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Clinical Sonography & Telecytology
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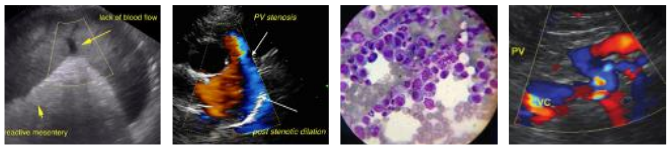

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Audrey Berdecia

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

8.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

A. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

A. Rodriguez

INVOICE

17021

DATE

8/24/22

PRESENTING CLINICAL SIGNS

History: Presented for diarrhea and vomiting o 8/20/22. Gastrotomy for hairball obstruction on 2/14/22. Vomited last on Monday.

Abnormal PE/Chem/CBC/UA Results: 8/20/22: SDMA: 36, Glob:5.8, Chol: 297, ALB: 2.9,

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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 and no evidence of pelvic dilation was present. The left kidney measured 3.7 cm. The right kidney measured 3.2 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 right adrenal gland measured 0.52 cm. The left adrenal gland measured 0.4 cm.

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 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

The **pylorus** was structurally free of evident pathology. Soft shadowing material was noted in the pyloric antrum, consistent with hair accumulation or ingesta. The colon revealed stool accumulation in the distal descending colon with regional slight free fluid and reactive mesentery, as well as colic lymph node enlargement.

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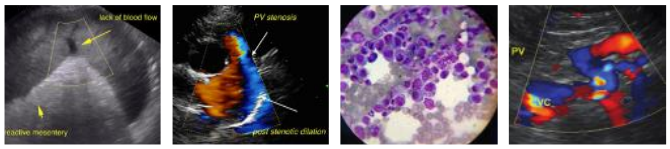

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Pancreas

The **pancreas** was hypoechoic and mildly irregular in the left limb. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

Free Abdomen

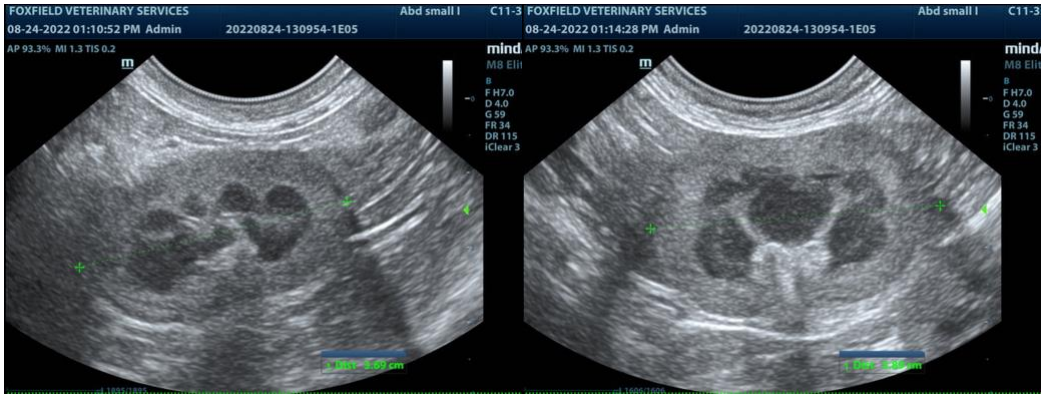
The colic **lymph nodes** were mildly enlarged (up to 7.0 mm) and presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

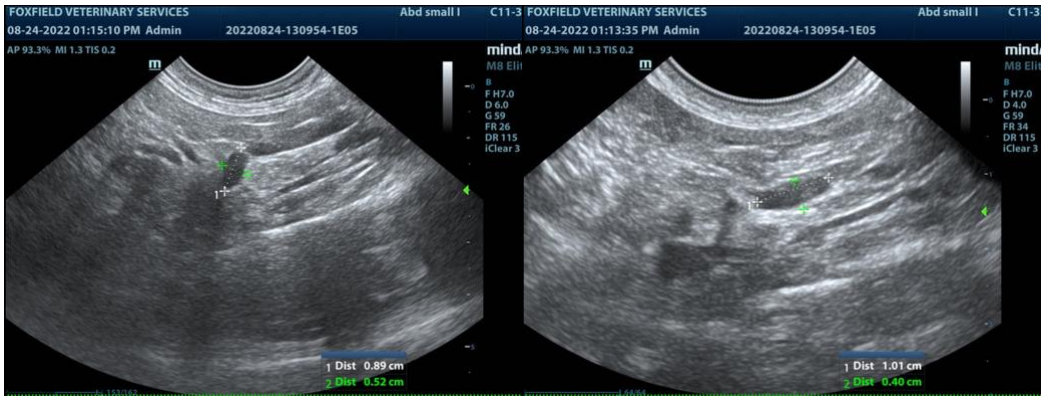
ULTRASONOGRAPHIC FINDINGS

- Lymphadenitis/colitis/pancreatitis pattern
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the colic lymph nodes, cytology and culture are recommended. IV fluid support, pain management, broad spectrum antibiotics, such as enrofloxacin/metronidazole or enrofloxacin/clindamycin are indicated. There is a possibility of emerging lymphoma or mast cell disease. Recheck sonogram in 48-72 hours.





