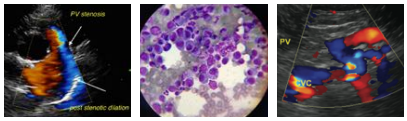
IMAGING PERFORMED BY

IntraPet.com



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

DATE

10/17/22

PATIENT

Aslan Nuttall

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9/13/05

WEIGHT

13.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Notarangelo

INVOICE

40100

PRESENTING CLINICAL SIGNS

Previous history of calcium elevation and heart murmur evaluated at another hospital. Pet presented 10/4/22 for inappropriate urination and defecation. Stable kidney changes and persistent calcium elevation but new anemia. Heart murmur unchanged at 2/6 PMI L apex, had been previously recommended to recheck in 6-12 months.
Current Medications: miraţaz transdermal as needed
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: 4/6/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Bladder sand and urethral debris. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.98 cm with corticomedullary mineralization. Subnormal color flow signals, consistent with chronic disease. The right kidney revealed progressive dystrophic changes with pelvic calculus and cortical collapse. The right kidney measured 3.93 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.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** presented diffuse nodular changes with remodeling and increased portal markings. This is a completely new presentation compared to the prior sonogram. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

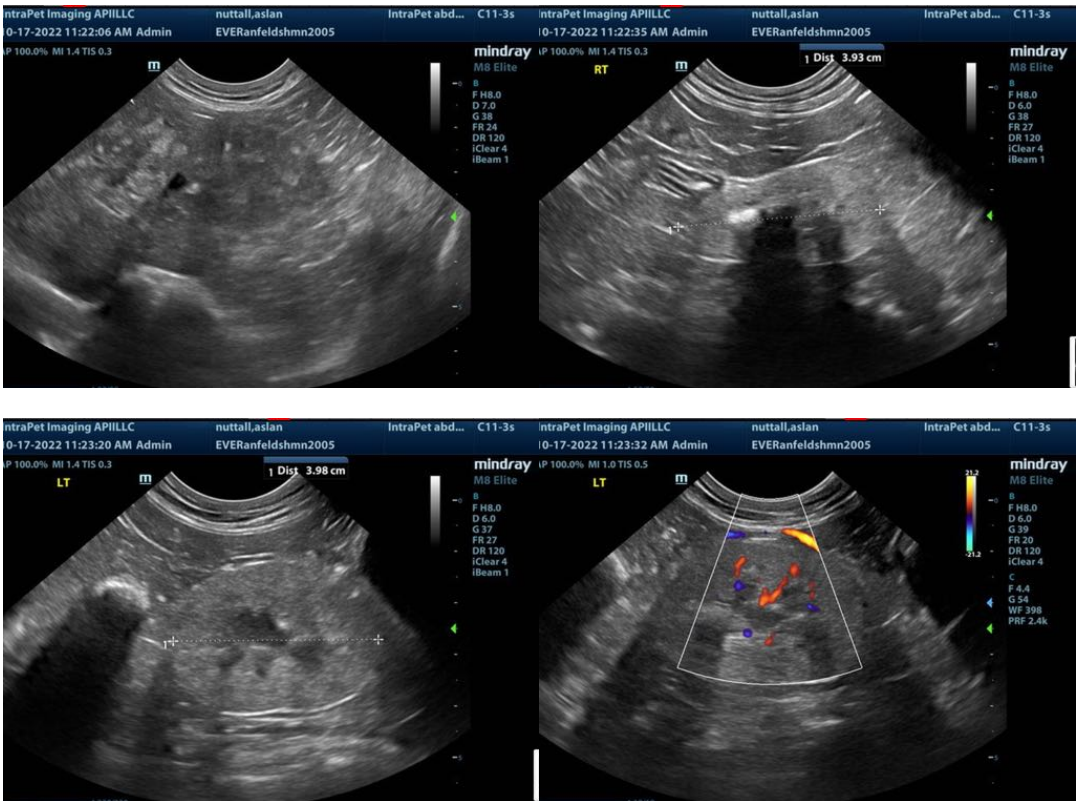
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

