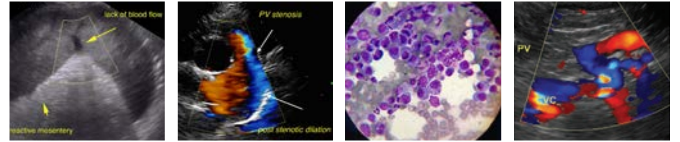
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Reesey Kloc

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
15

WEIGHT
12.3

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Miranda Fritz

HOSPITAL NAME
Waterbury Vet Hospital

REFERRING VET
Dr. Miranda Fritz

INVOICE
45448

DATE
2/22/23

PRESENTING CLINICAL SIGNS

P presented on 2/14/2023 for weight loss and vomiting daily for 1-2 weeks. P diagnosed with CKD in August 2022. Since then, has been doing well on renal diet and OFAs. Recheck bw/UA/BP done - Mild anemia, mild azotemia but improved since recheck 3 months ago, T4 wnl, normotensive. New slight elevation in liver enzymes. P initially improved with bland diet and Pepcid but then started vomiting bile again once daily. No c/s/d, less frequent BMs (about every other day right now), and appetite decreased but p still eating most of his food. X-rays done this morning – new solitary soft tissue pulmonary mass and loss of serosal detail in abdomen. Abdominocentesis done after ultrasound today – pink/red tinged serous fluid. Pending fluid analysis.

Abnormal PE/Chem/CBC/UA Results: PE – mild dehydration, doughy on abdominal palpation and mildly uncomfortable, mod generalized muscle wasting. Normal TPR. CBC – HCT 32.4% Chem – SDMA 13, creat 2.0, BUN 32, ALT 179 U/L, AST 79 T4 – 2.1 ug/dL USG – 1.015, protein trace, pH 6.5 Blood pressure – 108, 110, 110 mmHg X-rays – Soft tissue mass in the right middle lung lobe, abdominal effusion, constipation Fluid analysis/cytology- pending

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

Kidneys are overall normal in size 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 cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.51 cm. The right kidney measures 3.33 cm.

Adrenal Glands

The area of the right adrenal gland is examined without evident pathology.

The left adrenal gland is normal in size (0.40 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

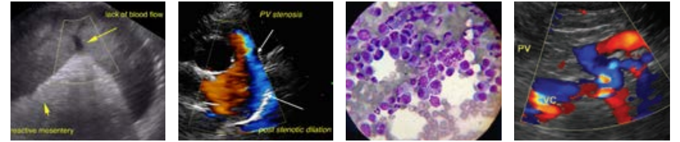
Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). 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.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. 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.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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

A small amount of anechoic free fluid is noted within 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.
- Small amount of anechoic free fluid

SECONDARY FINDINGS

- Age related kidney changes

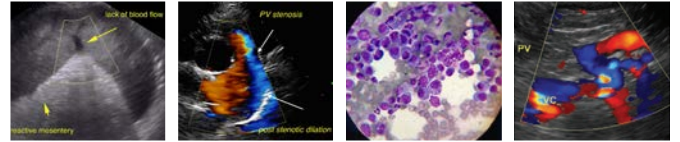
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, fluid analysis (both cytology as well as potentially culture and sensitivity if indicated based on cytology results of the free abdominal fluid) is recommended.

A fine needle aspirate of the liver is recommended if patient's coagulation status is appropriate.

Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.

Given the newly reported pulmonary lesion, additional imaging of the thorax such as a thoracic CT scan +/- aspirate of that nodule/mass should be considered if a diagnosis cannot be obtained less invasively .



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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