SonoPath
Clinical Sonography & Telecytology
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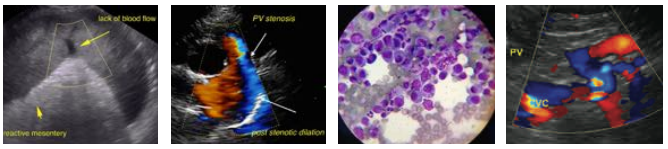

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Elliot Brownell

SPECIES
Feline

BREED
Domestic Longhair

SEX
Neutered male

AGE
10 years

WEIGHT
10 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Hunt

HOSPITAL NAME
Bayshore VH

REFERRING VET
Dr. Hunt

INVOICE
99976

DATE
4/28/22

PRESENTING CLINICAL SIGNS

poor app.
Abnormal PE/Chem/CBC/UA Results: HCT 10%, non regen. platelets fine. Profile fine. U/A1.055, some rbc's but cysto.

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.0 cm. The right kidney measured 3.5 cm with slight mineralization.

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** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** is slightly coarse in architecture. The hepatic veins were dilated. Passive congestion hepatic pattern was noted. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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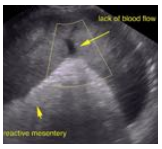
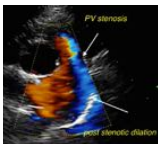
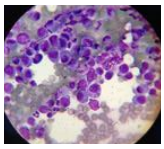
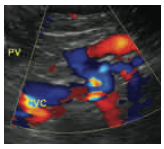

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Pancreas

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.

Free Abdomen

A moderate amount of free fluid was noted in the abdomen.

Heart

Rapid view of the heart revealed right-sided cardiac enlargement and mild pericardial effusion as well as thoracic effusion and multi-focal lung consolidations. Both left and right atrial enlargement was noted.

ULTRASONOGRAPHIC FINDINGS

Left and Right-sided atrial enlargement.

Pericardial and thoracic effusion.

Free fluid in abdomen.

Coarse liver with hepatic vein dilation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history I recommend thoracocentesis and cytospin of the free fluid to assess for exfoliating neoplasia. Full echocardiogram is recommended to assess for right-sided failure causing secondary ascites in the abdomen. There is no obvious evidence of neoplasia in the abdomen. The primary issue is likely thoracic +/- bone marrow given the patient's history. Obstructive caudal thoracic disease such as lung masses should be considered. Palliative therapy with Lasix can be considered; however, assessment for thoracic neoplasia is warranted with cytospin of the pleural effusion.

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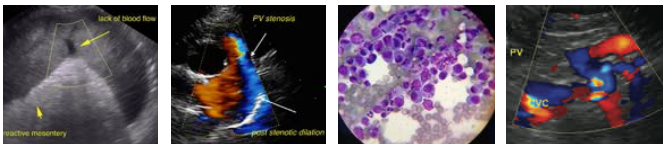

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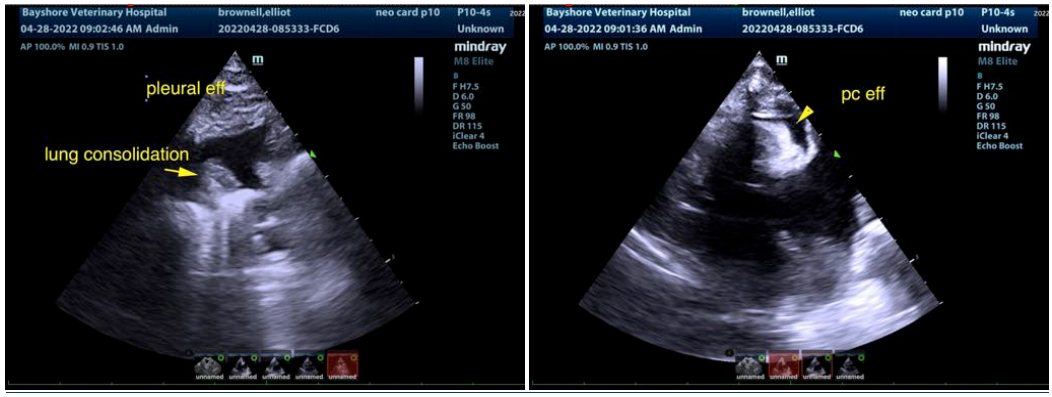

