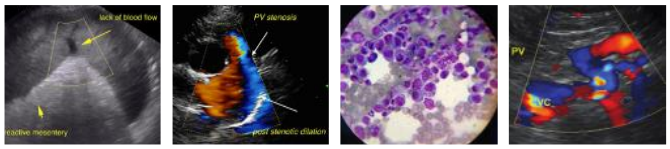
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Homer Baker

SPECIES

Feline

BREED

Feline

SEX

Domestic Shorthair/Siamese Mix

AGE

14 ½ years

WEIGHT

11 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Nelson

INVOICE

14861

DATE

4/22/22

PRESENTING CLINICAL SIGNS

Came in on 4-11-22 for flea med toxicity. Hospitalized with supportive care. Came back on 4-21: . Pt started V+ on Tuesday (2 days prior). Pt hasn't E today, barely ate yesterday. Pt is throwing up bile. Pt was drinking a little water today and yesterday. Pt has been shaking. O reports pt seems to be in pain and not comfortable. O switched food last Wednesday. (a week ago) Sent home 4-21 with cerenia; but continued to vomit

Abnormal PE/Chem/CBC/UA Results: In house basic labs on 4-11 were unremarkable

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. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 moderate chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.3 cm. Hyperechoic medullary rim signs noted in the kidneys. Blood flow to the kidneys was subjectively subnormal on color flow assessment. Infarcts were also noted.

Adrenal Glands

Both **left adrenal gland** was 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 0.4 cm.

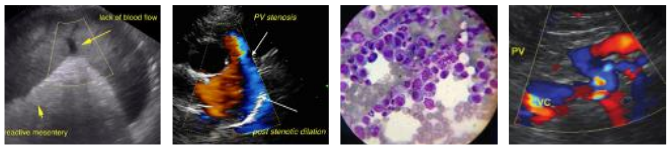
The region of the **right adrenal gland** revealed no evident pathology.

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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially



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normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** itself was unremarkable. The cecum was slightly thickened in this patient, adjacent to the mesenteric lymph nodes. This area should be monitored for potential emerging neoplasia. Soft stool was noted in the cecum and colon.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

The mesenteric **lymph nodes** (up to 5.0 mm x 3.0 mm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Ileocecal thickening with fluid filled cecum and colon
- Chronic interstitial nephrosis pattern with infarcts and medullary rim sign
- Age-related hepatic and pancreatic changes
- Slight mesenteric lymphadenopathy
- The remainder of the abdomen was unremarkable

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm most concerned about the kidney structure in this patient and long-term viability. Renal values should be monitored carefully. Supportive care for GI upset is indicated. Chronic typhlitis with reactive lymph nodes likely. Possibility of emerging carcinoma. Pain management and broad-spectrum antibiotics (such as enrofloxacin/clindamycin or enrofloxacin/metronidazole combination) indicated. Physical exam monitoring of the mid abdomen for discomfort recommended. Recheck sonogram recommended in one week. The cecal thickening may necessitate resection.

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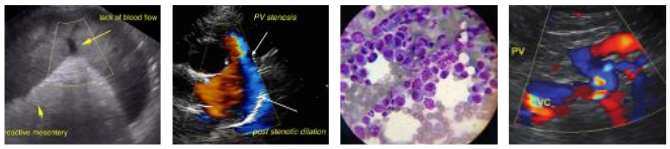

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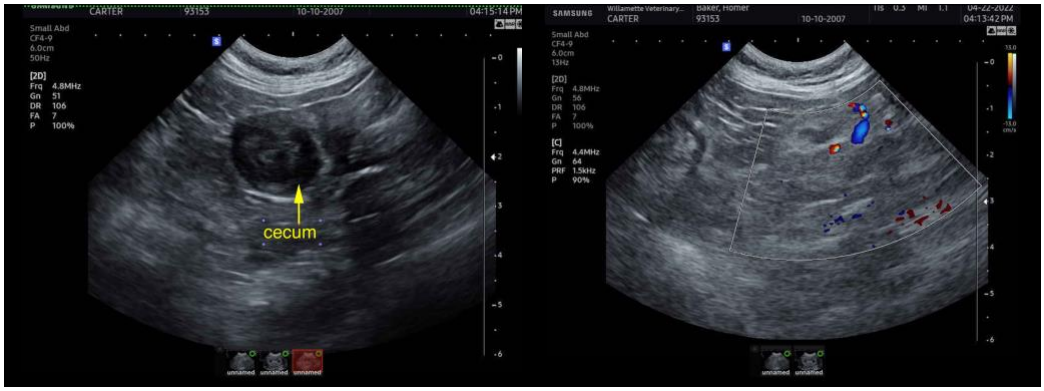

