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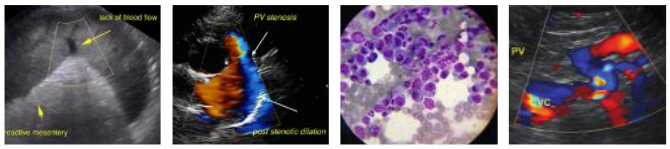
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Baloo Fornarol

SPECIES

Feline

BREED

Chartreux

SEX

Neutered Male

AGE

16 Years

WEIGHT

7.2 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Mobile Vet Ultrasound

REFERRING VET

Dr. Graves

INVOICE

21103

DATE

2/13/23

PRESENTING CLINICAL SIGNS

History: Patient is a 16-year-old MN Chartreux cat who has had weight loss for the past 6 months. Has become more drastic in the last couple of months. Patient is still eating and has good appetite but is only interested in eating the gravy or treat packets with gravy. Patient likes the Hydracare supplement and is currently taking Cerenia 4mg SID. On physical exam 2/7/23, patient was BAR but mildly dehydrated. Subcutaneous fluids administered along with Cerenia injection. Patient did have firm stool within colon, so lactulose was prescribed along with recommendations to continue Hydracare and add water into the gravy food to increase patient's water intake. Patient has periodontal disease. No appreciable abnormalities on chest auscultation. Abdominal palpation showed firm stool within the colon. Intestine just cranial to the stool seemed mildly inflamed on palpation. Kidneys did not feel firm on palpation.

Abnormal PE/Chem/CBC/UA Results: Bloodwork performed January 13, 2023: Mild monocytosis on CBC. SDMA inc at 15 (ref 0-14), creatinine high normal at 2.3 (ref 0.9-2.3mg/dL) and BUN trending towards high normal at 33 (ref 16-37 mg/dL). Mild hypokalemia of 3.6 (ref 3.7-5.2 mmol/L). Rest of Chemistry is WNL. TT4 is WNL at 1.9 (ref 0.8-4.7 ug/dL) and FIV/FeLV negative for both. Unable to obtain urine at that time. Bloodwork performed October 4, 2022: Mild monocytosis with Chemistry completely WNL (creatinine at 1.4) TT4 was gray zone at 3.5. Urinalysis showed spec grav 1.033 Radiographs (whole cat, right and left laterals and V/D) on February 6, 2023: Spondylosis deformans present throughout cranial and mid thoracic spine and L5-L6. There is a large amount of stool within the colon. Possible bronchiolar pattern within the left caudal lung lobe. There is a very small mineral opacity within the bladder only visualized on the left lateral - not on the right laterals or the V/D view.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally normal in size with an overall hyperechoic echogenicity and slight loss of corticomedullary definition. Normal smooth peripheral margination and shape are maintained. The renal pelvis is dilated with anechoic fluid and hyperechoic thickened pelvic fat. No overt evidence of neoplasia or mineral is observed. The perinephric area is enhanced by hyperechoic fat and mesentery. The left kidney measures 3.27 cm. The right kidney measures 4.4 cm. The pyelectasia in the left kidney measures 0.45 cm in the transverse view, and 0.37 cm in the sagittal view in the right kidney.

Adrenal Glands

Left adrenal gland is normal in size (0.33 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.42 cm pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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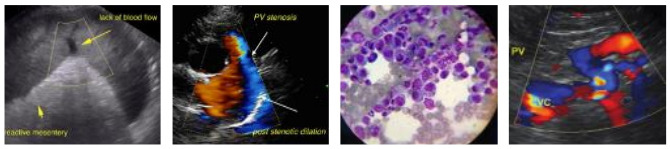

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Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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 visible stomach wall is normal in thickness 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. 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.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

A very scant amount of anechoic free fluid is noted around the left kidney. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Pyelonephritis – These changes are most consistent with chronic pyelonephritis. Chronic scarring and fibrosis and/or chronic nephrolith passage can also result in these pelvic dilation changes. Early infiltrative disease cannot be ruled out but is considered less likely.
- Scalloped spleen – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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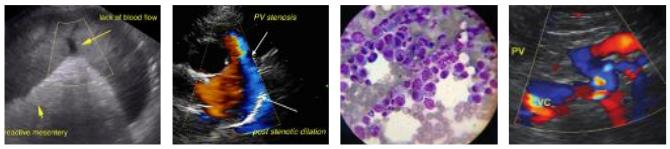

