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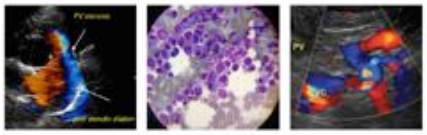

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Tommy Sobolewski

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

16 years

WEIGHT

12.36 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging of Michigan

REFERRING VET

Cat Care of Rochester

INVOICE

95987

DATE

2/9/22

PRESENTING CLINICAL SIGNS

Weight loss, chronic vomiting
Abnormal PE/Chem/CBC/UA Results: Gassy intestines. Mild dental disease Mild anemia (slightly low RBC 6.11), chem and T4 WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal in size (3.66 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. Renal pelvis is dilated (pyelectasia), measuring (0.14 cm). No visible obstruction is observed, but cannot be ruled out. There is no evidence of mineral or infarcts observed.

Right kidney is normal in size (3.51 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. Renal pelvis is dilated (pyelectasia), measuring (0.18 cm). No visible obstruction is observed, but cannot be ruled out. There is no evidence of mineral or infarcts observed.

Adrenal Glands

Bilaterally uniformly plump egg-shaped adrenals (left adrenal measures 0.45 cm thick and the right adrenal measures 0.37 cm thick), hypoechoic in echogenicity with bilateral dystrophic mineralization noted.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

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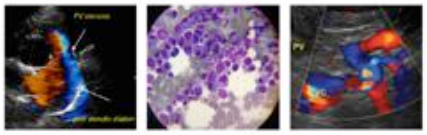

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Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines are normal in wall thickness. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. This is most appreciable in the jejunum. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement.

ULTRASONOGRAPHIC FINDINGS

Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

Pyelectasia – Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

Age related adrenomegaly – likely a benign age-related change. This change can be caused by chronic stress/disease, so investigation for/management of other disease (chronic kidney disease, hyperthyroidism, etc.) is recommended.

Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the mild renal changes I recommend a urinalysis if not recently evaluated with urine culture if indicated based on urinalysis results and/or urine protein to creatinine ratio if there is protein in the urine with an otherwise quiet sediment. Given the weight loss and muscularis evidence of infiltrative bowel disease a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended followed by biopsies of the gastrointestinal tract to definitively determine the cause of the infiltrated disease. In the meantime empirical therapy with a transition to a novel or hydrolyzed protein diet could be considered. If biopsies are declined empirical steroids can also be considered.

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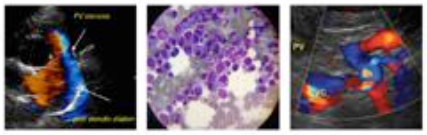

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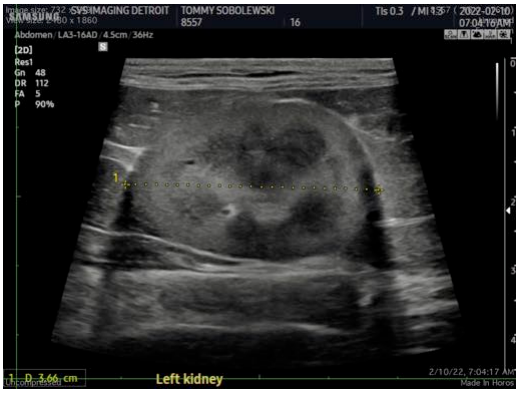

