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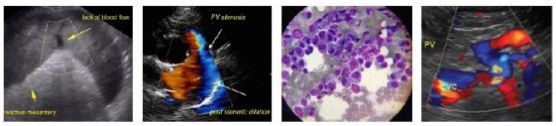


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Marmalade Brooks

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

18 years

WEIGHT

3.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Simcoe AH

REFERRING VET

Dr. Kennedy

INVOICE

10863

DATE

5/5/22

PRESENTING CLINICAL SIGNS

History: Old guy with poor appetite despite Mirtazepine Intermittent constipation Renal disease that is reasonably stable so far meds: mirtazepine 2mg q 72 hours, cisapride 1.5mg q 24 hours, Semintra 3.5kg dose q 24 hours, Gabapentin 13mg q 12 hours

Abnormal PE/Chem/CBC/UA Results: BUN 14.8 mmol/L (5.7-12.9) Creat 213 umol/L (71-212) SDMA 14ug/dL (0-14) Mild neutrophilia

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 with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

The left kidney is small in size (2.58 cm in length); with an irregular shape. The cortex is variably thickened. There is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.02 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.30 cm length; 0.18 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.50 cm length; 0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.66 cm in width at the level of the hilus) with a normal capsular contour. Using a high-frequency probe, the parenchyma appears slightly mottled. A 0.20 hyperechoic nodule/area is observed approximately mid-spleen. Splenic vasculature is normal.

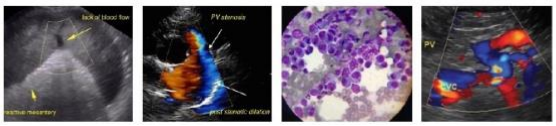
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 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



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identified. The colonic wall is normal. The lumen of the descending colon is filled with granular-appearing fecal material. There is no evidence of an obstructive pattern.

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.17 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.21 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered unlikely at this time.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes could be consistent with mild chronic pancreatitis and/or age-related remodeling. Correlation with the patient's clinical history is recommended.

Secondary Findings

- Bilateral and chronic age-related renal changes
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia). The small hyperechoic splenic nodule trends toward the benign (i.e., myelolipoma) with a low possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs (three-view) are recommended to assess for occult neoplasia in the chest.
- Consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI to further assess for microscopic gastrointestinal disease and pancreatitis.
- A T4/free T4 by equilibrium dialysis is also recommended if not already performed.

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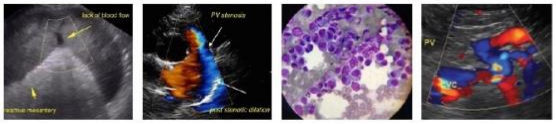

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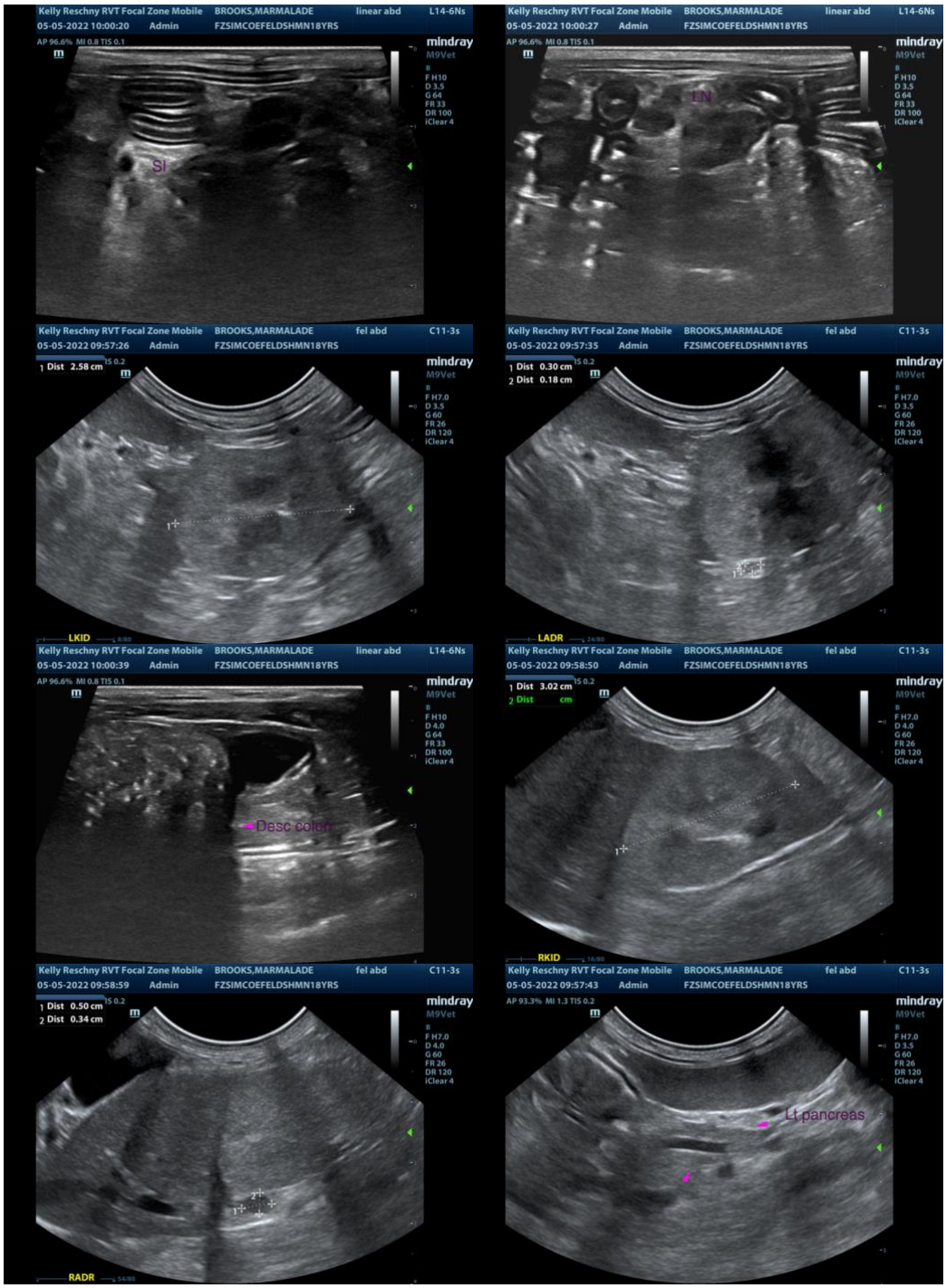

