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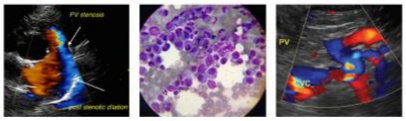
SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Zak Hasan 275701

SPECIES

Feline

BREED

Persian

SEX

Neutered Male

AGE

15 years

WEIGHT

3.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC Dr. Bianco

INVOICE

11281

DATE

7.28.22

PRESENTING CLINICAL SIGNS

History: Zak presented to WVRC on 7/27/22 for evaluation of dilated pupils, ataxia, and twitching. He seemed weak in his hind limbs and would occasionally drag one followed by being weak in his forelimbs on her way here. He vomited one time prior to leaving. Zak got into the back portion of the basement last night where he is not usually allowed. He is known to chew on plants and eat things he is not supposed to. Zak has occasional diarrhea. Zak has been previously healthy, with no significant medical history.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 28% (L)-- otherwise unremarkable Chem: Unremarkable Retic: 10.6 (N)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is 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 1-2 cm, are normal.

The **left kidney** is normal size (3.98 cm in length); with a slightly irregular shape. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several varying sized cortical cysts are visualized, the largest measuring 1.15 cm in diameter. A few of the larger cysts cause slight distortion of the normal renal architecture. Trace pyelectasia is present (0.15 cm in the transverse plane). There is no evidence of nephroliths or hydroureter.

The **right kidney** is normal size (4.29 cm in length); with a slightly irregular shape. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several varying sized cortical cysts are visualized, the largest measuring 0.65 cm in diameter. A few of the larger cysts cause slight distortion of the normal renal architecture. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter.

Adrenal Glands

The **left adrenal gland** is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is subjectively prominent in size (1.02 cm in width at the level of the hilus) with a slightly swollen undulating medial contour. The parenchyma is homogenous. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The **liver** is subjectively enlarged with irregular peripheral contours. Numerous, varying sized cystic structures, some of which are multiseptated, are observed throughout the organ. The largest cyst measures 3.80 cm in diameter and contains echogenic material within its fluid. The cyst causes distortion of the normal hepatic architecture. On the right side, a 2.20 cm multiseptated, cystic mass is visualized. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** is difficult to discern from the cystic hepatic structures. What is thought to be gall bladder is mildly to moderately distended with anechoic contents. The wall thickness appears normal. The cystic and common bile ducts are normal. The common bile duct measures 0.13 cm in diameter as it enters into the duodenal papilla.

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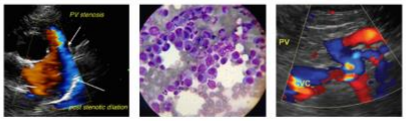

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Gastrointestinal

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. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb of the **pancreas** is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible, but not overtly dilated.

Free Abdomen

Trace free fluid is observed. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cystic/multiseptated cystic hepatic lesions. Biliary cysts and cystadenomas are suspected. However, cystadenocarcinoma(s) cannot be completely excluded.
- Bilateral chronic age-related renal changes with cortical cysts and trace pyelectasia
- Trace ascites. This may be secondary to increased vascular permeability, increased hydrostatic pressure or decreased oncotic pressure (less likely).

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary neurologic disease (i.e., cerebral vascular accident, brain tumor, infectious/inflammatory disease), toxin exposure, underlying metabolic issue, systemic hypertension, other.

Secondary Findings

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A baseline blood pressure measurement is recommended to assess for systemic hypertension.

Consider pre-and postprandial serum bile acids to assess for occult hepatic dysfunction.

Thoracic radiographs are recommended to evaluate cardiopulmonary status. An echocardiogram may be warranted if cardiac disease is suspected.

Depending on the results of the above diagnostics, referral to a board-certified neurologist may be warranted for a brain MRI +/- a CSF tap.

