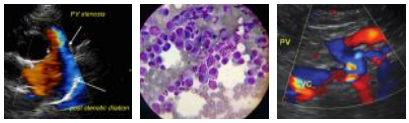
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

5/26/2022

PATIENT

Sushia DeLaurenti

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10/6/2011

WEIGHT

7.125 lbs

INTERPRETED BY

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

HOSPITAL NAME

Belvedere Veterinary Center

REFERRING VET

Dr. Moulder

INVOICE

10971

PRESENTING CLINICAL SIGNS

Decreased appetite over last 2-3 months. Weight loss. Previous persistent hypercalcemia without ultrasonographic evidence of neoplasia. Continued decrease in appetite over last week- Will skip meals. Recently defecated dental floss (5/21)

Current Medications: Cerenia 1mg/kg, Buprenorphine 0.05mg/kg
Mirtazapine transdermal.
Lab Results: Historic hypercalcemia (not present on BW today), severely anemic (13% vs 34% last month) with nucleated RBCs
Date of Previous IntraPet Ultrasound: 12/9/20. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, 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. The region of the trigone is normal.

The left kidney is normal in size (3.55 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed withing the cortex. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (3.70 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed withing the cortex. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

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

Spleen

The spleen is subjectively normal in size (0.82 cm in width at the level of the hilus) with anormal peripheral contours. The parenchyma is subjectively hypoechoic and homogenous. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is prominent in size with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and homogenous in appearance. Hepatic veins are dilated. Intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is mildly distended. The wall is normal in thickness. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

A small amount off is present. A few colic lymph nodes are visible. Surrounding mesentery is hyperechoic

Other

A brief echocardiogram reveals subjectively left atrial enlargement and possible trace pericardial effusion. The caudal vena cava is subjectively dilated.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The suspected left atrial enlargement, ascites, and dilated hepatic vessels in the caudal vena cava are suspicious for congestive heart failure.

Secondary Findings

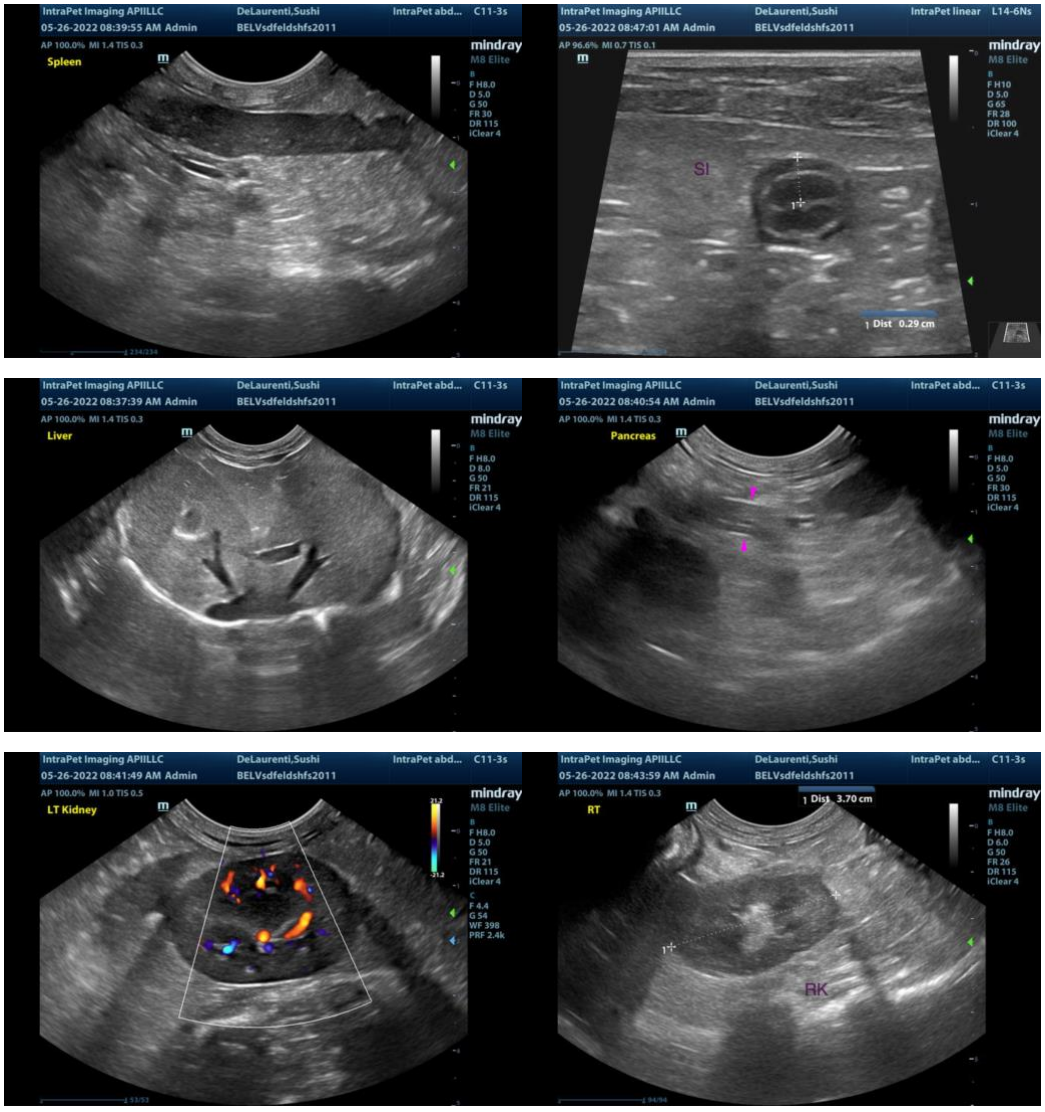
- Bilateral, age-related renal changes with dystrophic mineralization
- The hypoechoic splenic parenchyma may be a normal variant for this patient or may be secondary to inflammatory disease, infiltrative neoplasia, microthrombi, extramedullary hematopoiesis, other.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, passive congestion or other hepatopathy.
- Bowel changes suggestive of inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.

*An obvious cause for the patient's severe anemia is not identified in this study. Considerations include blood loss, hemolysis, decreased bone marrow production, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A cardiac work-up including an echocardiogram, thoracic radiographs and ECG are recommended.
- Regarding the anemia consider the following:

1. A CBC with reticulocyte count (send to a diagnostic lab)
2. Feline leukemia and FIV testing
3. +/- Mycoplasma PCR panel (if anemia is regenerative)
4. +/- bone marrow aspirate (particularly if the anemia is nonregenerative).



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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com