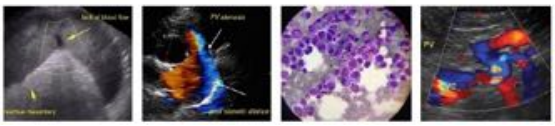


PATIENT

Missy Morrison

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

17 years

WEIGHT

3.81 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Lynden AC

REFERRING VET

Dr. Collins

INVOICE

42617

DATE

2/7/23

PRESENTING CLINICAL SIGNS

3 month history of poor appetite, weight loss, BMs outside the litterbox. No abnormal findings on bloodwork. Current Medications Mirtazapine 2 mg PO q 24 hrs
Abnormal PE/Chem/CBC/UA Results: BW-WNL

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. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition with approximate maintenance of normal ratio (cortex 1/3 of medulla). No evidence of pelvic dilation was present. The left kidney measured 3.57 cm and the right kidney measured 3.84 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 0.51 cm in length and 0.29 cm at the caudal pole. The right adrenal gland measured 0.47 cm in length and 0.28 cm at the caudal pole.

Spleen

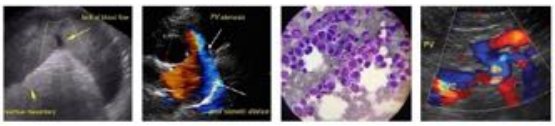
Spleen is diffusely enlarged with slightly mottled parenchyma and smooth capsule with no specific nodules or masses seen.

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. Gall bladder contains two smooth roughly ovoid non-shadowing echogenic accumulations on the gravity dependent dorsal wall, one in the apex measuring 0.66x042cm and one that appears settled in the neck of the gall bladder and extending into the lumen measuring 0.55x1.3cm. The remainder of the gall bladder walls appear normal with no surrounding inflammation and no thickening. They do not appear attached to the gall bladder wall and are most consistent with organized accumulations of sludge.

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



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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. 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

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

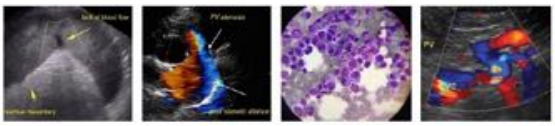
Primary Findings

1. Splenomegaly
2. Gall bladder organized, accumulated sludge/debris
3. Degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenomegaly is concerning for infiltrative disease such as lymphoma or mast cell tumor especially given concurrent weight loss. Inflammation, extramedullary hematopoesis, effect of sedative medication or other benign reactive changes are also very possible and no capsular or parenchymal changes are suggestive of neoplasia. Splenic aspirate is recommended to further characterize.

In the absence of microscopic splenic pathology, there is no ultrasonographically evident cause of reported GI signs in this abdominal study. Pancreas and GI tract are within normal limits. Consideration for dietary indiscretion, food sensitivity/allergy or mild inflammatory bowel disease is reasonable. While not sonographically evident, pancreatitis cannot be completely ruled out. Empiric treatment for GI signs including anti-nausea, appetite stimulant and fluid support as clinically indicated is warranted. A diet trial with hydrolyzed protein or select protein diet could be considered if food sensitivity is suspected clinically. If signs are persistent or recurrent, additional diagnostics to be considered include GI panel



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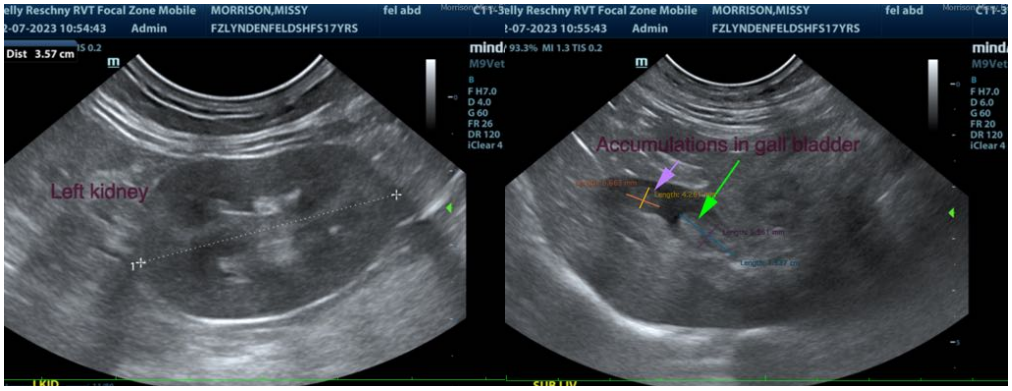
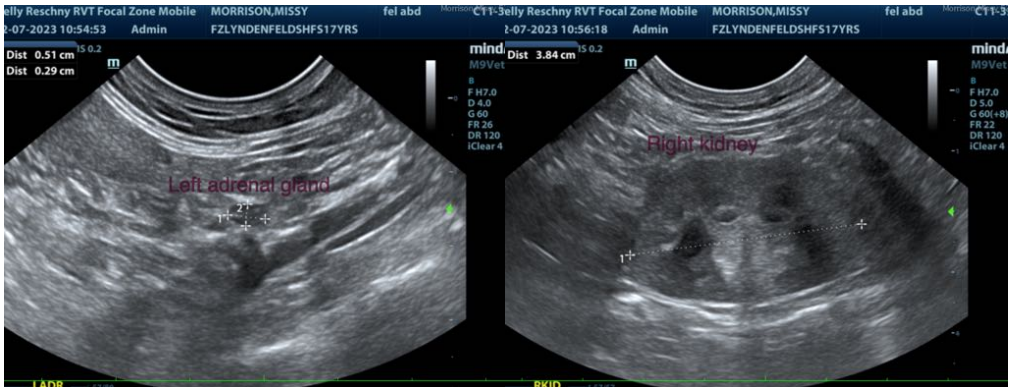
(TLI/PLI/cobalamin/folate), fecal pathogen panel, thyroid testing, bile acid profile, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes. Ultimately GI biopsy may be required for more definitive diagnosis if the patient is not responsive to medical treatment.

