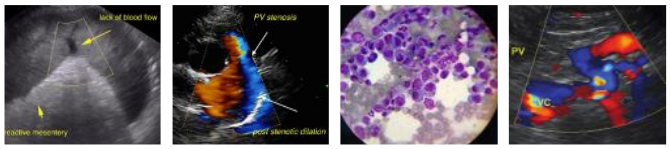
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™




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

**PATIENT**

Nausica Mullins

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

15 Years

**WEIGHT**

8.56 Pounds

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Miranda Fritz

**HOSPITAL NAME**

Waterbury VH

**REFERRING VET**

Miranda Fritz

**INVOICE**

22999

**DATE**

6/19/23

## PRESENTING CLINICAL SIGNS

History: P previously diagnosed with food allergies, atopy, and feline asthma. She had been maintained on a homemade diet, prednisolone 2.5mg EOD, and terbutaline 0.75mg BID for many years. She also receives gabapentin 25-50mg BID and solensia monthly for OA pain management. In Nov 2022 p diagnosed with CKD. She has been stable in stage II since that time, non-proteinuric, normotensive. Within the last month the o has noticed a decreased appetite, increased polyuria/polydipsia, lethargy and weight loss. No v/d/c/s. Most recent bw showed progression in azotemia (stage III) and newly elevated calcium. R/o progression of renal disease vs. neoplasia vs. other

Abnormal PE/Chem/CBC/UA Results: PE: BCS 4/9, lost 1lb in 4-6wks CBC: wnl Chem: SDMA 18, Creat 3.3, BUN 52, Calcium 11.8, chloride 105 UA: USG 1.023, pH 6.5 UPC: not indicated, no protein BP doppler average: 130mmHg MSU hypercalcemia panel: Pending (sent out today) Thoracic x-rays: chronic lower airway disease Abdominal x-rays: caudal sublumbar mass

## 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.

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 3.25 cm. The right kidney measures 3.2 cm.

### *Adrenal Glands*

Left adrenal gland is normal in size (0.27 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.33 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### *Spleen*

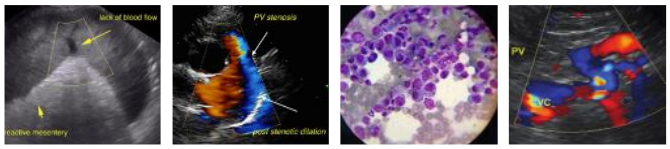
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

### *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. No focal lesions are observed. 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*



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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 normal in wall thickness and layering. 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 and layering. Contents are consistent with normal formed feces and gas.

### *Pancreas*

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

### Primary Findings

- The reported sublumbar mass seen on abdominal x-rays is not visible in these images at this time. There is one view, where there is a subtle hypoechoic 0.5 cm x 0.8 cm structure, that could be a mildly enlarged sublumbar lymph node, but the change is subtle, not confirmed in all views and does not match the size description of the reported radiographically visibly mass.