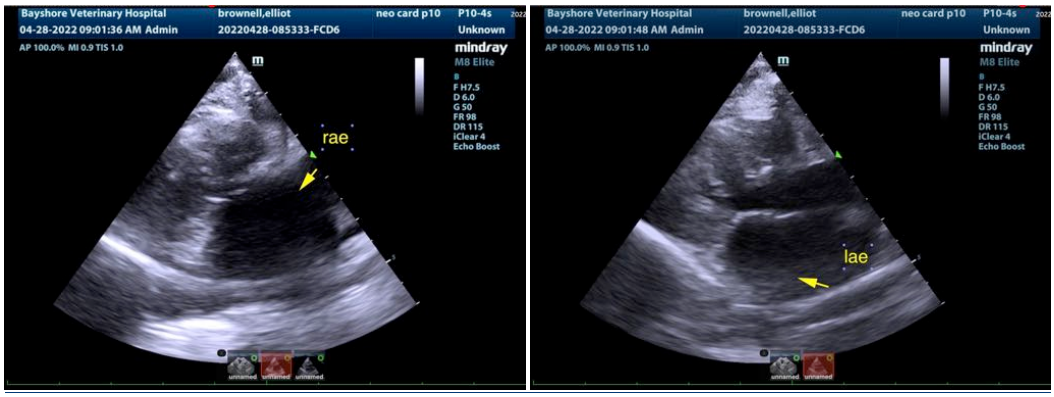

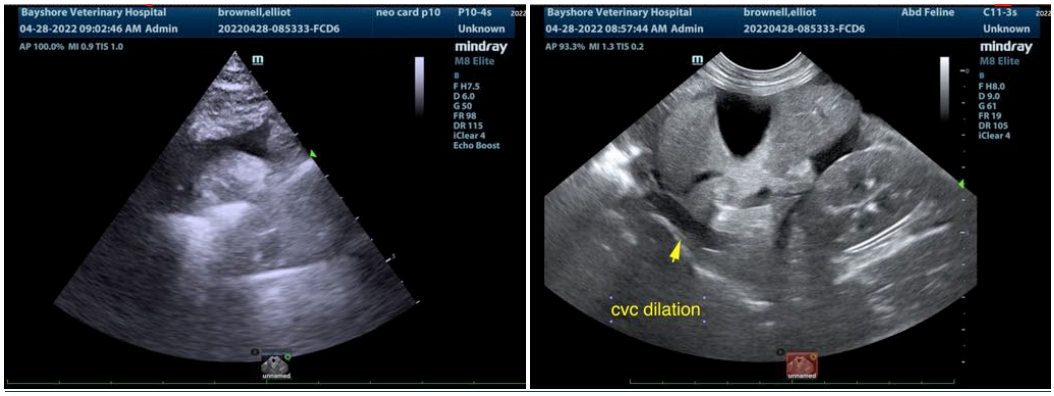

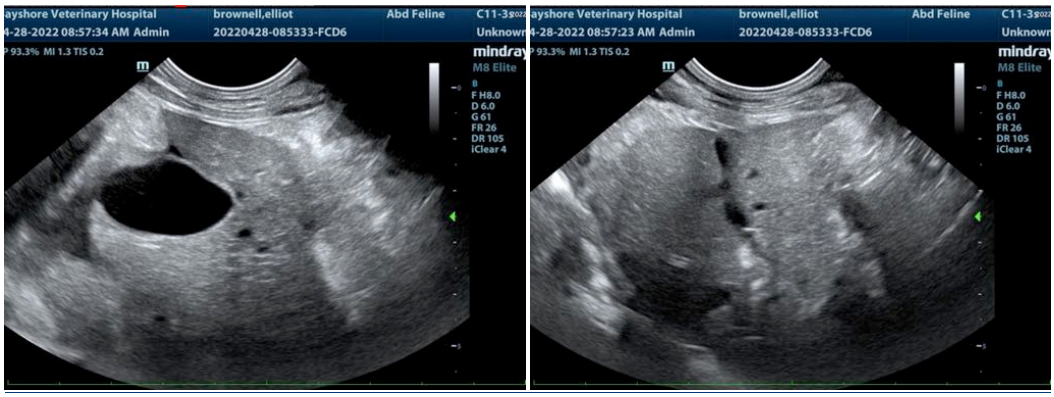

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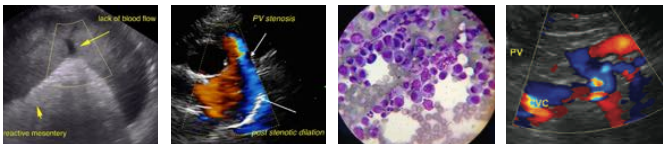

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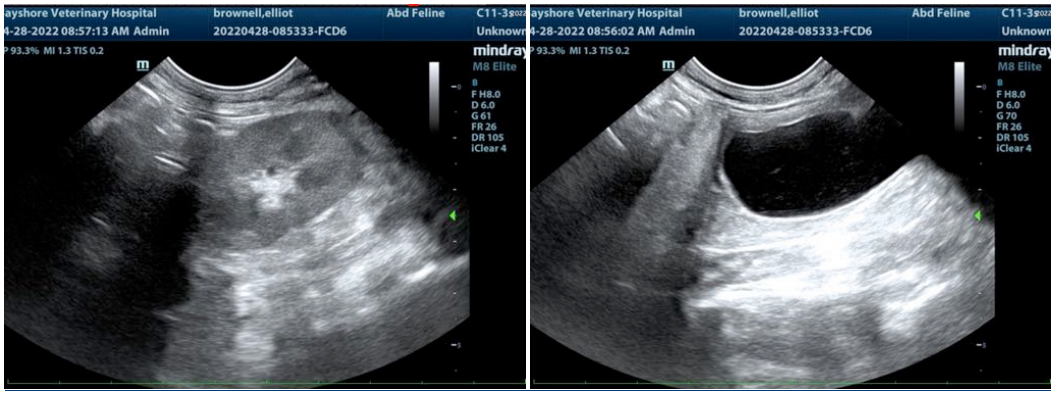

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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