Gall bladder mass effect is most strongly suspected to represent organized accumulations of gall bladder sludge, which in the absence of cholangitis or bloodwork changes is an incidental finding and an unlikely cause of clinical signs. Masses in the wall of the gall bladder are rare, and gall bladder wall mass is not strongly suspected based on these images. These areas could represent benign biliary adenomas, papillomas, biliary polyps, or biliary carcinoma among other things. Reimaging with doppler flow over the areas may help differentiate tissue from accumulated sludge. Alternatively, serial imaging to monitor for progression is reasonable.

Renal changes are likely age related degeneration. Correlate clinical significance with blood work/urinalysis findings and clinical signs.





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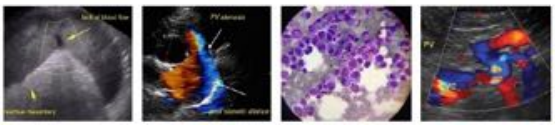

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289-808-2608 info@thefocalzone.com

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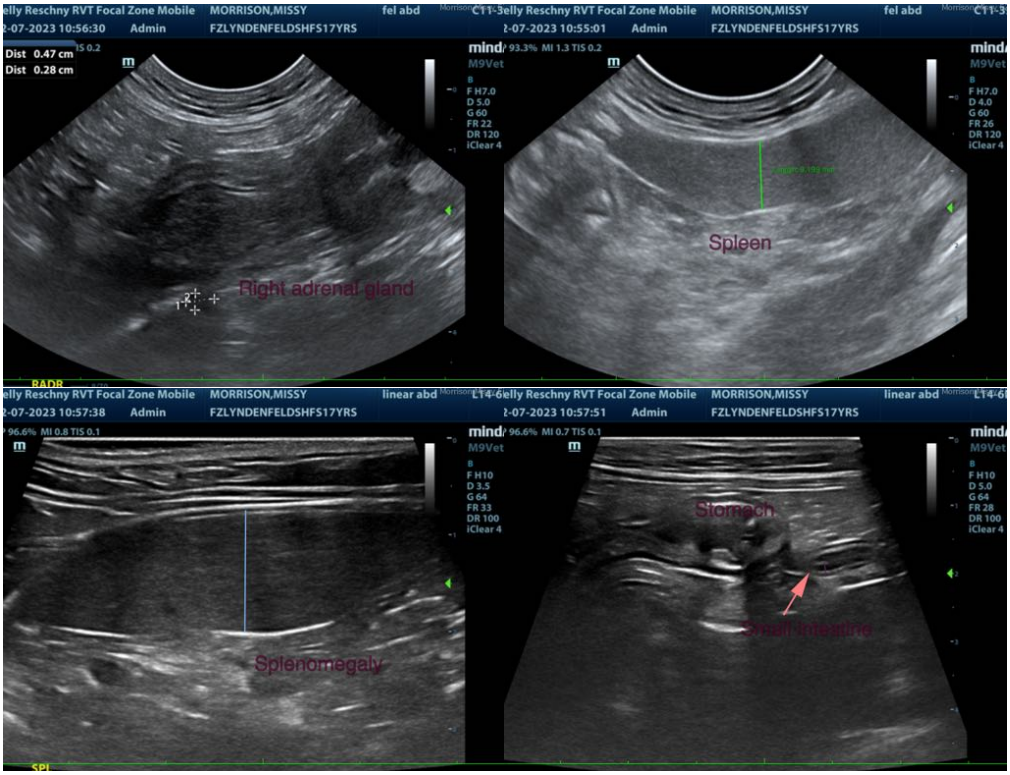

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com