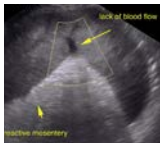
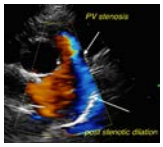
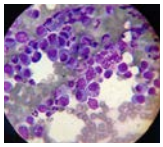
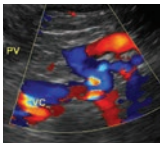
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Murphy Virgiel

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

13.19 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Judy Schroeder

HOSPITAL NAME

Animal Health Associates

REFERRING VET

Dr. Judy Schroeder

INVOICE

44825

DATE

2/7/23

PRESENTING CLINICAL SIGNS

FUO: Presented for decreased appetite, fever, and acting painful on 2/1. Blood testing at that time showed elevation in globulins, and mild monocytosis. Patient was started on maropitant, clavacillin and buprenorphine. Rads taken on 2/2 showed mild bronchointerstitial pattern, mild cardiomegaly, and nonspecific GI changes consistent with enteritis. Patient is eating some but continues to be sluggish.

Abnormal PE/Chem/CBC/UA Results: Weight loss over past month T = 104.25 MM somewhat pale (hematocrit 30 % last week) Globulin 6.4 g/dl Albumin 2.7 g/dl UPC 0.3 Decreased ALT and AST Currently patient has very soft/diarrheic feces, possibly due to abx.

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 (4.25 cm). 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 has a normal shape and size (4.38 cm). 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 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 0.45 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.

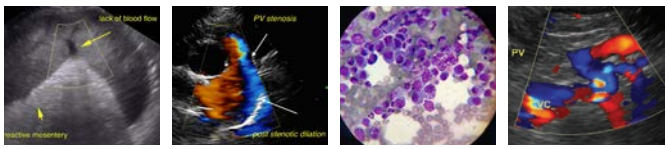
Spleen

The spleen is subjectively normal in size (0.92 cm), 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 large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous area in the parenchyma with poorly defined hypoechoic lesions/nodules, particularly the left region of the pancreas with hypoechoic areas measuring 0.64 cm, 0.62 cm, and 0.50 cm.

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 cystic and common bile ducts are normal/not visible.



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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 0.21 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 nonformed fecal material/fluid. 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. There are prominent mesenteric lymph nodes visualized measuring 0.55 cm, 0.45 cm, and 0.46 cm in diameter. Additionally, there is a rounded hypoechoic structure visualized deep on the right side of the patient measuring 0.87 cm, most consistent with a prominent lymph node, but continued monitoring is warranted. The omentum is of normal echogenicity.

PRIMARY FINDINGS

- Large, heterogeneous liver with ill-defined hypoechoic nodules – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. The ill-defined hypoechoic regions could represent areas of inflammation, infection, neoplastic change, etc. Consider a fine needle aspirate.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Rounded hypoechoic structure in the right cranial abdomen – Findings are most consistent with a large lymph node, but continued monitoring is warranted.

SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Fluid dilated large bowel – Findings are consistent with reported diarrhea.

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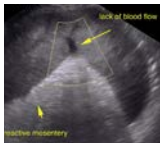
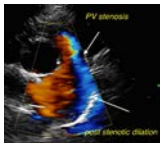
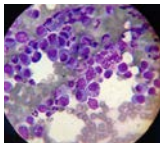
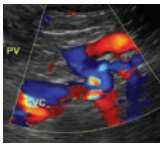

