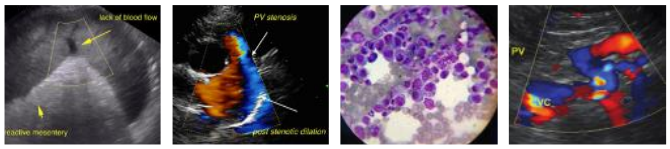
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Karma Barbour

SPECIES

Feline

BREED

Siamese Mix

SEX

Spayed Female

AGE

10

WEIGHT

7.2

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Susan Lincoski, VMD

HOSPITAL NAME

University Drive VH

REFERRING VET

Susan Lincoski, VMD

INVOICE

22044

DATE

4/17/23

PRESENTING CLINICAL SIGNS

History: Diarrhea, longstanding. Urinating out of box historically, sometimes blood noted. Weight loss noted. Had not seen her in 2 years prior to this complaint.

Abnormal PE/Chem/CBC/UA Results: Hematuria, 1+ protein, SG>1.050 (free catch sample). CBC and Chem WNL, including SDMA, and T4=1.7. Fecal was negative (Idexx fecal DX). Thin cat, fluidly bowel loops otherwise unremarkable exam.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Mobile debris present in the urinary bladder. Correlate clinical significance with urinalysis findings. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have an irregular capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The right kidney measured 3.23 cm. The left kidney measured 2.65 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.64 cm in length x 0.27 cm at the caudal pole. The right adrenal gland measured 0.79 cm in length x 0.32 cm at the caudal pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

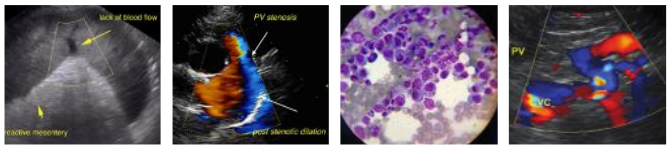
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing gravity dependent debris present. There is no surrounding free fluid or signs of active inflammation.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 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



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layering maintaining the typical 1:3 muscularis:mucosa layer ratio. 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 base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

Prominent lymph node in image labeled “Right BIF” suspected to represent a mesenteric lymph node. Lymph nodes is prominent with normal echogenicity and maintenance of normal width to length ratio

Free Abdomen

No masses or free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Degenerative renal changes
- Urinary bladder debris
- Prominent mesenteric lymph node
- Gall bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlate clinical significance of urinary bladder debris with urinalysis finding. Urine culture is recommended to rule out occult urinary tract infection. Renal changes are likely age related degeneration. Renal function is likely adequate given normal urine concentration and renal values.

Promotion of increased water intake with canned food and access to water fountains and urinary health diets (hills c/d, royal canin urinary S/O, purina proplan UR, etc) may be useful if clinically indicated.

Lymphadenopathy with maintenance of normal structure may be a variation of normal or may represent infectious lymphadenitis (bacterial, viral, protozoal or less likely fungal infection), reactive lymphadenitis (parasitism, migrating foreign body), or less likely infiltrative disease (lymphoma, MCT, other) among other things. Lymph node aspirate and culture is recommended to further define this change. Serial imaging for monitoring for progression or resolution of lymphadenopathy is recommended.

Gall bladder debris is likely an incidental finding and is often subclinical and often does not warrant specific treatment or further investigation. Correlate clinical significance with bloodwork findings and clinical signs. Serial imaging for monitoring could be considered especially if liver enzymes subsequently become elevated.

