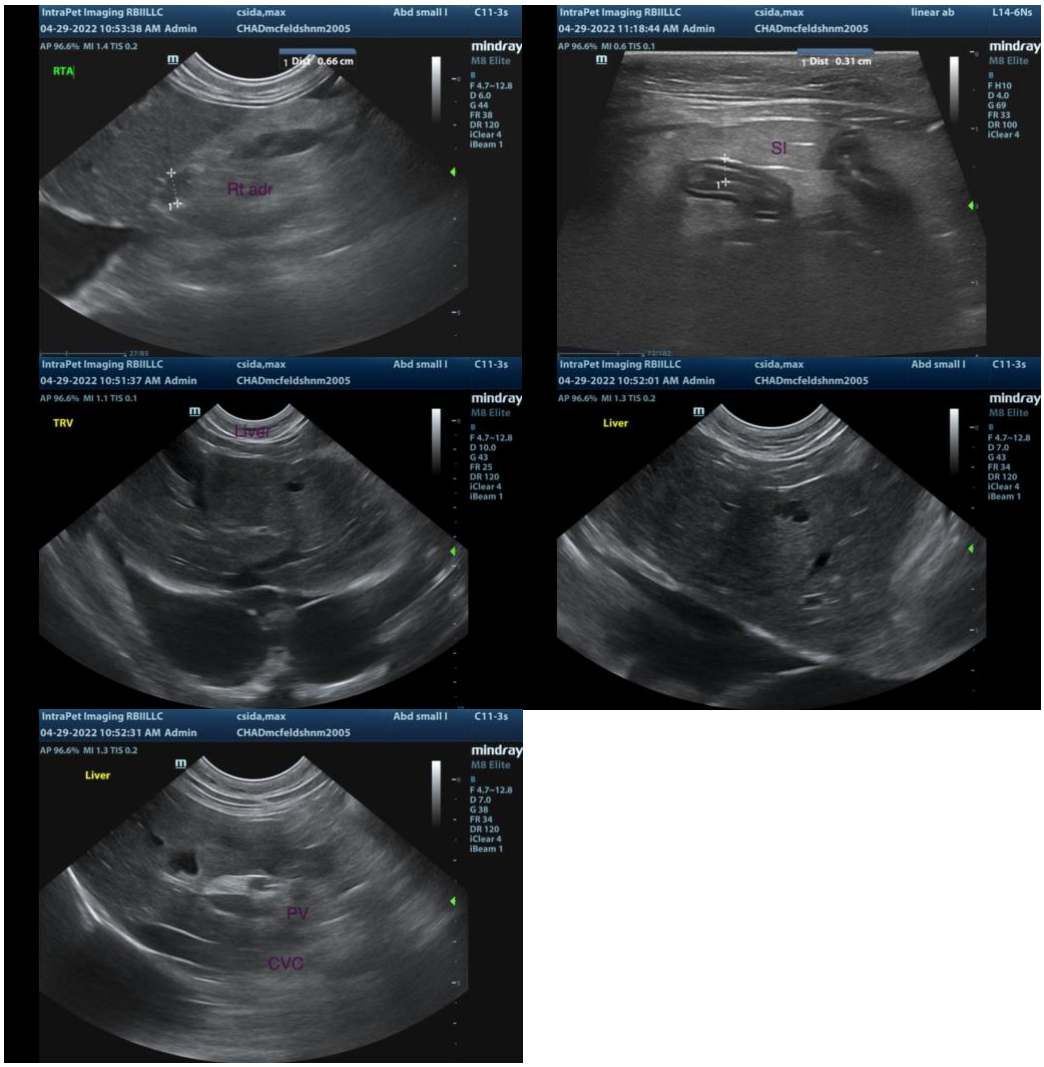
- The pancreatic changes are consistent with chronic active pancreatitis (similar to the previous sonogram).

- Bowel pattern consistent with inflammatory bowel disease (similar to the previous sonogram)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Submission of the pleural fluid for analysis and cytology is recommended along with a complete echocardiogram for further evaluation of heart function. Depending on these results, further diagnostics may be warranted.





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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