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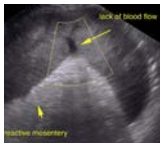
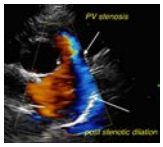
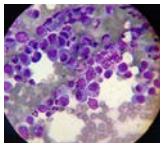
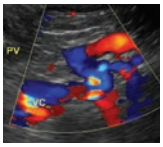

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tator Johnson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Heather Brenner

HOSPITAL NAME

Riverside AC

REFERRING VET

Dr. Heather Brenner

INVOICE

45881

DATE

3/14/23

PRESENTING CLINICAL SIGNS

2 year history of weight loss. March 2, 2023 presented for vomiting weighed 8.45 lb. Vomiting persisted and diarrhea with decreased appetite started March 11, 2023. Treated Diagel, Fortiflora, Cerenia vomiting and diarrhea resolved, but appetite still decreased.

Abnormal PE/Chem/CBC/UA Results: March 2, 2023 CBC normal, TT4 normal, Chem ALT 200 (12-130). March 13, 2023 exam murmur 1/6 parasternal, tender abdomen caudally, sits hunched. CBC normal, Chem ALT 149 (12-130),K 3.3 (2.5-5.8). FPL, TLI, Cobalamin, Folate 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 are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.68 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.

The left kidney is normal in size (3.57 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.

Adrenal Glands

The right adrenal gland is normal in size (0.20 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.30 cm at the cranial pole and 0.23 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size, but has a mildly swollen, rounded capsule. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). The rounded capsule results in a mild bulge at the tail of the spleen, but no focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The 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. Multifocal nodules of mixed echogenicity, primarily hyperechoic but containing multiple cysts of varying size, are noted. Most of these nodules measure approximately 1.0 cm or less. 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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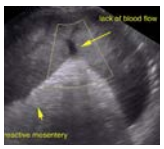
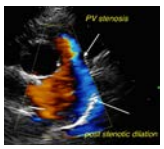
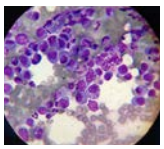
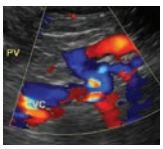

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Gastrointestinal

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.

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

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen

A scant amount of anechoic free fluid is noted primarily between liver lobes.

No discrete lymphadenopathy is noted. However, dorsal to the urinary bladder/proximal urethra, there is an approximately 1.0 cm x 1.8 cm heterogeneous irregular hypoechoic structure surrounded by hyperechoic enhanced mesenteric fat that may represent a sublumbar lymph node versus other.

ULTRASONOGRAPHIC FINDINGS

- The splenic changes observed 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.
- **Feline biliary cystadenomas –** In a senior cat, these liver lesions are most consistent with multiple benign biliary cystadenomas. Malignancy cannot be ruled out but is considered less likely give lack of clinical signs and/or laboratory changes.
- Chronic active pancreatitis
- **Caudal abdominal structure/mass** – This may represent sublumbar lymphadenopathy. However, structure of other origin including colon, etc. cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's weight loss and as is reportedly already pending, 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.

Given the concurrent vomiting, heart murmur, and mildly increased ALT, if the total T4 was in the upper half of normal limit, a free T4 is recommended to rule out early emerging or mild hyperthyroidism more definitively.

Fine needle aspirates of the caudal abdominal structure/lymph node, spleen, and liver should be considered if patient's coagulation status is appropriate.