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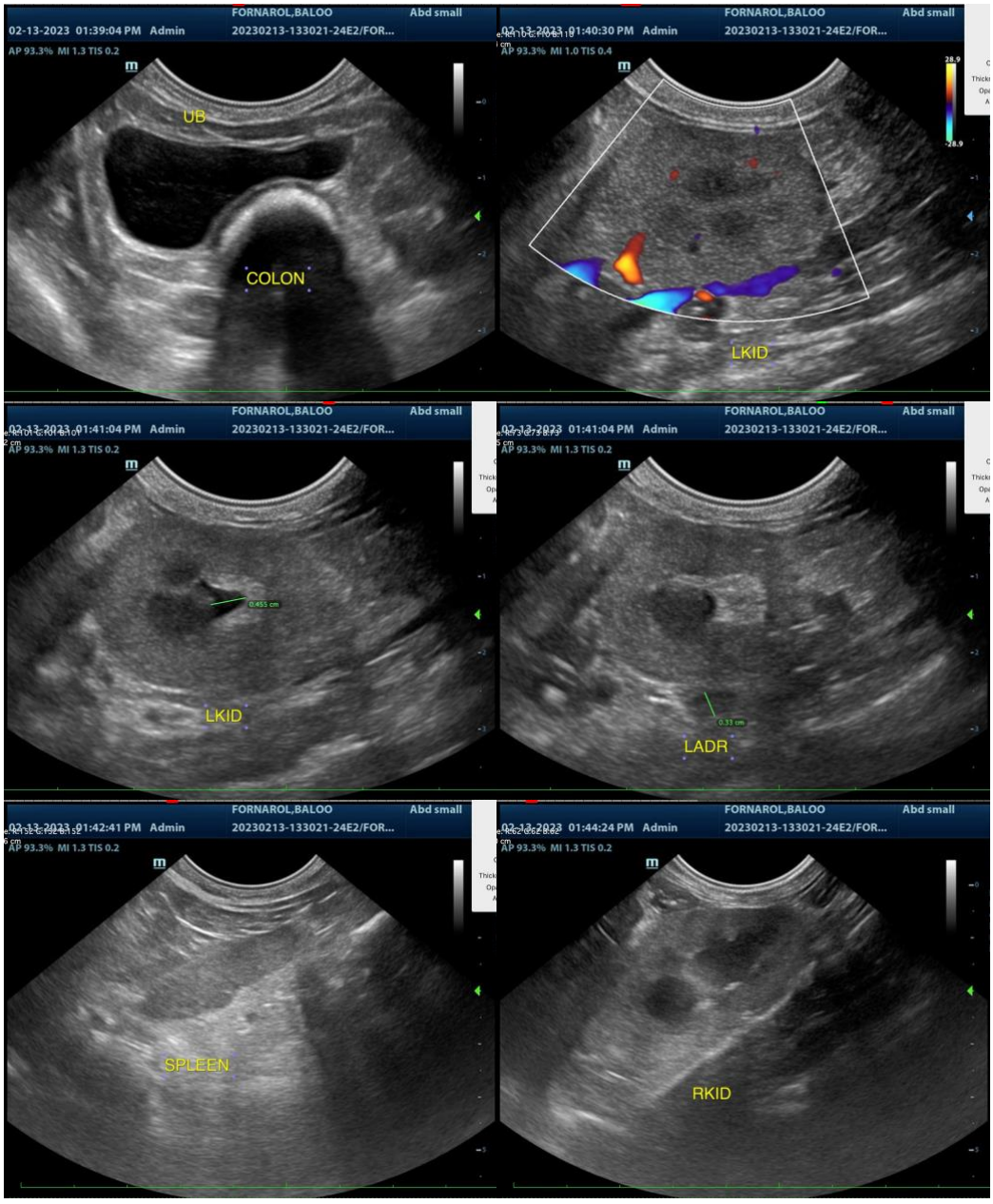
A fine needle aspirate of the spleen could be considered if patients coagulation status is appropriate.

Given the reported weight loss, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory could be considered for further evaluation of GI and pancreatic function.

In the meantime, supportive/symptomatic medical management of the reported suspected constipation is recommended to see if that improves appetite and consequently results in weight gain. Recommendations include fluid therapy, a stool softener +/- enemas (if indicated), and potentially transition to a fiber response or colitis diet. Additionally, antibiotic therapy may be warranted pending culture results.



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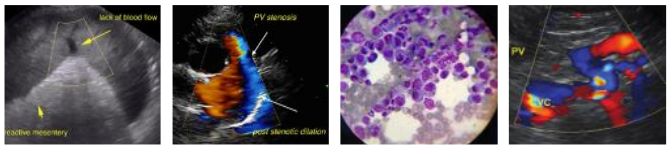

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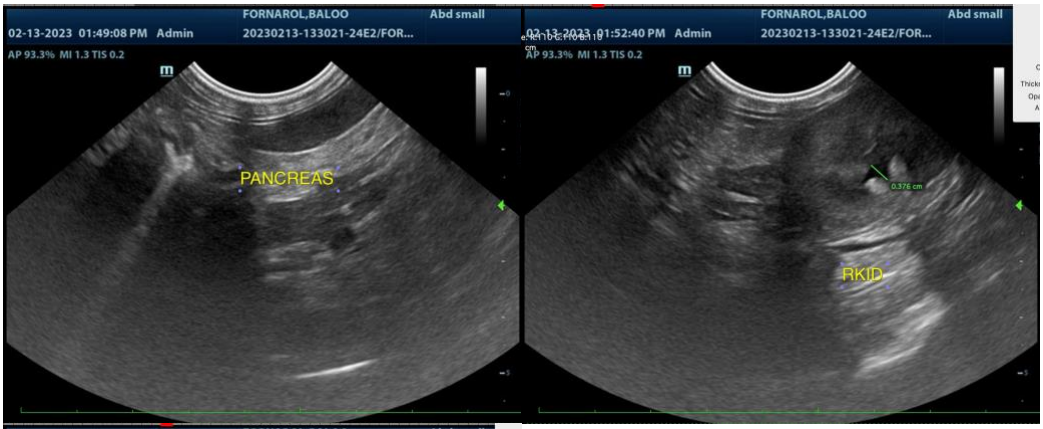

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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