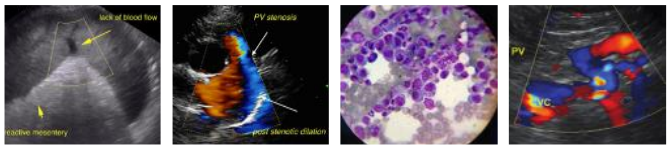
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Pixie Larson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

7.88 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Badigian

INVOICE

17477

DATE

9/27/22

PRESENTING CLINICAL SIGNS

History: Brief History: o found p on floor unable to move at 8pm on 9/27, absent PLRs, slight menace, appears visual, face planting, absent CPS on fl, slow cp on FR, some acute neuro injury

Abnormal PE/Chem/CBC/UA Results: acutely altered. alter but not fully congnitive front limb ataxia CP deficits: absent FL, slow to absent FR_ face planting, see ocular notes. motor intact x4. Respiratory effort: _mild tachypnea_ increased BV sounds with wheezing CBC = HCT 52%, WBCs 18.93k, mild to moderate neutrophilia 16.66k, Platelets 98k (clot visible in tube) chem17 = TP 9.0, Glob 5.8. all other wnl. Crea 1.4, ALT 66, ALP 34, Tbili 0.5, Gluc 158, lytes = Na 173, all other wnl. K 3.7 UA = USG 1.034, pH 6.0, WBCs <1/hpf, suspect cocci bacterial confirmation kit = none seen vcheck ProBNP =88.9, wnl. T4 = wnl 2.1, SDMA = high 29

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 bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. The right kidney (more affected than the left) is small, measuring 2.1 cm. The left kidney is normal in size, measuring 3.77 cm. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The area of the left adrenal gland is examined without evident pathology.

Right adrenal gland is normal in size (0.28 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.

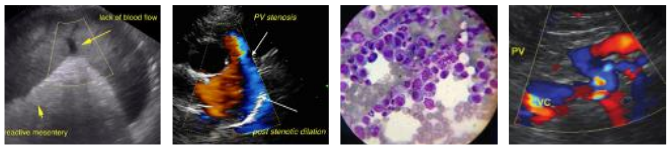
Liver

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. Several different masses are noted in the liver, characterized by a mixed echogenicity, primarily hyperechoic in echogenicity but containing multiple cysts of varying sizes. The nodules/masses measure approximately 1.5 cm – 2.0 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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.



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There is 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

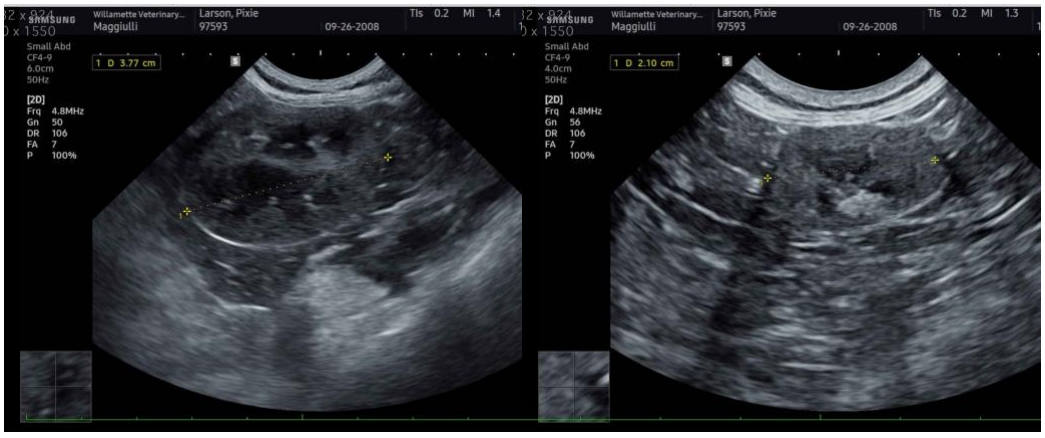
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Chronic Kidney Disease – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- Feline biliary cystadenomas – In a senior cat, these liver lesions are most consistent with multiple benign biliary cystadenomas. 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

Given the evidence of kidney disease combined with the neurologic presentation, a blood pressure is recommended if not recently evaluated. Further recommendations include potential work up for possible infectious diseases that could result in the neurologic signs, as well as potentially infiltrative neoplastic diseases, such as lymphoma, especially given the reportedly high globulin count that may cause CNS signs. Considerations could include advanced brain imaging, such as an MRI and/or CSF sampling.



