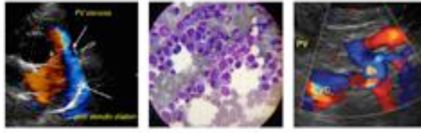
IMAGING PERFORMED BY
SVS Mobile Imaging 262-366-5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Dorian Power 51654A

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

5.84 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

Svs Imaging CT

REFERRING VET

Madison Veterinary Specialist

INVOICE

31273

DATE

6/28/22

PRESENTING CLINICAL SIGNS

History: Two weeks ago, Dorian began having sneezing episodes and epistasis, particularly from his left nostril. He has also been wheezing and this seems to have gotten significantly worse since last night. His pcDVM started him on enrofloxacin which they had discontinued and restarted today. He has subjectively been eating less and currently is not having any issues voiding. Dorian had an episode of constipation last week that lasted approximately 5 days. He has a history of IBD, hyperthyroidism and kidney disease. Current medications: Prednisolone TID Benazepril TID Methimazole SID Enrofloxacin started 6/20/22, 10 day course SQ Fluids on 6/24/22 Mirtazapine B12 SQ 6/24, 6/25
Abnormal PE/Chem/CBC/UA Results: pDVM bloodwork performed on 6/24/22 revealed a hyperalbuminemia 4.0, hypercalcemia 11.1, elevated PSL 39, remainder WNL. Ionized calcium performed on 6/27 was WNL at 1.2.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally normal in size, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The renal pelvises are mildly dilated with anechoic fluid and hyperechoic, thickened pelvic fat. The perinephric area is enhanced by hyperechoic fat in the mesentery. The left kidney measured 3.64 cm and the right kidney measured 3.9 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.28 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

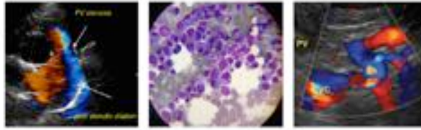
Right adrenal gland is normal in size (0.37 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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



PATIENT
Dorian Power 51654A

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
13 years

WEIGHT
5.84 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
Svs Imaging CT

REFERRING VET
Madison Veterinary Specialist

INVOICE
31273

DATE
6/28/22

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

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 intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. 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 in size with swollen irregular contour. Parenchyma is heterogenous characterized by hyperechoic tissue remodeling intermixed with ill-defined hypoechoic nodules. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion noted in these images. Hypoechoic, reactive gastric lymph node is prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

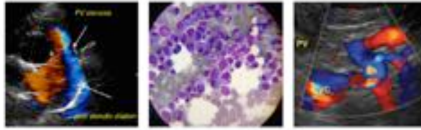
ULTRASONOGRAPHIC FINDINGS

Primary Findings

Chronic Kidney Disease – This appearance of the kidneys is consistent with chronic kidney disease such as chronic pyelonephritis and non-obstructive dystrophic mineralization bilaterally.

Inflammatory bowel disease pattern (IBD) - This finding has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No concurrent lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probably, but lymphoma cannot be definitively ruled out without tissue sampling.

Pancreatic nodular hyperplasia – Infiltrative neoplasia cannot be ruled out but is considered less likely.



PATIENT

Dorian Power 51654A

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

5.84 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

Svs Imaging CT

REFERRING VET

Madison Veterinary Specialist

INVOICE

31273

DATE

6/28/22

Secondary Findings

Urinary bladder debris.

Reactive gastric lymph node – infiltrative neoplastic disease cannot be ruled out but is considered less likely

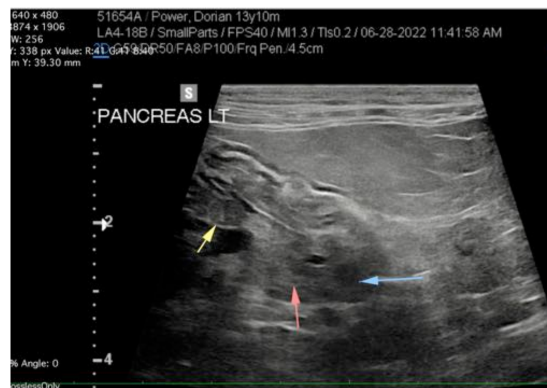
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

