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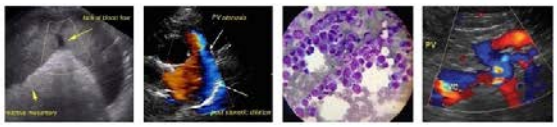


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Pele Weinberger

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

7 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Baskin

INVOICE

46570

DATE

4/12/23

PRESENTING CLINICAL SIGNS

Vomited today 3 times 2 little ones and one big one big vomit was yellow the 2 little ones were white still not eating not really drinking, very little yesterday had very small bowel movement and today as well not crying in pain as much as he was a few days ago O mentioned P is walking around as where Saturday P was not moving much at all O wants P in some fluids concerned about P being lethargic doesn't groom himself much anymore.

Abnormal PE/Chem/CBC/UA Results: fPL Abnormal GLU 10.41HIGH 3.95-8.84mmol/L SDMA 16HIGH 0-14µg/dL CREA 190 71-212µmol/L UREA 8.2 5.7-12.9mmol/L BUN/CREA 10 PHOS 1.06 1.00-2.42mmol/L CA 3.36HIGH 1.95-2.83mmol/L TP 76 57-89g/L ALB 34 23-39g/L GLOB 42 28-51g/L ALB/GLOB 0.8 ALT 126 12-130U/L ALKP 40 14-111U/L GGT 0 0-4U/L TBIL <>< 0-15µmol/L CHOL 4.39 1.68-5.81mmol/L AMYL 1368 500-1500U/L LIPA 1491HIGH 100-1400U/L Na 162 150-165mmol/L K 4.1 3.5-5.8mmol/L Na/K 40 Cl 119 112-129mmol/L Osm Calc 328 mmol/kg TT4 57 10-60nmol/L Collec Cystocentesis Color Straw Clar Slightly Cloudy SG 1.012 pH 8 PRO neg GLU neg KET neg UBG norm BIL neg BLD 250 Ery/µL rads: There is an equivocal cardiomegaly. The pulmonary vessels, the caudal vena cava and the aorta are of normal size and shape. There are areas of increased opacity in the cranial ventral thorax, with suspicion for some air bronchograms likely associated with alveolar patterns. Mild pleural effusion cannot be totally excluded. No mediastinal mass or lymphadenopathy is identified. The esophagus and the trachea are radiographically normal. The stomach contains gas and some homogeneous soft tissue opacity material. The small intestines are all of normal size and shape. Parts of the colon and the rectum are mildly distended with fecal material. The kidneys are slightly small. There is mild hepatomegaly. No lesion is detected in the spleen or in the urinary bladder.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

Kidneys are normal in size but bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measures 3.79 cm. The right kidney measures 3.72 cm. The mesenteric fat is enhanced/hyperechoic surrounding both kidneys.

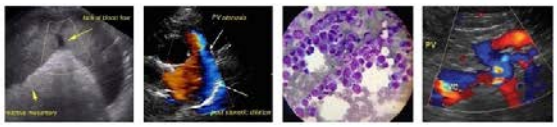
Adrenal Glands

The left adrenal gland is normal in size measuring 0.55 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.39 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. A homogeneous isoechoic nodule/capsular bulge approximately 0.80 cm in size is noted at the tail of the spleen. Splenic vasculature appears normal.



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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- **Hypersplenism with an isoechoic nodule/capsular bulge –** 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. Differentials for the nodule/capsular bulge are the same as for the diffuse change.

- **Chronic Kidney Disease –** This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc. The enhanced mesenteric fat surrounding both kidneys is suggestive of an acute on chronic process, potentially infectious in nature, as is seen with pyelonephritis versus other (i.e., toxin, etc.).

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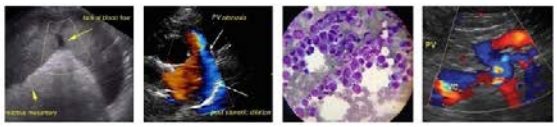