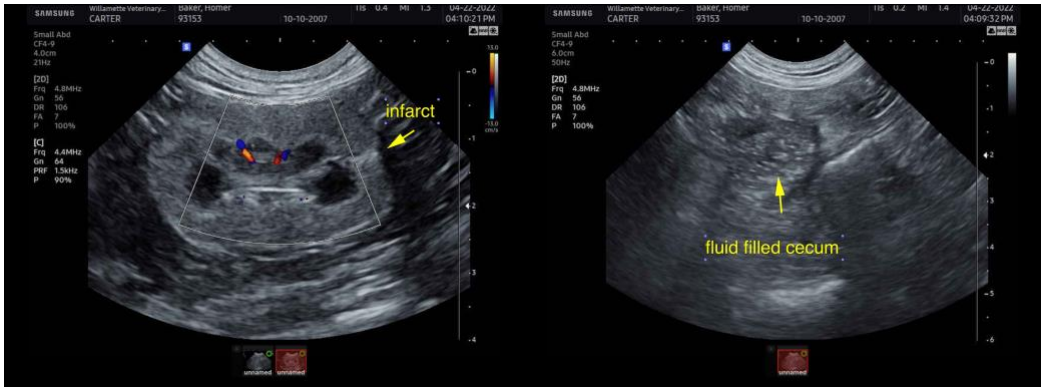

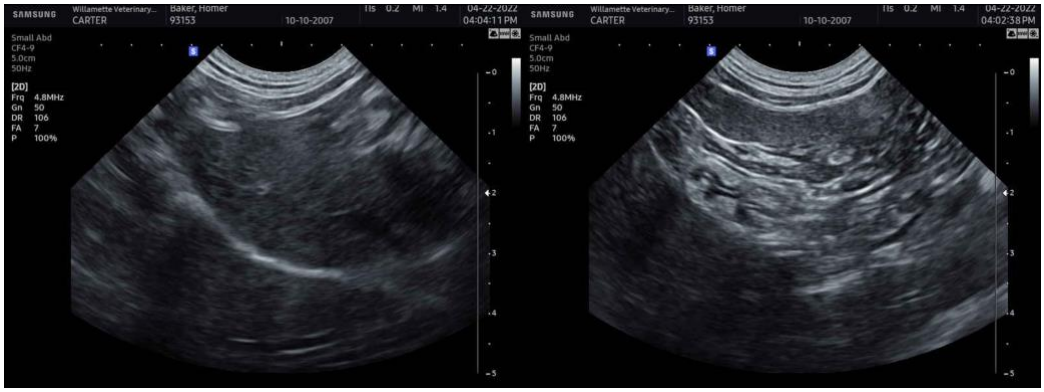

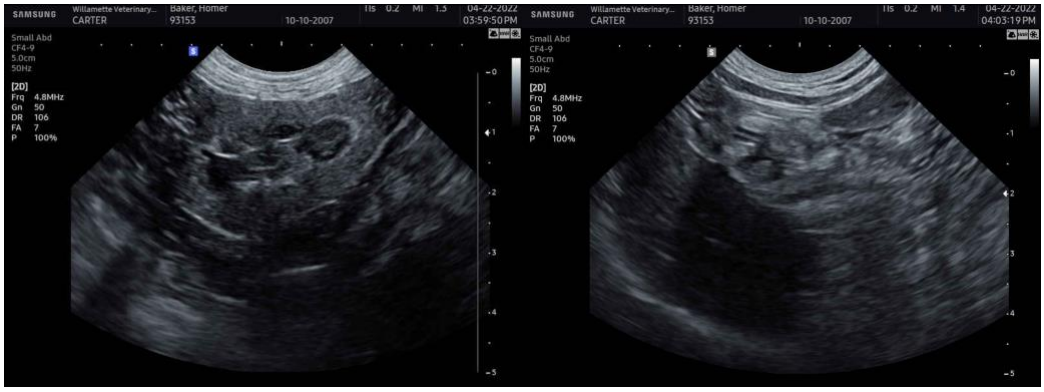

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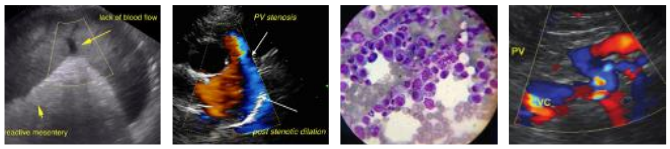

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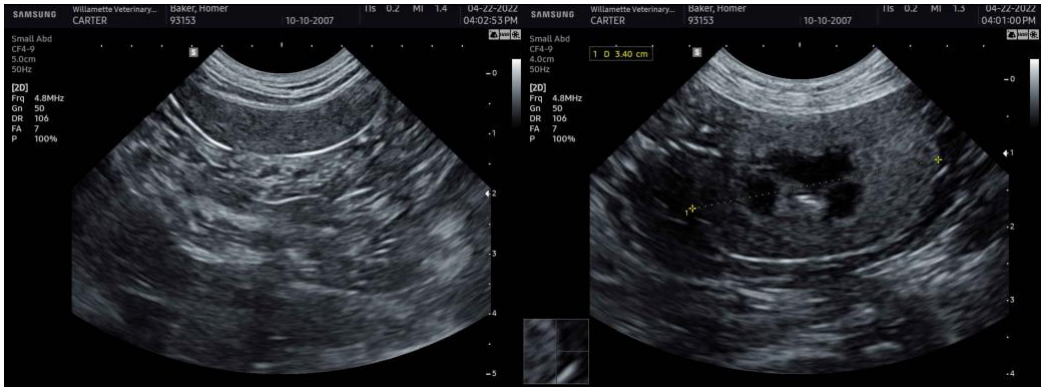

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com