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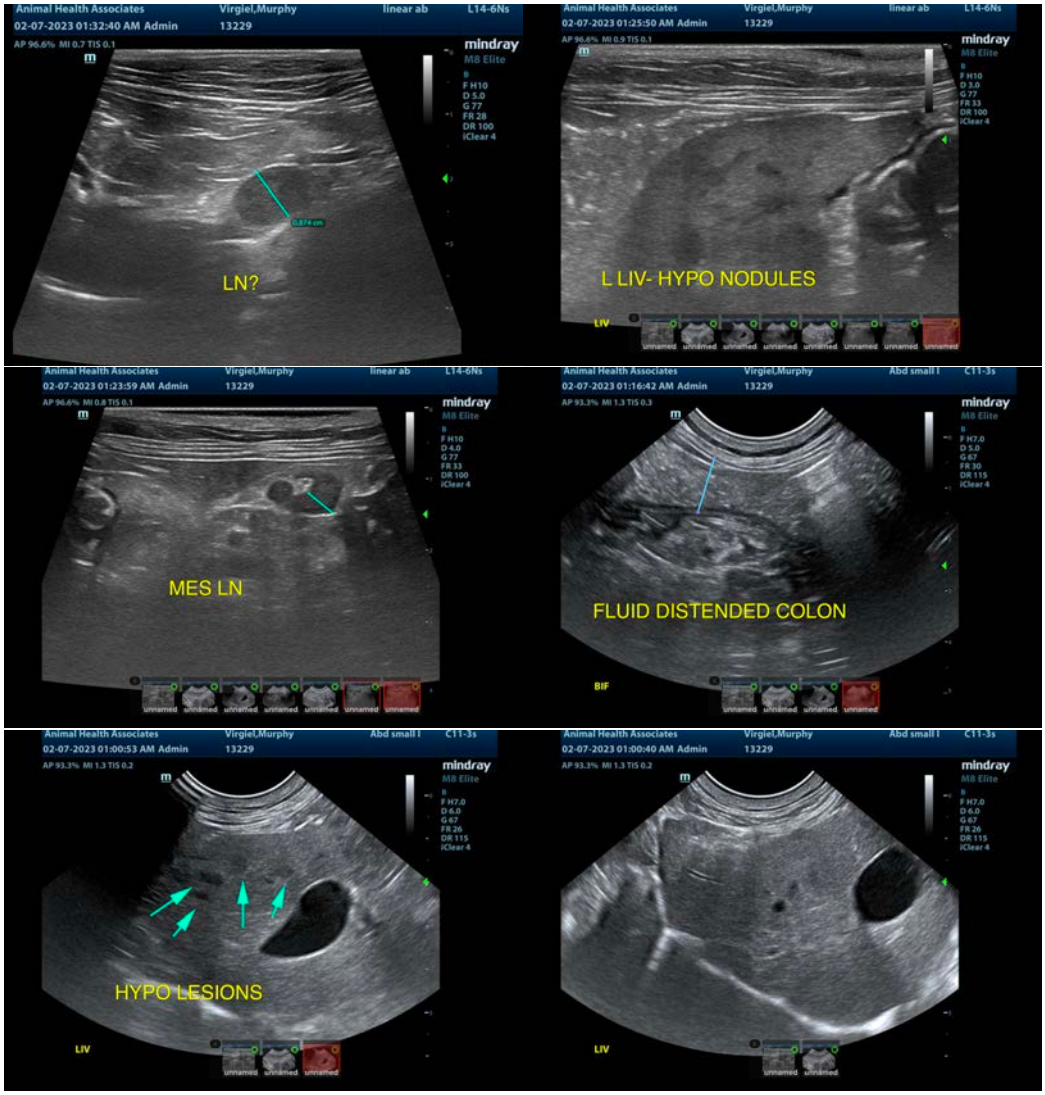
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears large and heterogeneous, and particularly on the left side of the liver there are ill-defined hypoechoic nodules. Consider a fine needle aspirate of this region, looking for any evidence of inflammatory, infectious, or neoplastic change as a source for the fever reported. Toxoplasmosis titers could be considered, but typically this would cause an elevation in liver enzymes, so correlate with patient's clinical findings.

Other than the changes observed in the liver, there are no specific lesions to explain the fever reported. Consider the possibility of vector borne disease, and 3-veiw thoracic radiographs looking for any evidence of lesions within the thoracic cavity.

There is a hypoechoic oval structure visualized in the right cranial abdomen, most consistent with a large lymph node, but it appears somewhat more prominent than the other mesenteric lymph nodes. Recommend continued monitoring of this region.



