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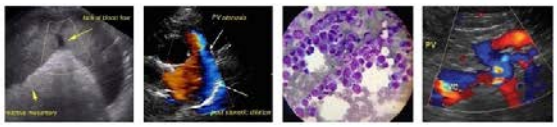

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Smokey Theriault

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

4.8 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

West Park AH

REFERRING VET

Dr. Rice

INVOICE

41828

DATE

10/5/22

PRESENTING CLINICAL SIGNS

Presented 08/2022 for general health and check skin - Owner felt he was a little off and just no himself. He had also developed many masses on the skin. Skin has small firm masses generalized over entire body. O does not find he is pruritic - No treatment given Presented 09/2022 for ear infection - severe otitis - treated and improved. But O still felt he was a little off. Blood work was done with NAF on cbc/chem/electrolytes/T4 and SDMA. He had lost 1 kg in one month Presented 10/2022 to me for just not doing well, lethargic, weight loss, partial anorexia. No v/d, no c/s. PE revealed 8% dehydrated another 1 kg in weight loss (total of 2 kg in 2 months). Pot-bellied type appearance but no significant abnormality on palpation.

Abnormal PE/Chem/CBC/UA Results: WBC: 4.1 *L 10*9/L #LYM: 1.20 #MON: 0.00 #GRA: 2.90 #EOS: 0.02 %LYM: 31.2 %MON: 1.2 %GRA: 67.6 %EOS: 0.7 RBC: 8.82 10*12/L HGB: 12.0 g/dL HCT: 35.8 % MCV: 41 F/L MCH: 13.6 PG MCHC: 33.4 g/L RDW: 16.7 % PLT: 565 *H 10*9/L MPV: 14.5 F/L BUN.: 8.93 (Canine 3.20 - 10.40 mmol/L Feline 5.35 - 11.42 mmol/L) CREA.: 68 *L (Canine 35 - 124 umol/L Feline 71 - 159 umol/L) ALT: 229 *H U/L ALP.: 598 *H (Canine 0 - 140 U/L Feline 0 - 90 U/L GLU.: 5.0 (Canine 4.2 - 6.9 mmol/L Feline 3.9 - 7.2 mmol/L) TP: 64 Albumin: 30 g/dl PHOS.: 1.53 (Canine 0.60 - 1.60 mmol/L Feline 0.84 - 1.94 mmol/L) CA.: 2.55 (Canine 2.30 - 3.10 mmol/L Feline 2.20 - 3.00 mmol/L) T-BILI.: 19 *H (Canine 0 - 9 umol/L Feline 0 - 9 umol/L) GGT: < 10 (Canine 0-14 U/L, Feline 0-10 U/L) TCHO: 4.21 (Canine 3.10 - 8.00 mmol/L, Feline 1.81 - 5.17 mmol/L) Na: 149 mmol/L K: 5.2 mmol/L Cl: 110 mmol/L SDMA: Idexx pending - ug/dL (0 - 14) ug/dL T4: Idexx - pending nmol/L (10.0 - 60.0) nmol/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris and some dependent shadowing/sandy debris/small stones present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, sandy debris or small calculi. Correlate findings with abdominal radiographs, urinalysis and culture.

The left kidney has a normal shape and size (3.13 cm) with small non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.14 cm) but irregular in shape (likely due to previous infarcts). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.31 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.28 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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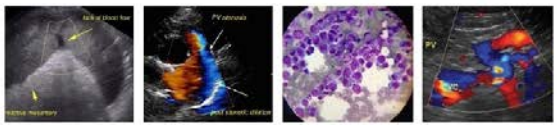

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Spleen

The spleen is subjectively normal in size (0.74 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The proximal bile duct appears slightly prominent, measuring 0.37 cm.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris and mineralized shadowing material in the dependent portion of the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. The shadowing debris is most consistent with sandy debris/small stones. Recommend urinalysis and culture.
- Decreased corticomedullary distinction in both kidneys with occasional non-obstructive nephroliths and previous infarcts – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

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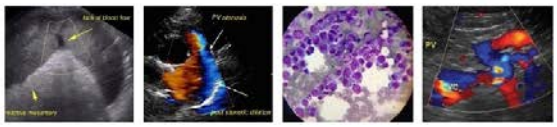

