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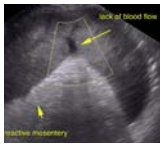
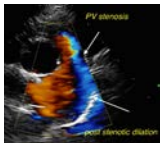
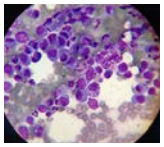
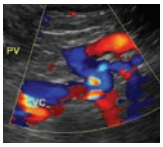

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1-800-838-4268 info@sonopath.com

PATIENT

Kira Brennan-Dubbs

SPECIES

Feline

BREED

Siamese X

SEX

Spayed Female

AGE

10 Years

WEIGHT

7.2 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Amy Jagger

HOSPITAL NAME

VCA Parkway AH

REFERRING VET

Dr. Amy Jagger

INVOICE

42650

DATE

11/8/22

PRESENTING CLINICAL SIGNS

Weight loss of 4# over the past 6 months. Only eating small amounts. Bloodwork all WNL including T4 other than 1+ proteinuria and very mild neutrophilia with normal WBC count.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.78 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. Small cortical cysts noted.

The left kidney is normal in size (3.46 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. Small cortical cysts noted.

Adrenal Glands

The right adrenal gland is normal in size (0.29 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.29 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

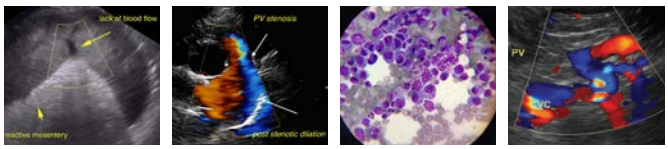
Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.



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The visible colon is normal in wall thickness (< 0.2 cm) and layering. The colon contains soft/liquid stool.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- **Hyperechoic hepatomegaly** – This appearance is most consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- **Coarse splenomegaly –** can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Suspect diarrhea

SECONDARY FINDINGS

- Small cortical cysts bilaterally in the kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported proteinuria, a urine protein to creatinine ratio is recommended to quantify it and help direct potential therapy in case proteinuria is a contributing factor to the weight loss. Blood pressure is also recommended if not recently evaluated.

However, having said that, the suggestion of diarrhea in these images supports gastrointestinal disease as a cause of the weight loss. Infiltrative gastrointestinal disease cannot be ruled out based on a relatively normal ultrasound. Therefore, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

Ultimately, further evaluation of the GI tract in the form of upper and lower endoscopy/colonoscopy may be necessary with biopsies. However, in the meantime, empirical therapies could include antiemetics, appetite stimulants, a probiotic such as Visbiome or Proviable, empirical deworming with a 5-day course of Panacur, and transition to a hydrolyzed protein diet based on trial and error response, knowing that some patients respond better to one brand of hydrolyzed protein diet over another.

Pending response, fine needle aspirates of the liver and spleen are recommended if patient's coagulation status is appropriate.

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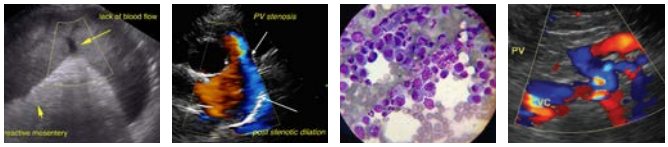

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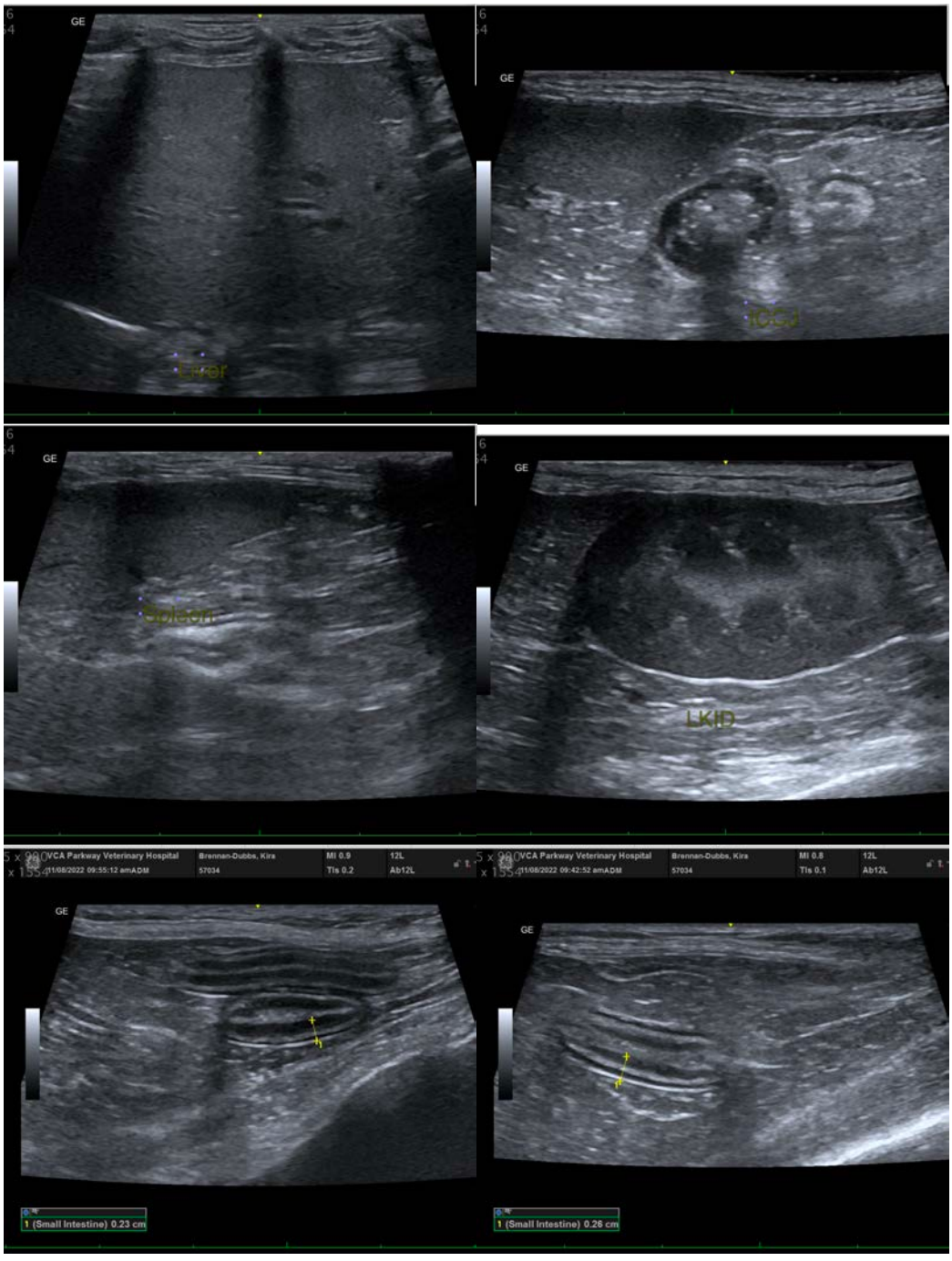