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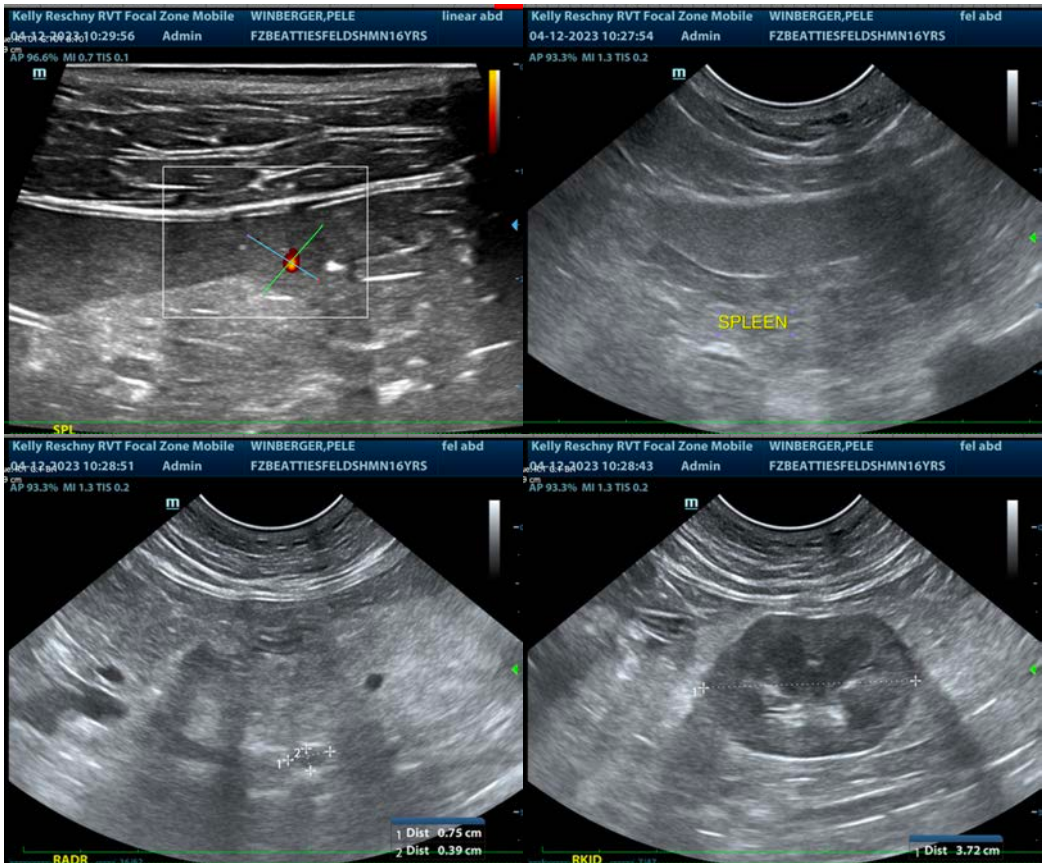
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further investigation of this patient's reported hypercalcemia is recommended, beginning with a malignancy panel to include PTH, PTHrP, and ionized calcium. A fine needle aspirate of the spleen could be considered if patient's coagulation status is appropriate.

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

Finally, pending results, occult gastrointestinal disease can be present with very minimal to no ultrasound changes. Therefore, further evaluation of digestion and absorption could be considered, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.



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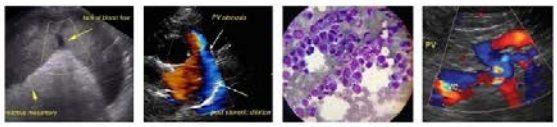

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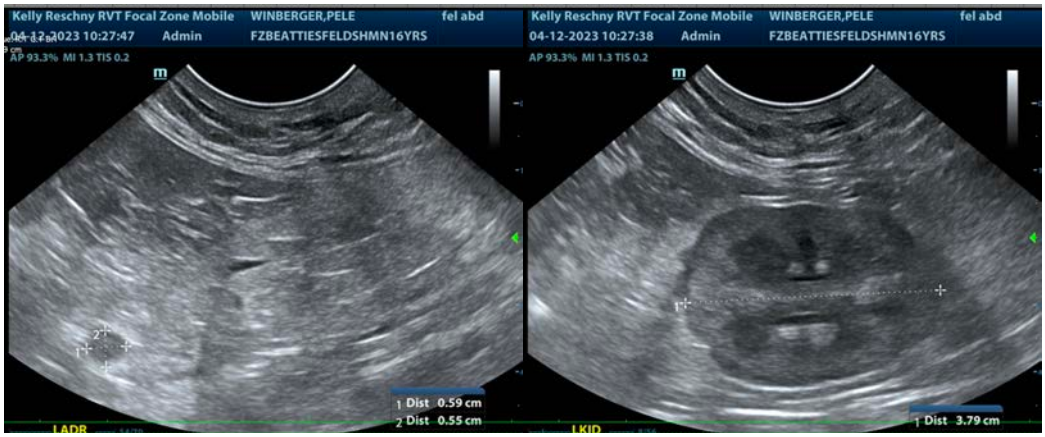

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com