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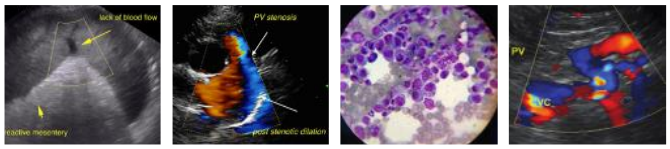

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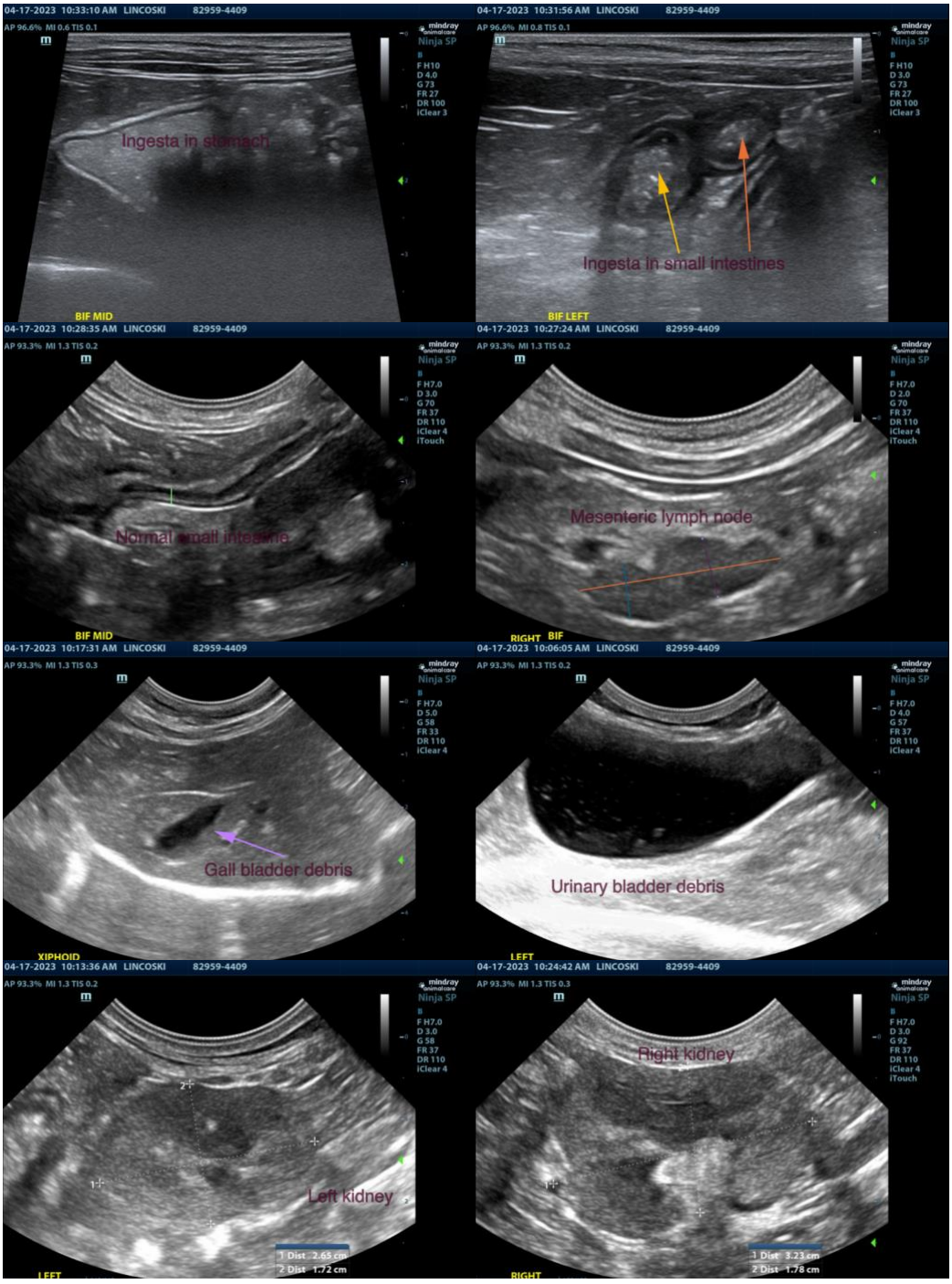

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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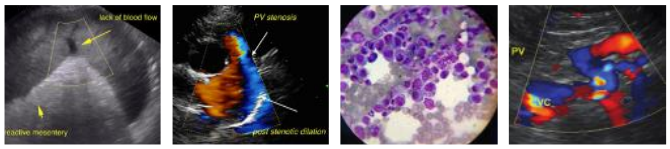

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