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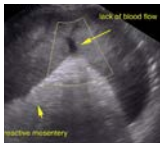
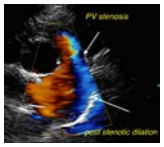
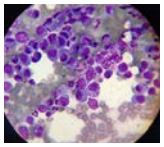
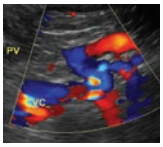

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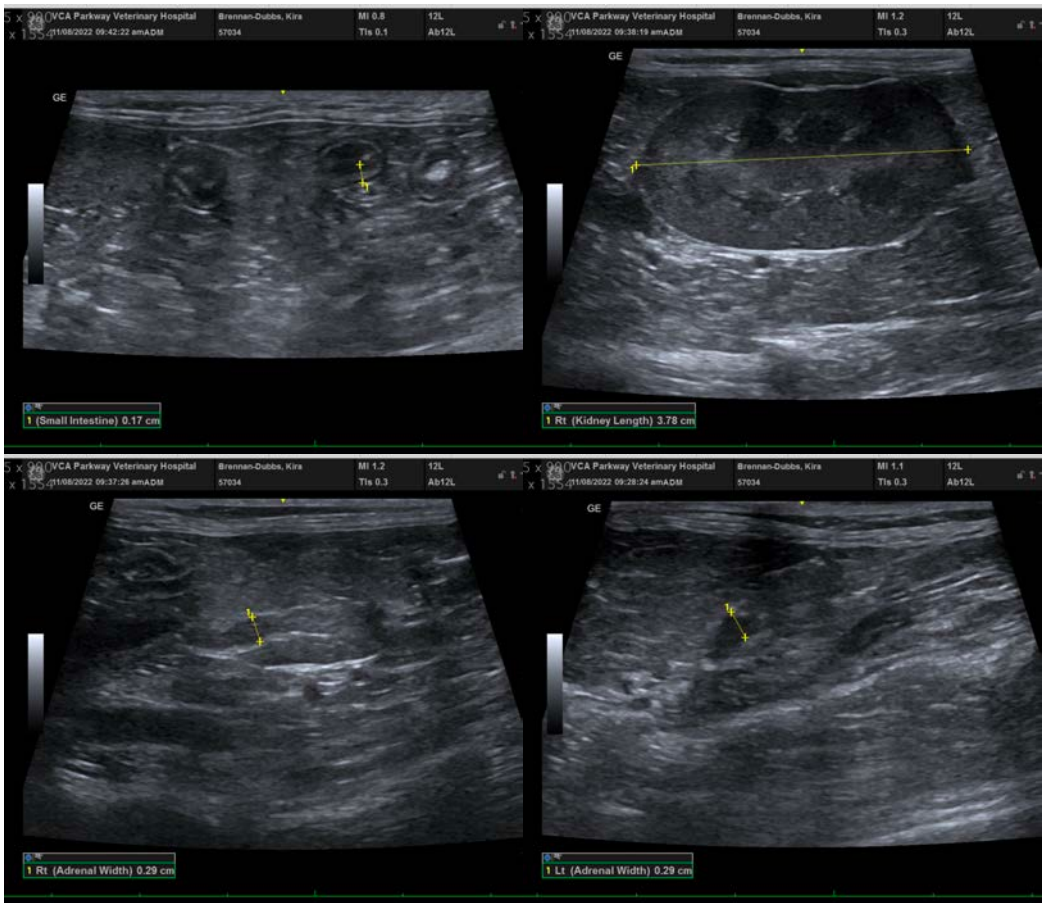

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com