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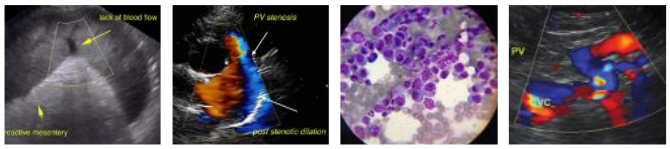

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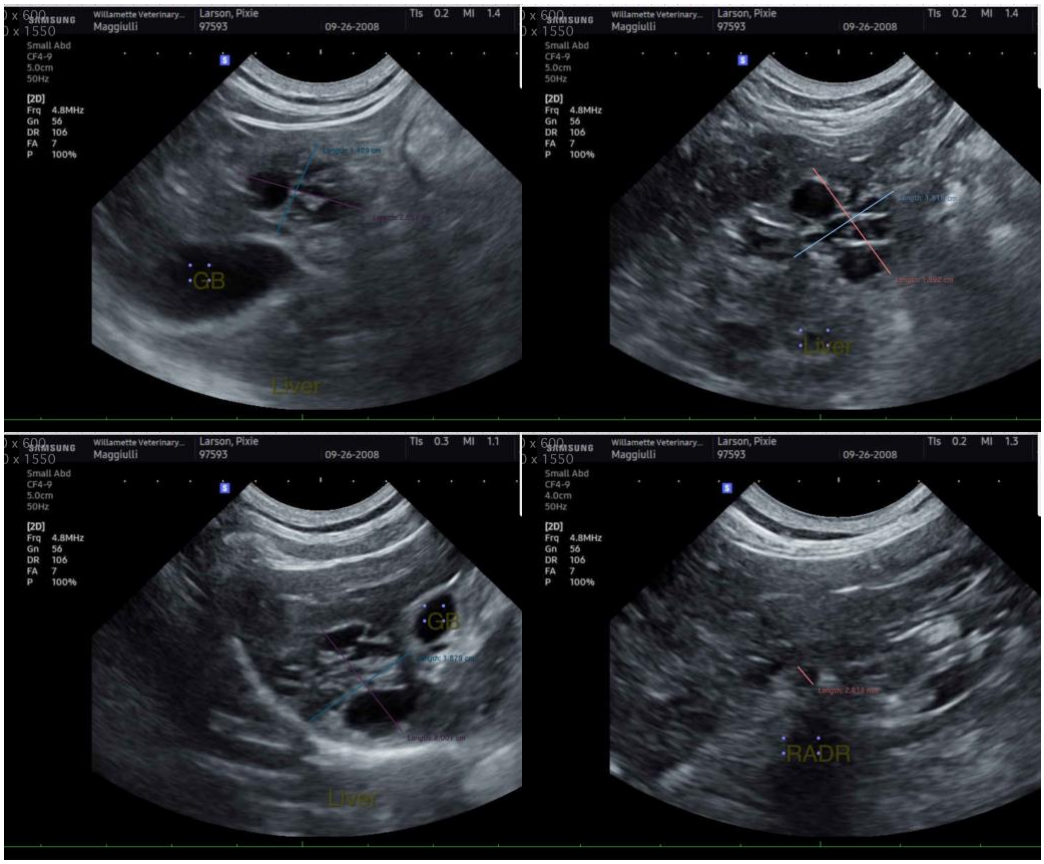

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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