SonoPath
Clinical Sonography & Telecytology
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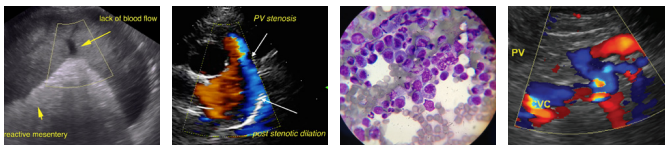


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pretty Kitty Peluso

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

5.93 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Megan Cassels Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Janeen Lezcano

INVOICE

35849

DATE

2/23/22

PRESENTING CLINICAL SIGNS

P has had hx of weight loss in last several months to 1 yr. P is hyperthyroid (controlled), CRD stage 2 (stable), hx of hypercalcemia (previously worked up, noted to be idiopathic). P is strictly indoors. Abnormal PE/Chem/CBC/UA Results: CBC: plt ct: 53L, plt est: dec (likely sampling), Chem: creat: 1.8, Ca: 11.1; T4: 1.6, UA: SG: 1.024, trace prot, quiet sediment 9/21: CBC: NSF, Chem: creat: 1.6, Ca: 12.2, T4: 2.7, UA: SG: 1.027, trace prot 3/21: Pancretitic panel: cobalamine: 766, folate: 14.6, TLI: 46.9, PLI: 2.6 Hyperthyroidism dx in 9/2019 Hypercalcemia work up 10/2019: 10/209: CBC: WNL, Chem: creat: 1.3, Ca: 11.4H, T4: 4.2H, UA: SG: 1.052, 2+ prot, quiet sediment chest rads: NSF AUS: plz reference report dated 10/23/2019 (invoice 3301704) MSU malignancy panel: PTH: 0.00, iCa: 1.48H, PTH rP: 0.00 9/2019: CBC: WNL, Chem: creat: 1.4, Ca: 12.0, T4: 4.2H, US: SG: 1.057, 2+prot, quiet sediment 2016: exploratory surgery: see attached report for bx findings AUS at the time showed enteropathy, diffuse, moderate, muscalaris thickening, all else WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. 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 cystic calculi.

The left kidney has a normal shape and size (2.64 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.28 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.27 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.

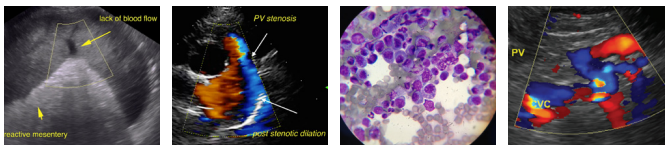
The right adrenal gland is normal in size measuring 0.28 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

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



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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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 measured 0.21 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 prominent and hypoechoic as compared to the surrounding isoechoic 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

- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract. The changes observed on today's scan are fairly similar to those reported on the scan in 2019. Changes are consistent with chronic renal disease, and likely previous pancreatic inflammation. Weight loss could be consistent with uncontrolled hypercalcemia, hyperthyroidism, or progressive renal disease.

- Consider a GI panel with quantitative fPLI, TLI, cobalamin and folate to Texas A&M for further evaluation of the pancreas and small intestine.
- Recommend blood pressure evaluation.
- Recommend urinalysis and culture.
- If there are signs of underlying GI disease, consider a novel protein/hydrolyzed protein diet.
- Consider probiotic therapy.
- If GI Disease is suspected, recommend obtaining GI biopsies.

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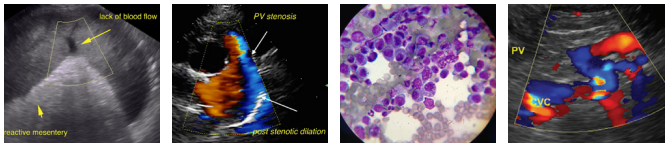