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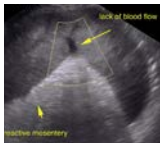
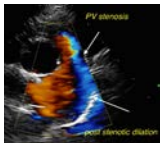
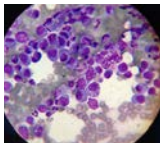
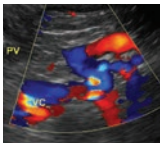

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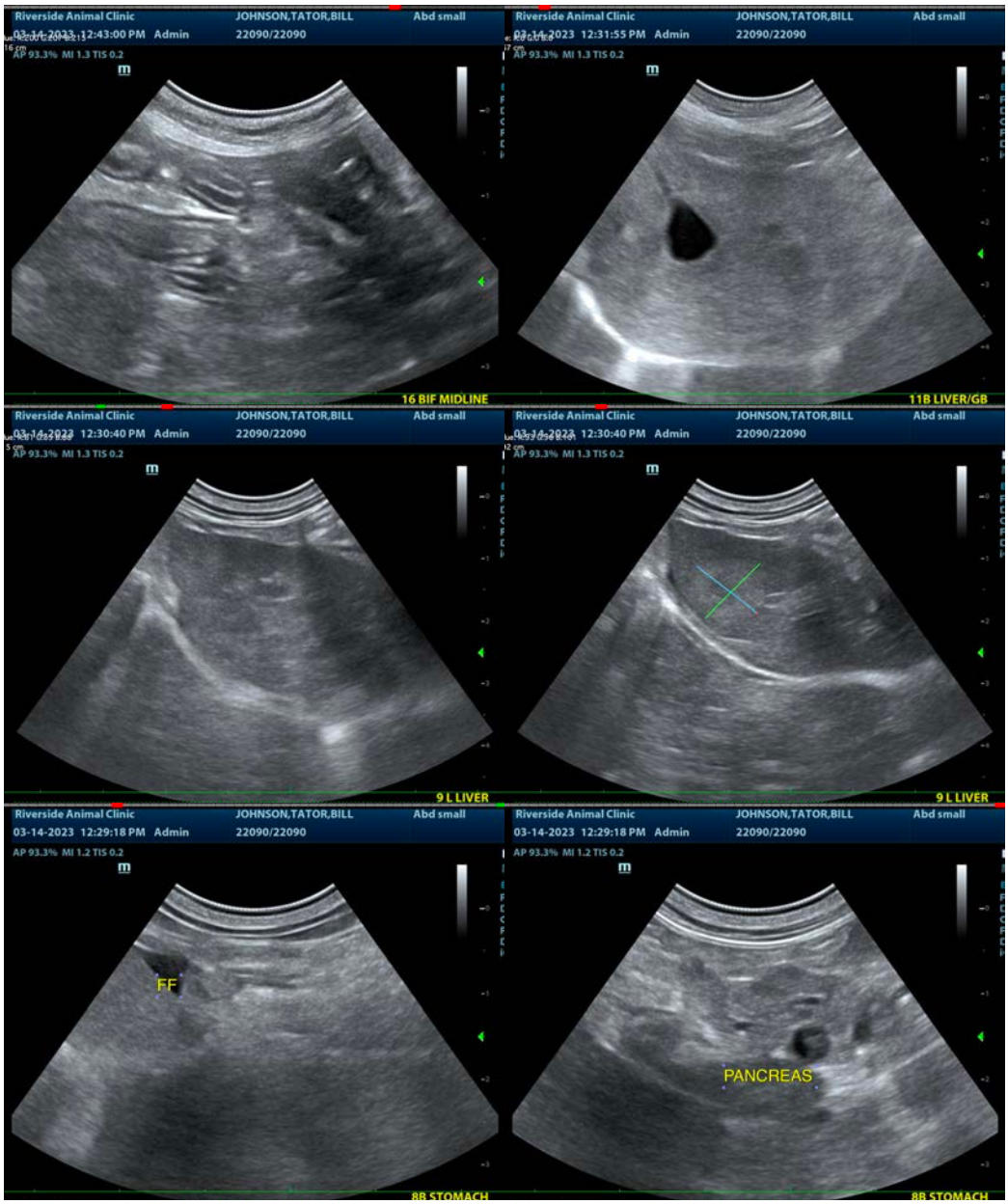
Finally, given the reported heart murmur, an echocardiogram is recommended if not already evaluated.