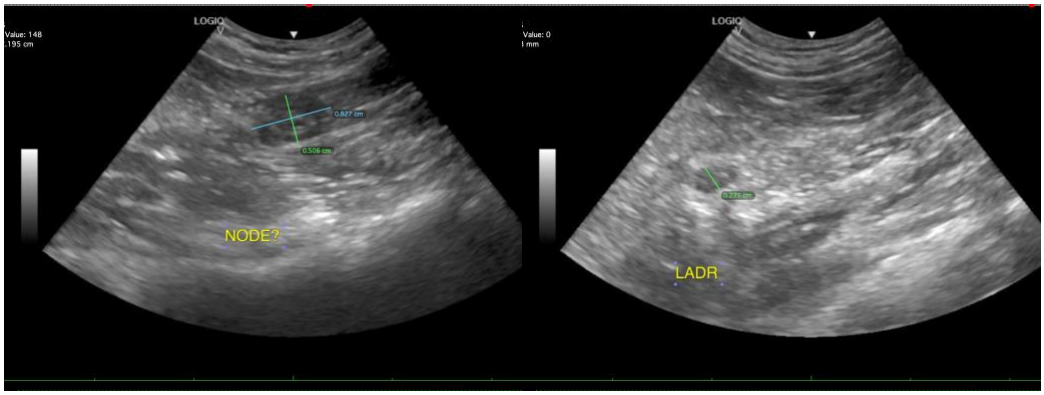
### Secondary Findings

- Otherwise, this is a relatively unremarkable/normal abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients newly progressive chronic kidney disease and hypercalcemia, further evaluation of the hypercalcemia via a malignancy panel, as is reportedly already pending, is recommended.

Regarding the possible sublumbar mass, it's either not present or simply isn't readily visible in these images. More advanced imaging, such as a contrast abdominal CT scan could be considered if available.



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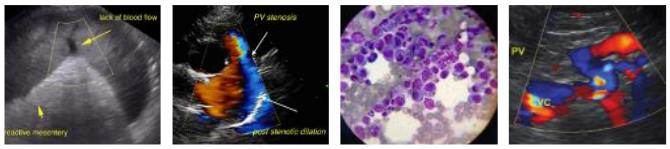

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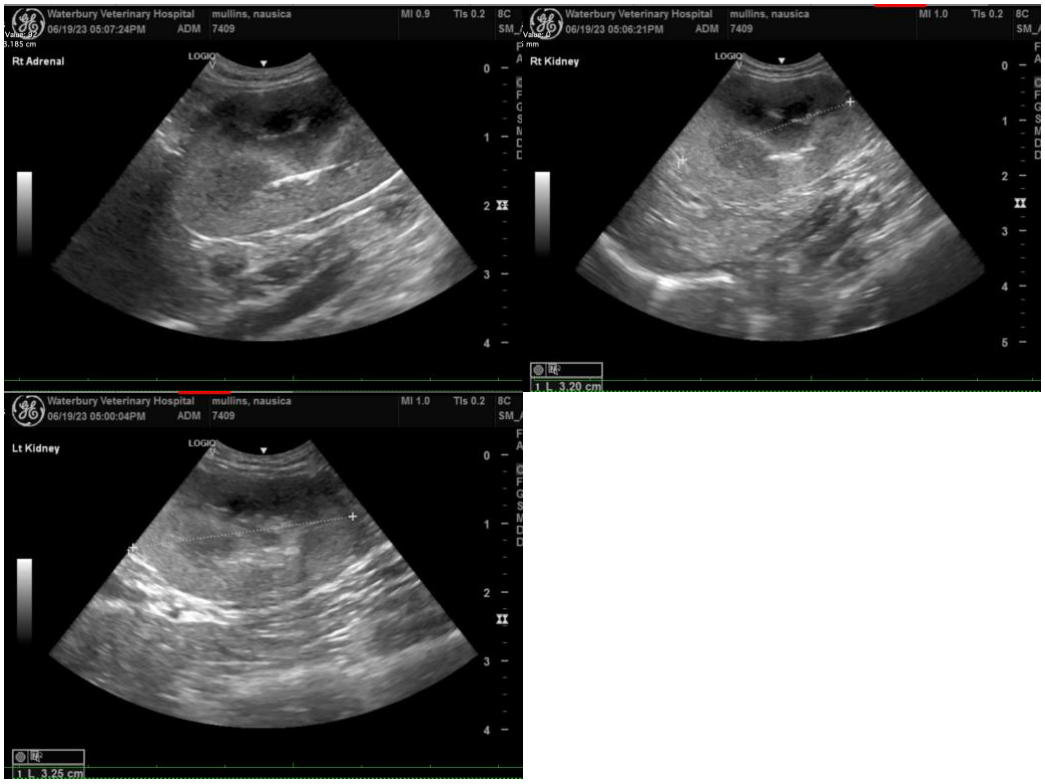


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**

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