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

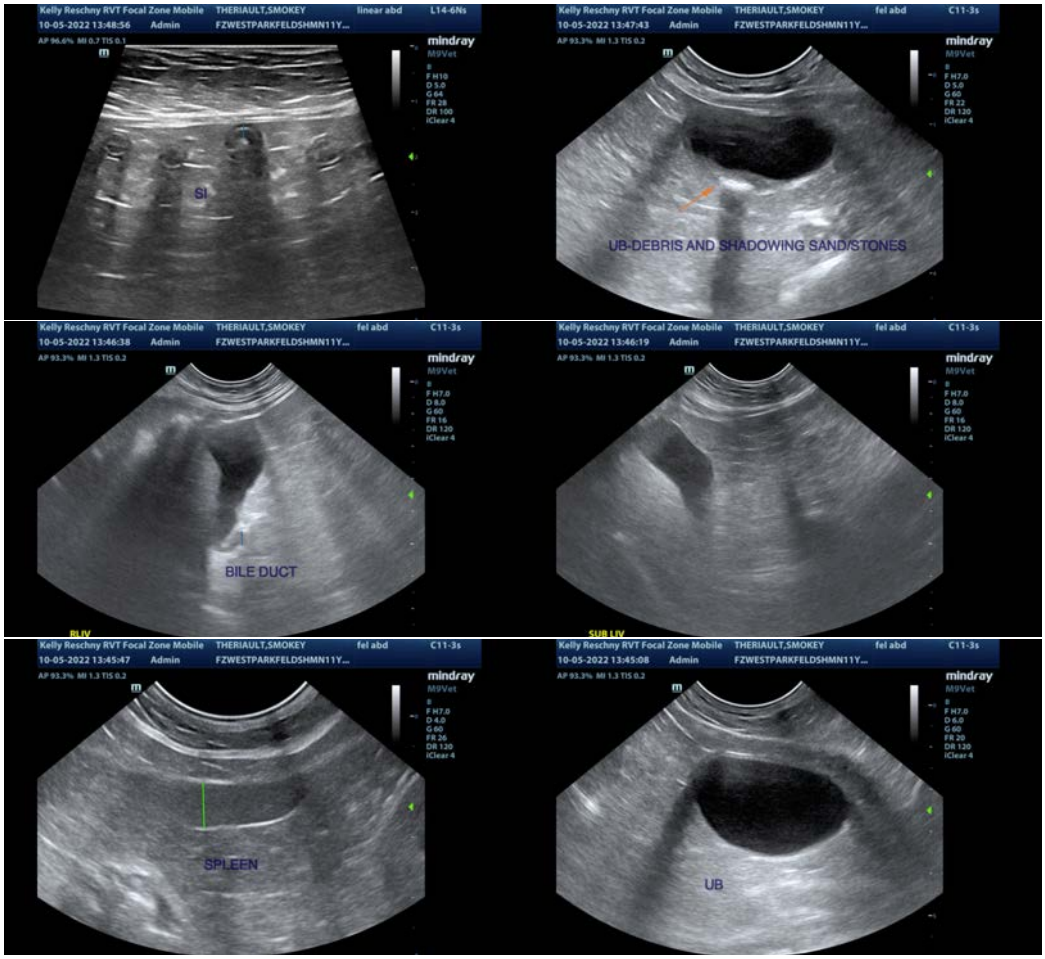
No significant focal lesions or mass lesions are observed. The liver is hyperechoic. This could be consistent with fatty infiltration or a less likely infiltrative disease such as round cell neoplasia. Recommend a liver function test and a fine needle aspirate of the liver, provided coagulation parameters permit this. If hepatic lipidosis is suspected based on the history and cytology results, consider placing a feeding tube and treating supportively.

Additionally, consider the possibility of underlying GI disease or pancreatic disease. Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate for this.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

There is sandy debris/small stones visualized in the urinary bladder. Recommend a urinalysis and culture and radiographs to try and determine if this material is large enough to be visualized. Continued monitoring is warranted as there is a small chance of obstruction.

The changes observed in the kidneys are consistent with age related chronic renal disease. Recommend a blood pressure, urinalysis and culture (as recommended previously) to establish a baseline.



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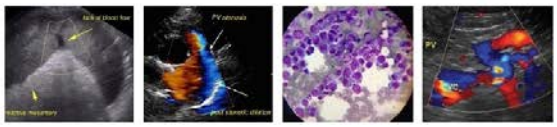

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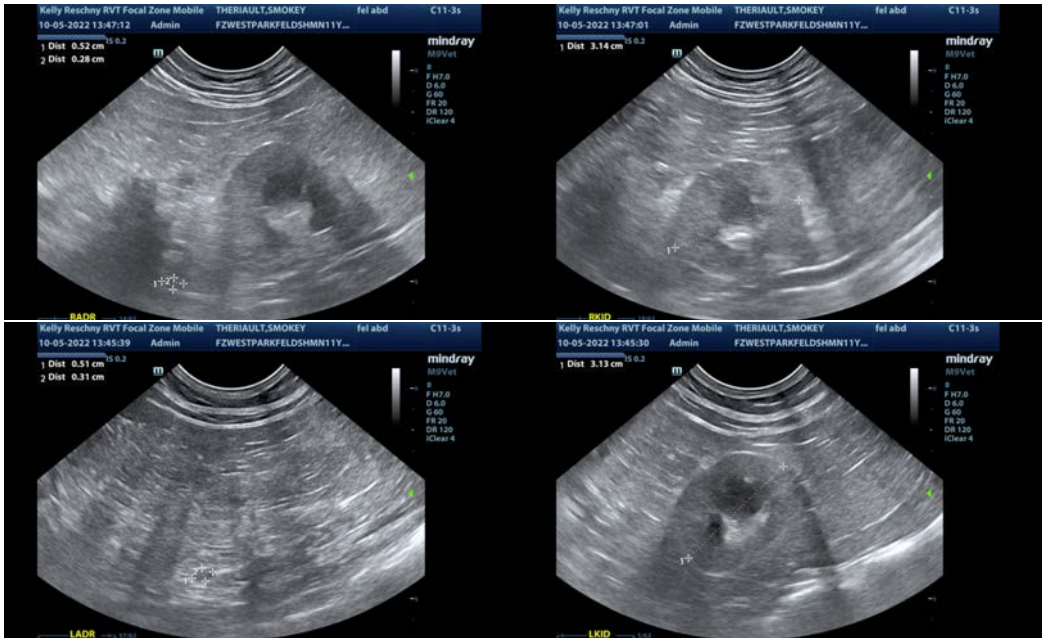

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com