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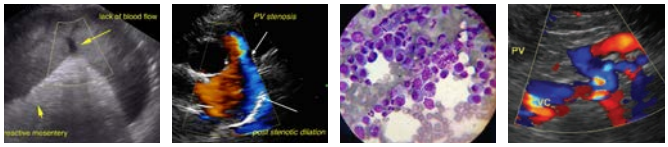

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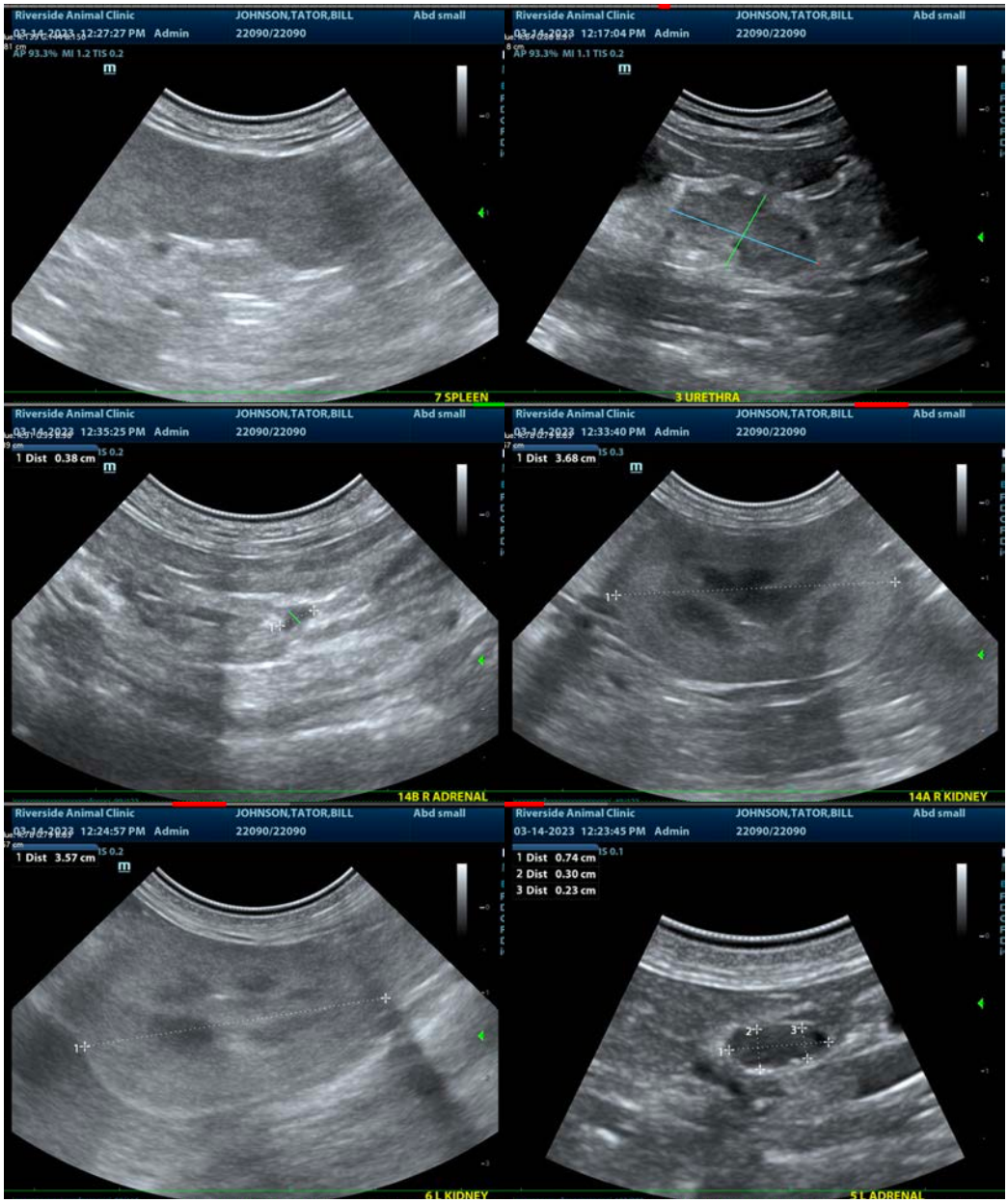

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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