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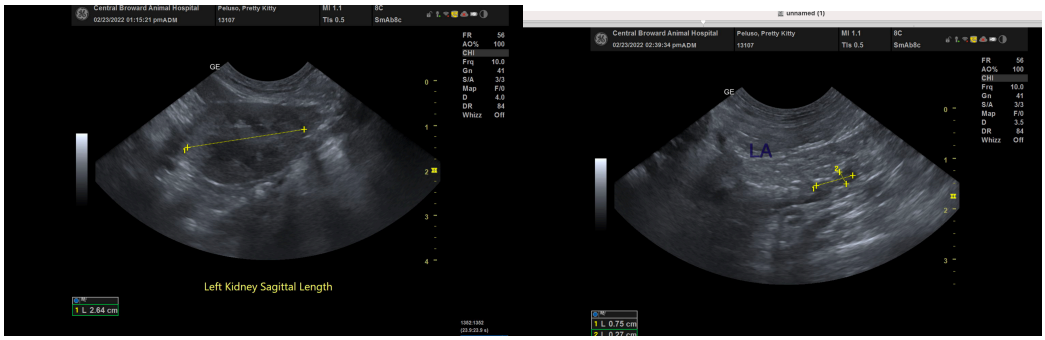
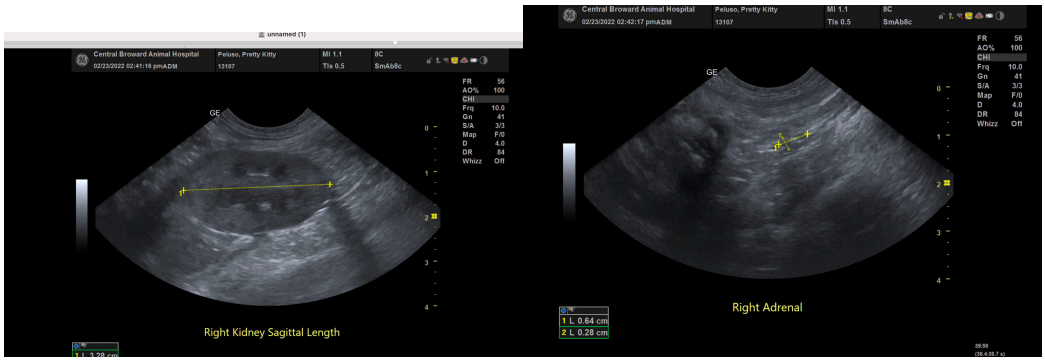
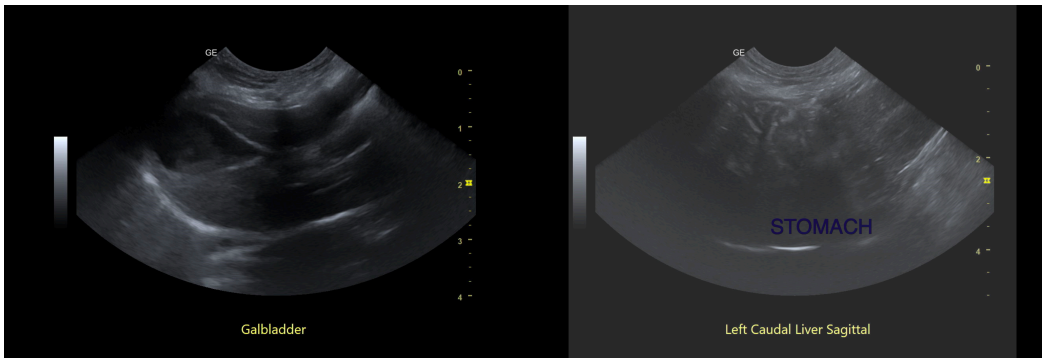
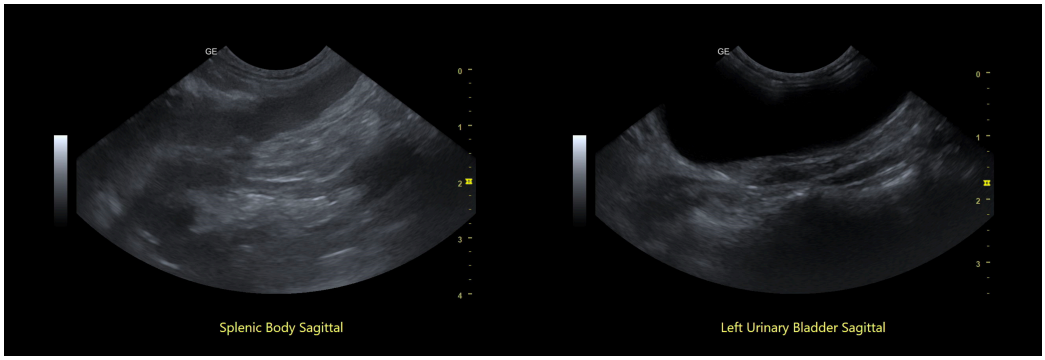
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.









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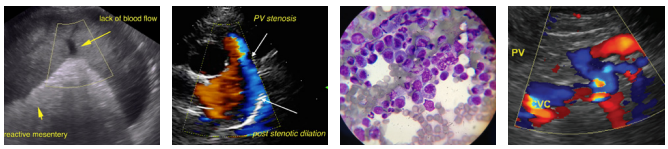

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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