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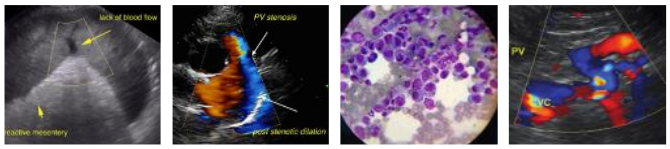

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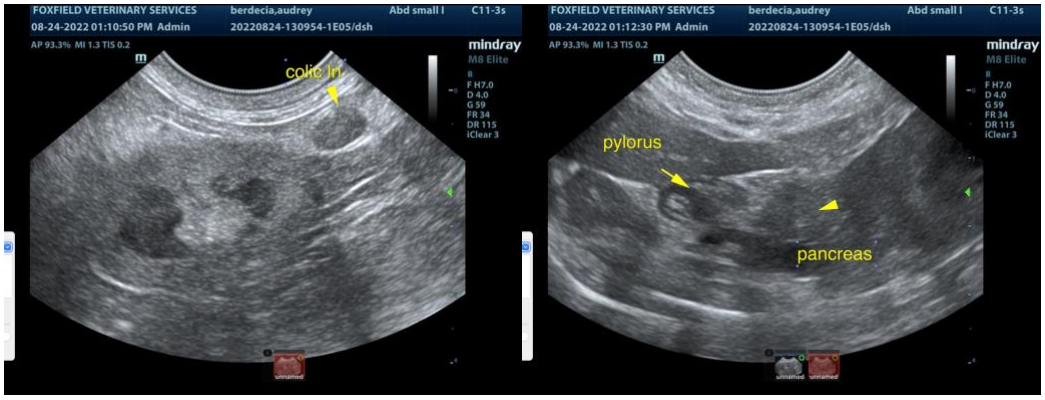

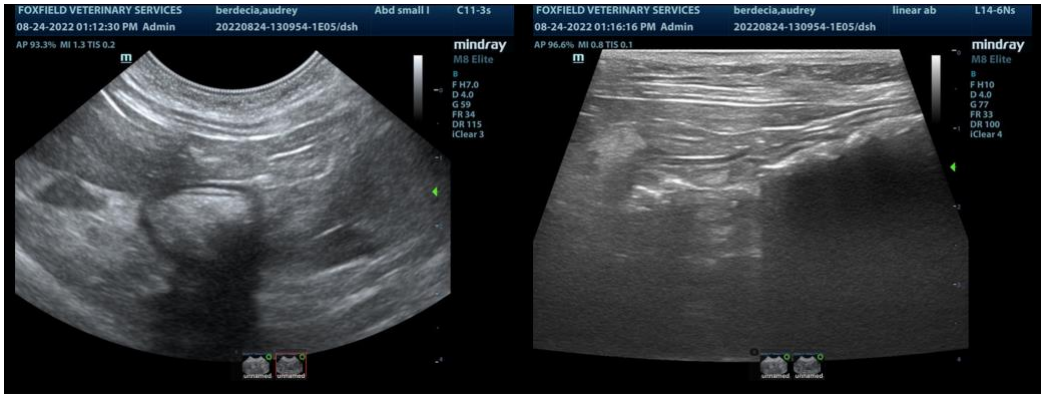

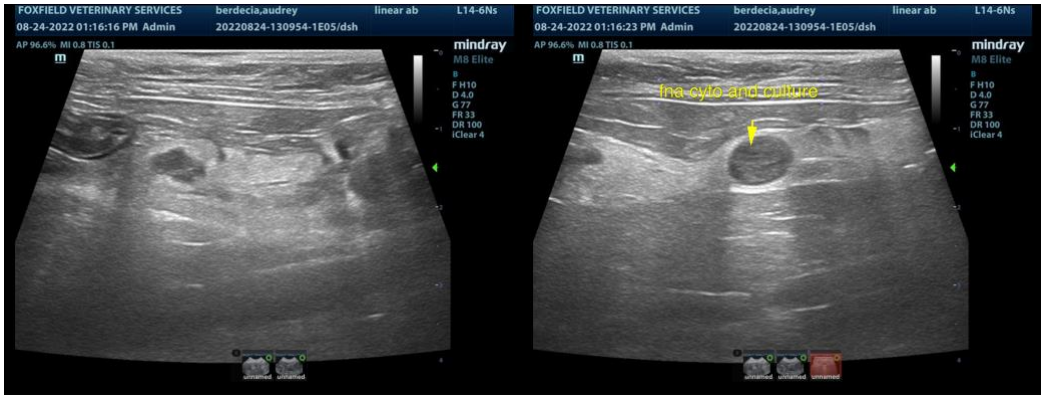

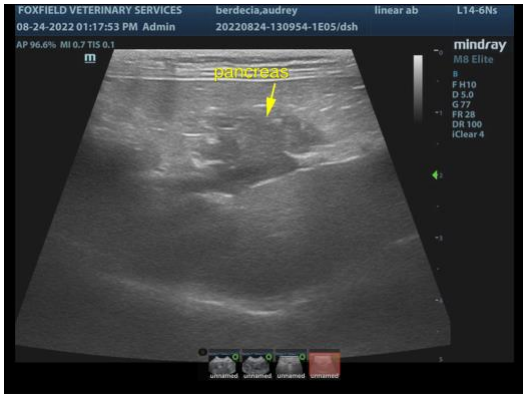

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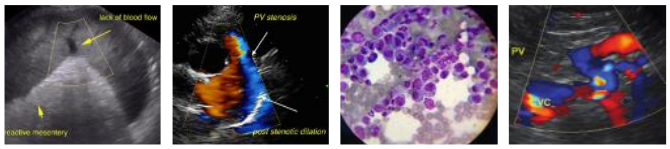

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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