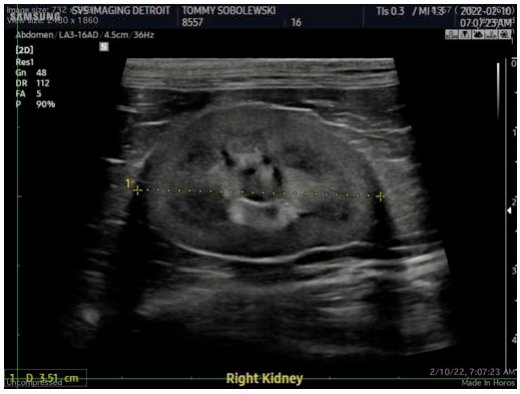

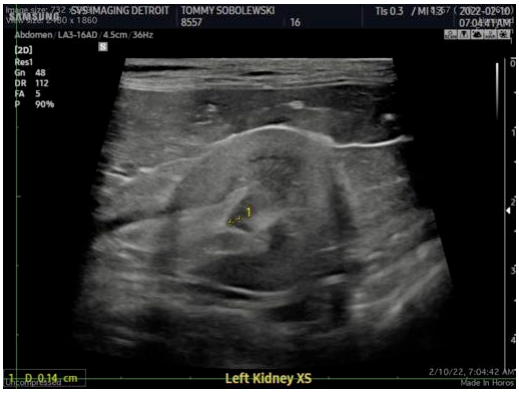

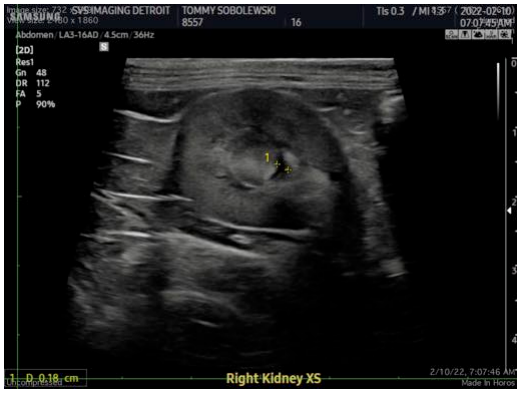

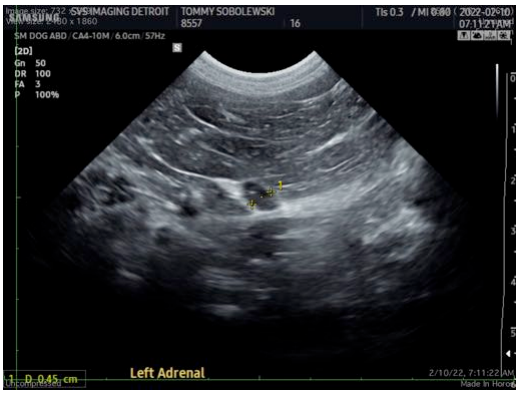

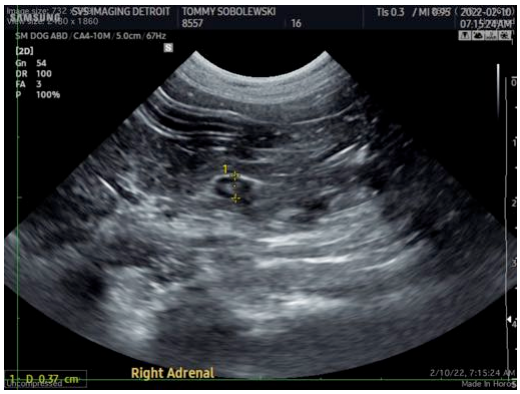

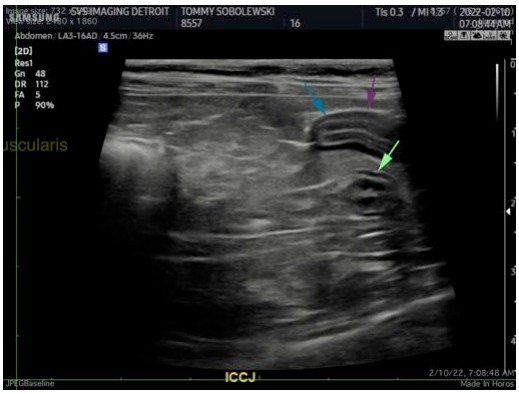

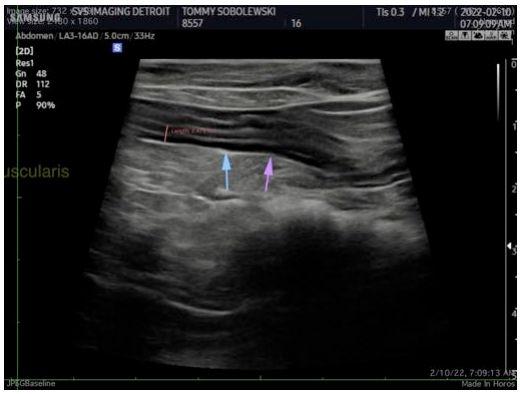

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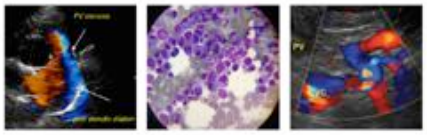

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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