

PATIENT PRESENTING CLINICAL SIGNS

Nile'h Rupp

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

12.72 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Remcho

INVOICE

36644

DATE

3/31/22

Inappropriate stool and urine with straining, vocalization and some blood (intermittent). HX of constipation Current Medications Laxatone and Miralax as well as Fiber responsive diet Radiographic Findings Three radiographs of the abdomen are provided. The colon is distended with a radiopaque material and gas. The GI tract is primarily fluid and gas filled with no evidence of dilation, plication, or an obstructing radiopaque foreign object. The liver and spleen appear normal in size and shape with no evidence of a mass effect or other abnormalities. The kidneys and urinary bladder appear normal with no definitive evidence of mineralization. There is narrowing of the L3-4 and lumbosacral junctions. Assessment: The appearance of the colon is consistent with chronic constipation. The urinary tract appears normal. Radiolucent calculi, cystitis or other abnormalities should be considered. Sonography may be helpful in determining a definitive diagnosis. There is narrowing of L3-4 and the lumbosacral junction. Intervertebral disc disease is rare in the feline patient however. If warranted further evaluation should be considered.

Abnormal PE/Chem/CBC/UA Results: hematuria without crystals or bacteria

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 (3.97 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. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (3.72 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. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.37 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.56 cm thick), 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

The liver is subjectively normal in size. Margins are sharp and smooth. It has a normal homogeneous echotexture and normal echogenicity except for a focal mass of mixed, primarily anechoic echogenicity, containing multiple cysts of varying size. The mass is in the deep left liver and measures 2.0 cm in diameter.



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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

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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.

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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. Contents are consistent with normal formed feces and gas.

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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.

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Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

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PRIMARY FINDINGS

- Cystic liver mass – In a senior cat, this is most consistent with a benign biliary cystadenoma. Malignancy cannot be ruled out but is considered less likely.

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SECONDARY 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no ultrasonographic reasons for this patient's reported hematuria. Differentials include a disease in the distal urinary tract not visible on ultrasound versus feline lower urinary tract disease or sterile cystitis, potentially brought on by the stress of chronic constipation, straining, pain, etc. Recommendations include a urine culture to rule out an occult urinary tract infection if not recently evaluated.

REFERRING VET

Dr. Remcho

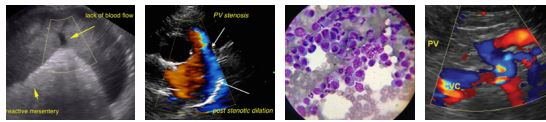
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Recommendations also include a CBC and serum chemistry panel for further evaluation of liver enzymes if not recently evaluated. Therapeutic considerations could include more aggressive management of constipation, potentially including Cisapride, to the plan, as well as environmental modifications, etc. to address possible feline lower urinary tract disease. An excellent resource for clients is present on the Ohio State University College of Veterinary Medicine's website, called "The Indoor Cat Initiative".

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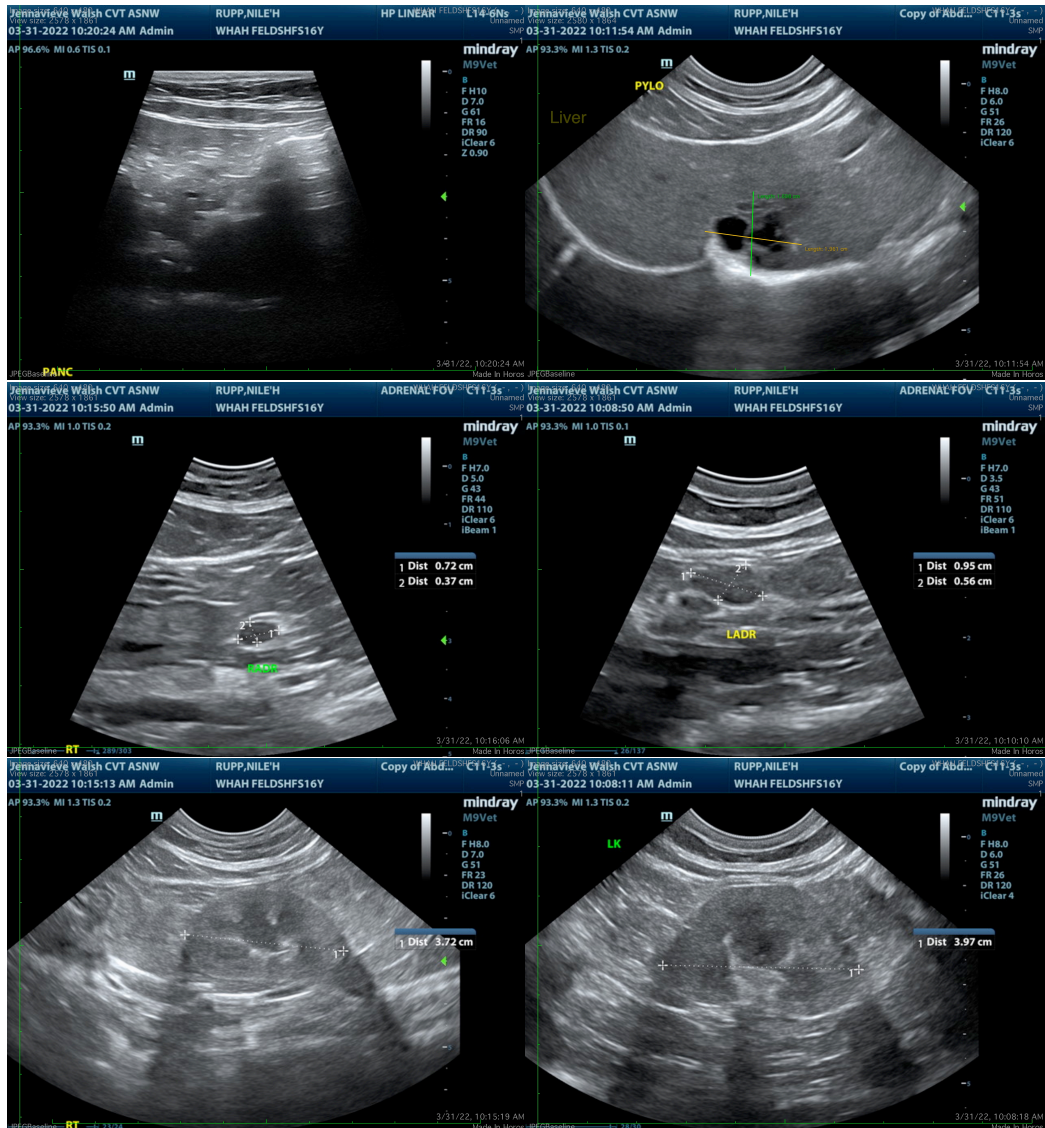
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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