SonoPath
Clinical Sonography & Telecytology
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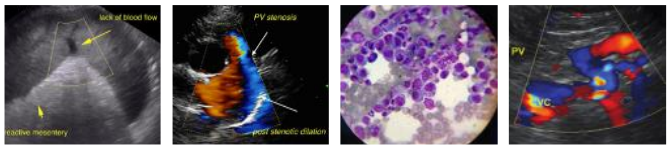


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Snowflake Pepe

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

8 Years

WEIGHT

9.9

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Mayra Sanchez

INVOICE

21946

DATE

4/10/23

PRESENTING CLINICAL SIGNS

History: Patient presented for ADR Dx with CKD, Hyperthyroidism and renomegaly

Abnormal PE/Chem/CBC/UA Results: PE: ~5% dehydrated, 4/6 heart murmur CBC: anemia (HCT 26.3) Chem: BUN 105, CRE 6.9 T4/FT4: 3.2/67.7 UA: SG 1.014 Radiographs: bilateral renomegaly

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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 left kidney is significantly enlarged in size (5.58 cm). The right kidney is normal in size (3.6 cm). Both kidneys exhibit increased cortical echogenicity and disruption of normal corticomedullary architecture caused by multifocal heterogenous (primarily hypoechoic) nodules. A hypoechoic subcapsular rim “halo” is present. The pericapsular area is enhanced by hyperechoic fat and mesentery. No mineral is observed.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

Spleen

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 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. An anechoic focal lesion is noted in the deep liver measuring 0.8 cm in diameter. 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.

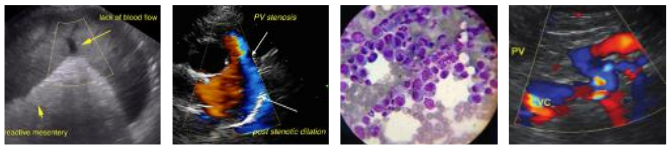
Gastrointestinal

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 diffusely normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty, but focally in the caudal abdomen, there is an approximately 3.0 cm long loop of small bowel that has a 0.78 cm thick hypoechoic wall and complete loss of layering.

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

Pancreas



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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

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

ULTRASONOGRAPHIC FINDINGS

- Renal lymphoma – This appearance is highly suggestive of renal lymphoma. Other malignant neoplasia, severe nephritis and feline infectious peritonitis can at times mimic this presentation, but it's less common.
- Focal small bowel mass is also concerning for infiltrative neoplasia, such as lymphoma vs other neoplasia. A benign inflammatory lesion is possible but considered less likely.
- Feline biliary cystadenoma – In a senior cat, this liver lesion is most consistent with a/multiple benign biliary cystadenoma(s). Malignancy cannot be ruled out but is considered less likely give lack of clinical signs and/or laboratory changes.

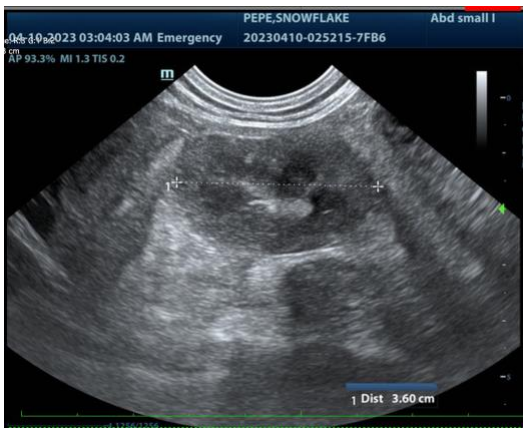
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of especially the left kidney, as well as the bowel mass are recommended if they can safely be reached and patients coagulation status is appropriate.

If a diagnosis cannot be obtained cytologically, then alternatively, an exploratory laparotomy for planned bowel mass resection/resection and anastomosis, etc., may ultimately be required for a definitive diagnosis.

In the meantime, supportive/symptomatic medical management of clinical signs is recommended in the form of antiemetics, an appetite stimulant (if necessary), diuresis/fluid therapy, broad spectrum antibiotics, and potentially very conservative medical management of hyperthyroidism could be initiated, however, cautiously given this patients kidney disease. Management of the hyperthyroidism may be better off postponed until a diagnosis is obtained and patient is more stable, unless concurrent hypertension, cardiac disease, etc., necessitate therapy sooner.



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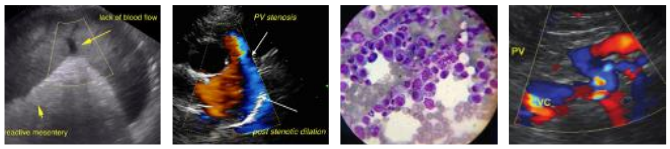

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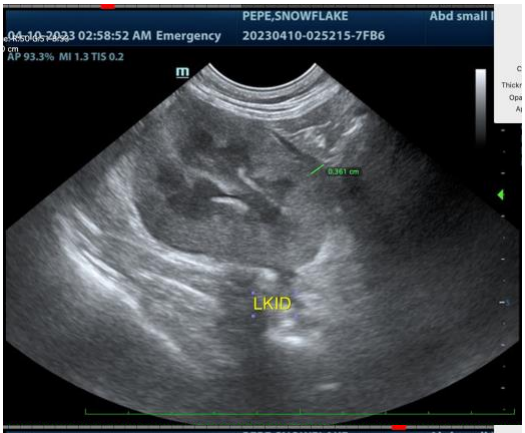

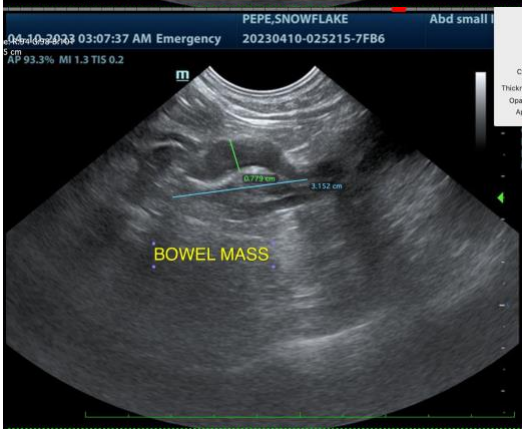

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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