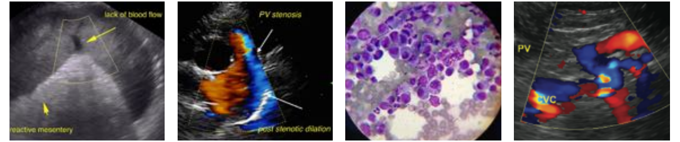
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Mary Ann Renda

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

6.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. deCordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. deCordon

INVOICE

31912

DATE

7/26/22

PRESENTING CLINICAL SIGNS

History: - o concerned pt has some type of blockage --> tree with plastic leaves, o says she chews on them sometimes - decreased appetite and not drinking much - jaundice, fever - going to the bathroom like normal, stools have been hard
Abnormal PE/Chem/CBC/UA Results: Icteric mucous membranes Tachycardia on presentation Moderately dehydrated Weight loss Anorexia

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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted in both kidneys. The left kidney measured 3.86 cm. The right kidney measured 3.99 cm. Pericapsular inflammatory pattern was noted around both kidneys. Assessment for nephritis is indicated.

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.

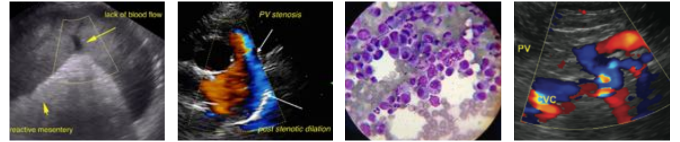
Spleen

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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal



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Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal thickening was noted without loss of mural detail. The mesenteric lymph nodes are enlarged, irregular and hypoechoic with hyperechoic surrounding fat at the ileocecal junction. The area was nebulous and poorly defined owing to reactive mesentery. The largest lymph node measured 1.5 cm.

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

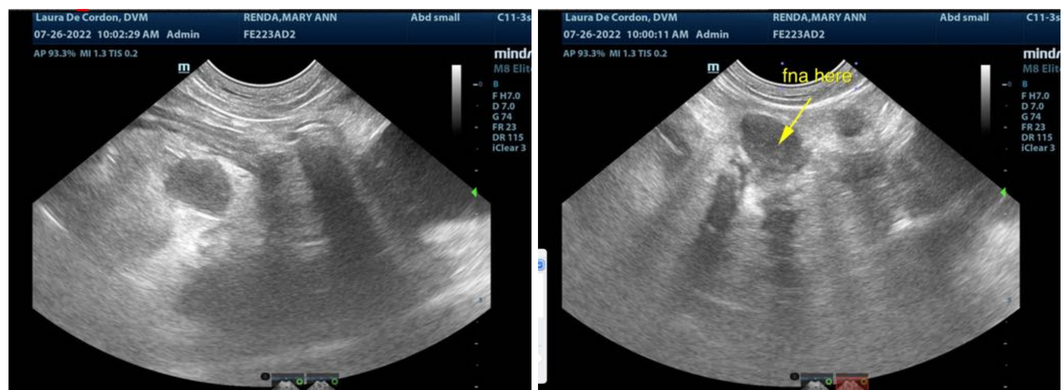
Mesenteric lymphadenopathy with regional inflammation.

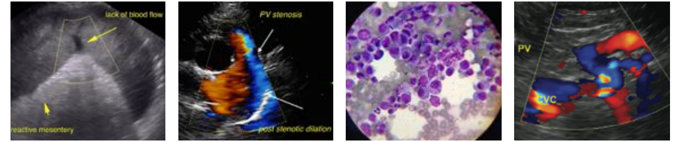
Variable intestinal thickening.

Nephritis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work-up is warranted. Structurally the liver was unremarkable; however, given the icterus FNA is indicated assuming hemolysis is not an issue. Coagulation panel and FNA of the liver and mesenteric lymph nodes is warranted with cytology and culture. The prognosis is guarded. Round cell neoplasia such as mast cell disease or lymphoma is possible. Lymphadenitis, cholangiohepatitis, enteritis and nephritis are all possible. If no neoplasia is found then infectious agents should be considered.





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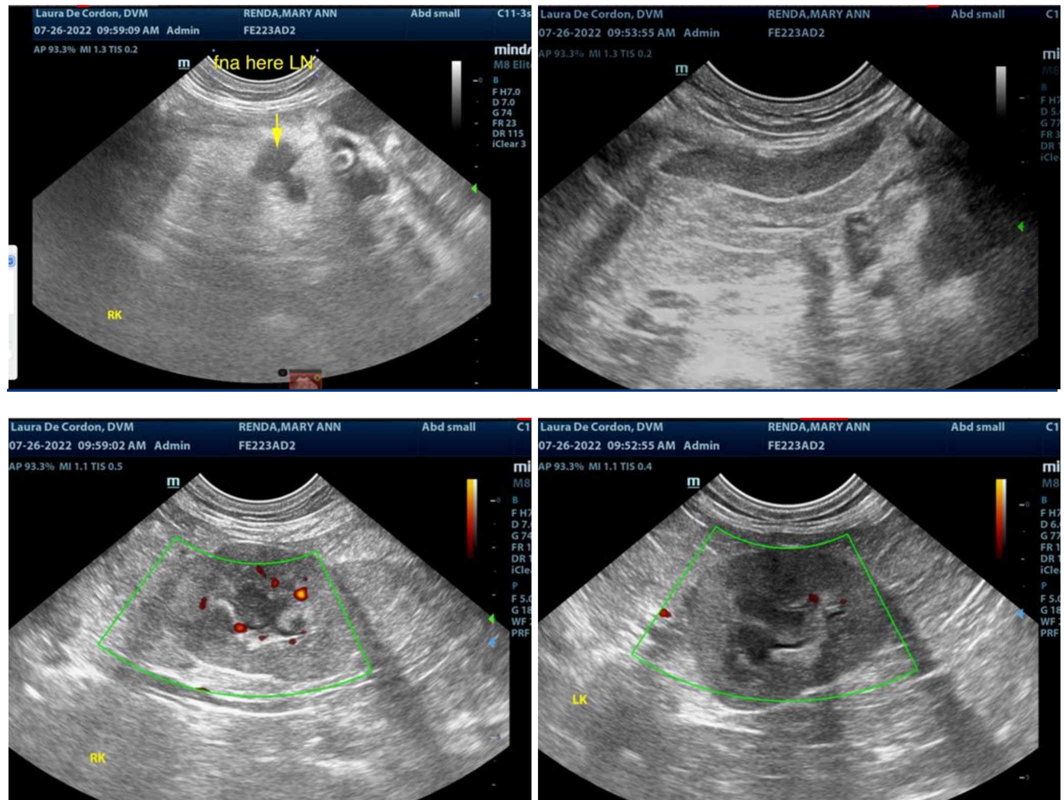

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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