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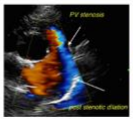
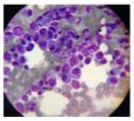
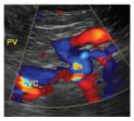

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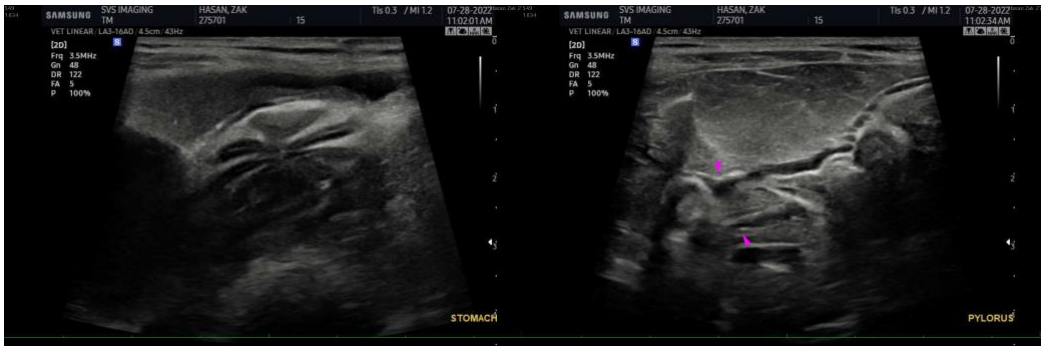