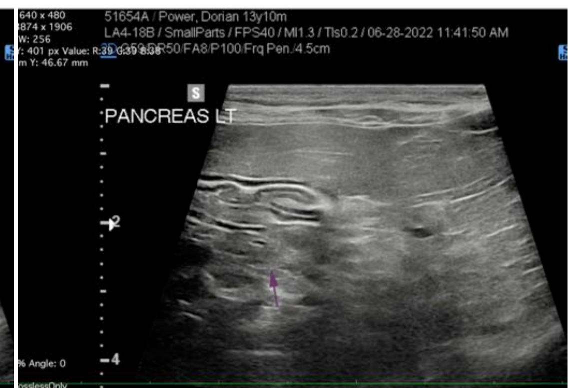
The ultrasound findings are consistent with this patient's reported inflammatory bowel disease and chronic kidney disease. The cause of the reported inappetence could be a combination of an inflammatory bowel disease flare up, but can also be related to a urinary tract infection or episode of pyelonephritis given the enhanced fat around the kidneys, which is suspected for an acute inflammatory response. Therefore, recommendations include:

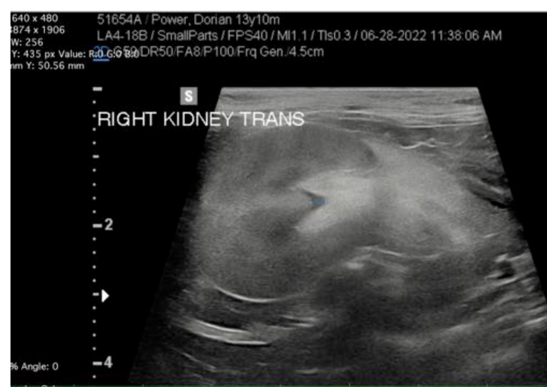
Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended. Blood pressure measurements are also recommended if not recently evaluated.

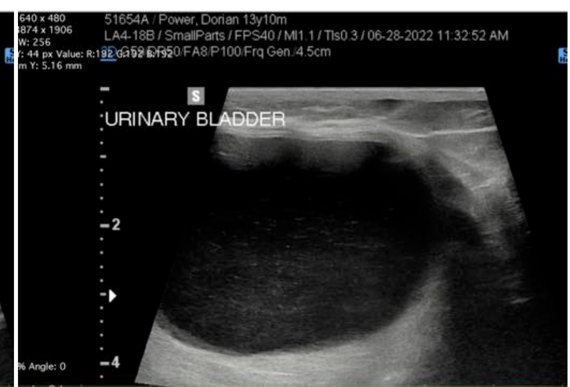
The reported inappetence can also be secondary to the upper respiratory disease and given the epistaxis advanced imaging such as a CT scan +/- rhinoscopy with biopsies can be considered for further evaluation of that area.

In the meantime, empirical therapy for pyelonephritis with broad spectrum antibiotics as well as anti-emetics, gastroprotectants and appetite stimulant +/- fluid therapy if indicated is recommended.