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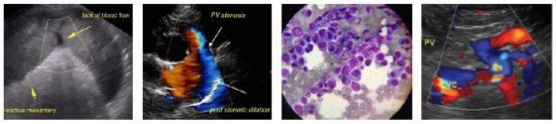

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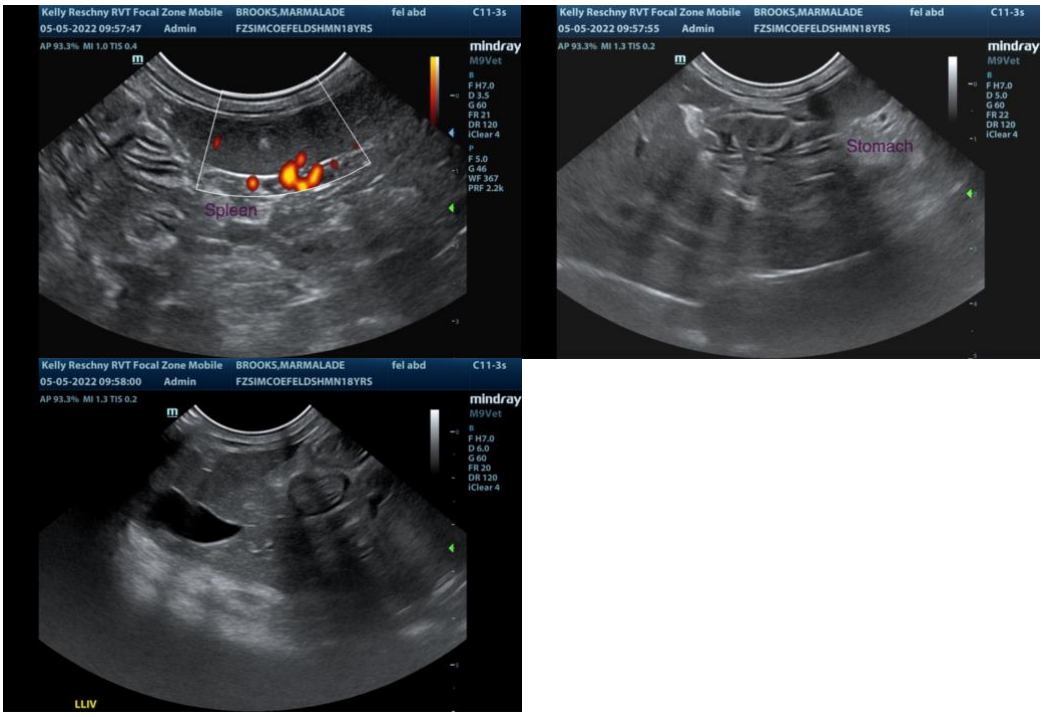

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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