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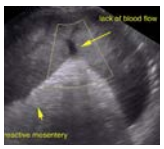
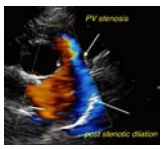
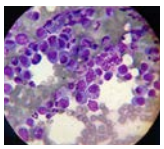
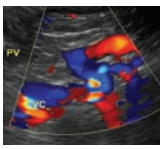

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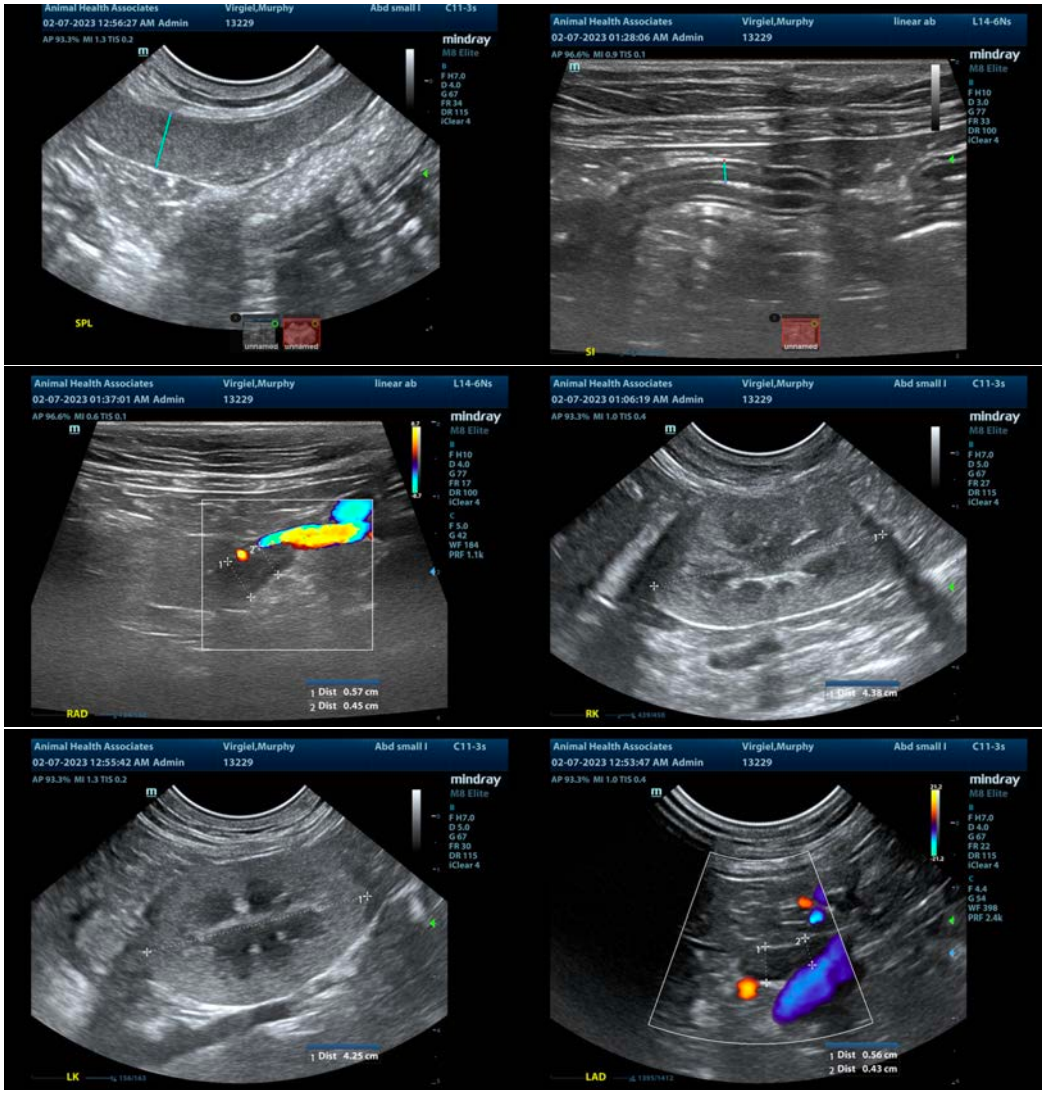

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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