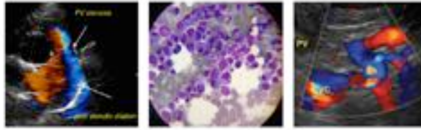






IMAGING PERFORMED BY

SVS Mobile Imaging 262 - 366 - 5970
fredgromalak@gmail.com



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Dorian Power 51654A

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

5.84 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

Svs Imaging CT

REFERRING VET

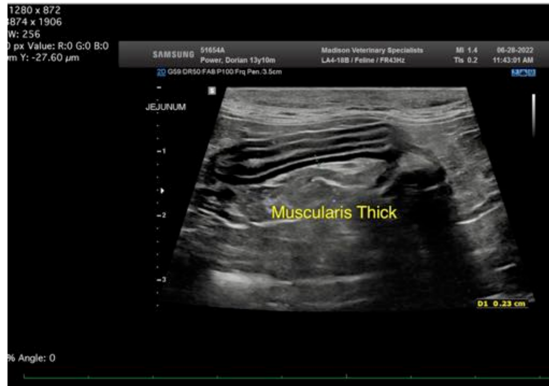
Madison Veterinary Specialist

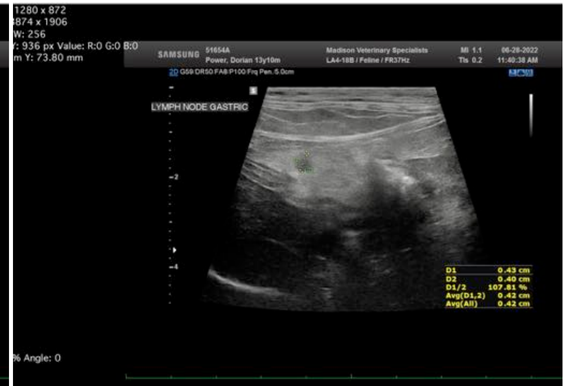
INVOICE

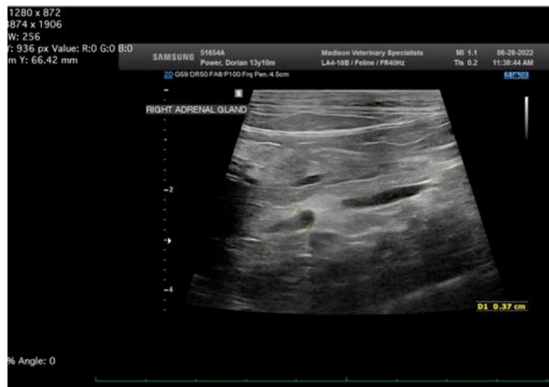
31273

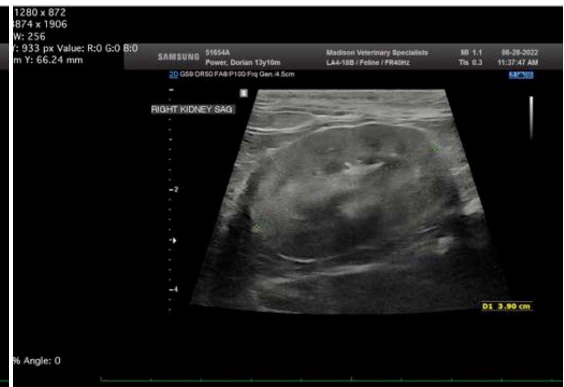
DATE

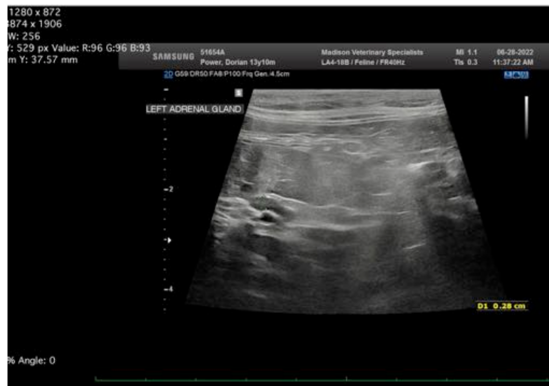
6/28/22

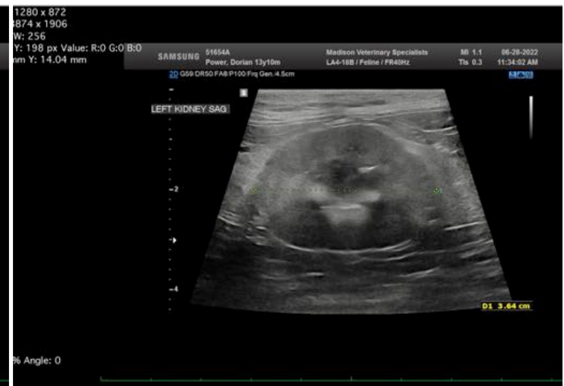












The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

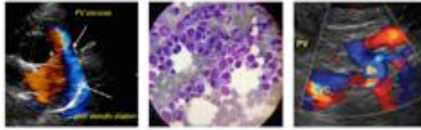
Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com

IMAGING PERFORMED BY

SVS Mobile Imaging 262 - 366 - 5970
fredgromalak@gmail.com



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Dorian Power 51654A

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

5.84 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

Svs Imaging CT

REFERRING VET

Madison Veterinary Specialist

INVOICE

31273

DATE

6/28/22