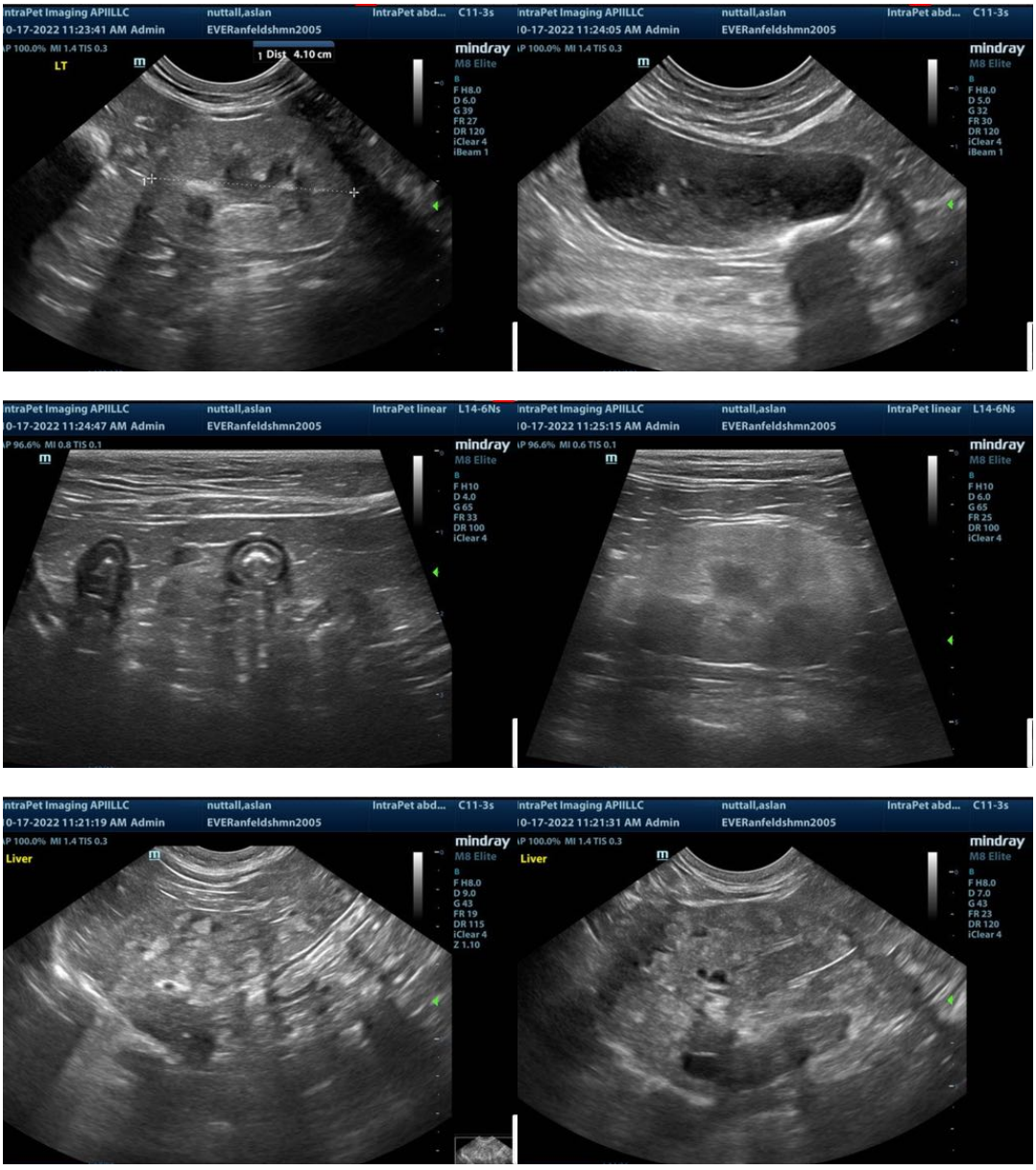
ULTRASONOGRAPHIC FINDINGS

Interstitial nephrosis pattern, similar to the prior sonogram. Progressive dystrophic right renal changes, persistent interstitial nephrosis.
Bladder sand present similar to the prior sonogram and measured up to 1.0 cm with suspended debris.
Expansive, mixed, echogenic masses noted. Diffuse liver disease with suspicion for diffuse neoplasia, new development compared to the prior sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver and bile acid profile is indicated. The prognosis is extremely guarded depending upon cytology results. Chronic inflammatory disease with pronounced nodular hyperplasia of the liver is possible, but extremely rare in cats.





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.

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