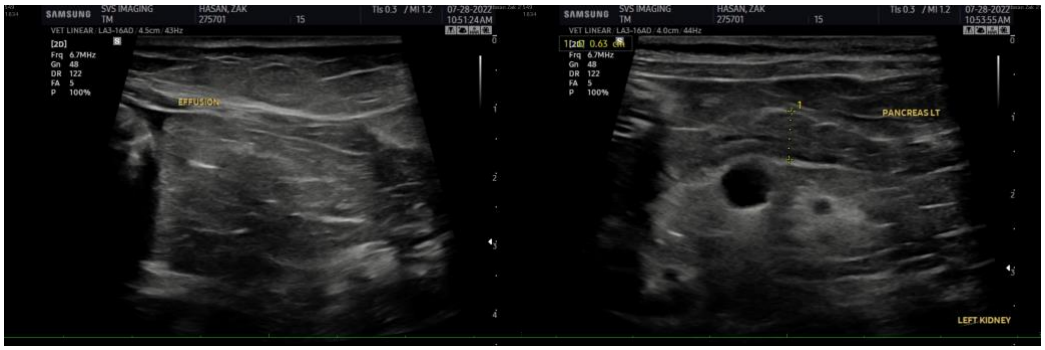

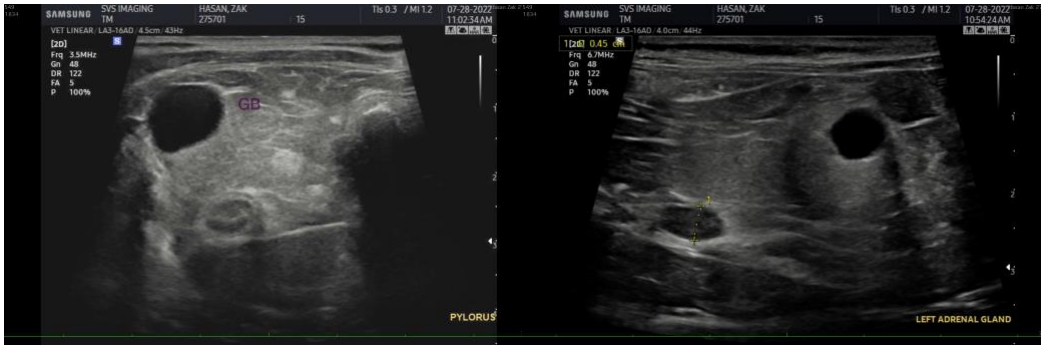

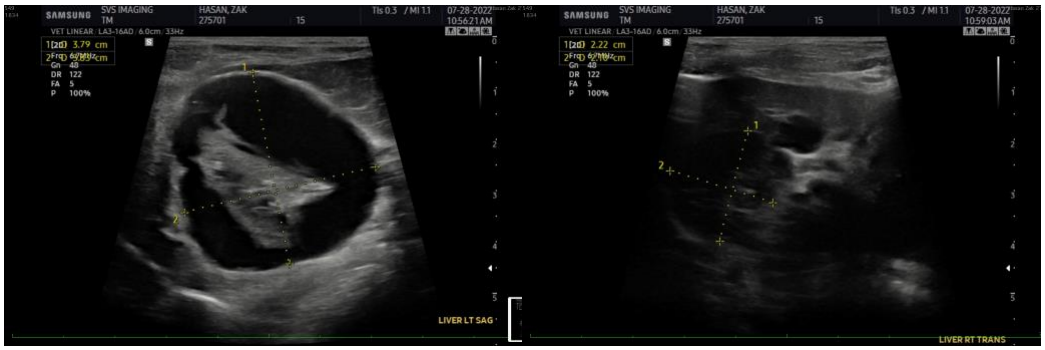

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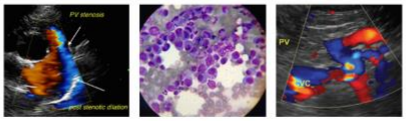

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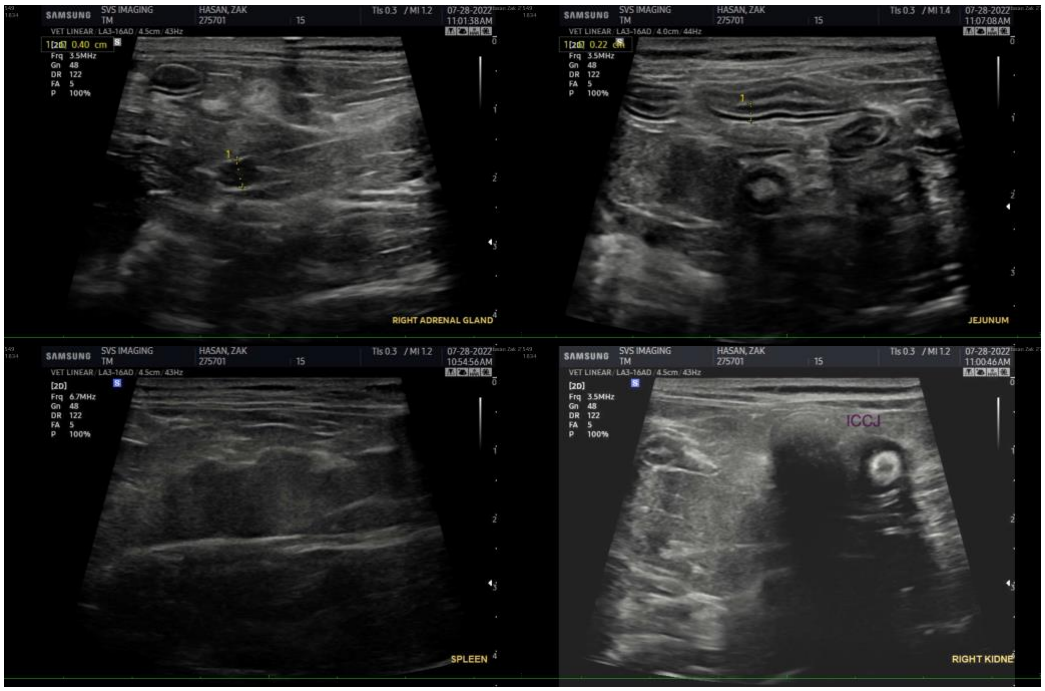

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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