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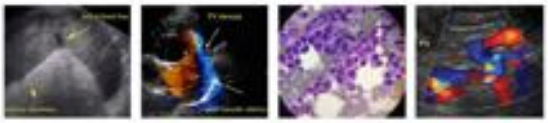


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8348

PATIENT

Tiger Kremple

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14y

WEIGHT

3.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens Veterinary Hospital

REFERRING VET

Dr. Robin Janeway

INVOICE

10195

DATE

4/26/2023

PRESENTING CLINICAL SIGNS

History * Scratching the last few weeks with warmer weather, treated with front line but scratching continuing O noticing weight loss, increased appetite. currently eating 1 can wet and free choice Nulo dry seems lethargic and can be seen staring into the water dish was vomiting EOD for years until the last few months, currently resolved. defecating around the house and more vocal. adopted around 1-2 years ago form mother Working diagnosis Weight loss, tooth resorption, mild ascites, and anemia.

Abnormal PE/Chem/CBC/UA Results: globulins elevated (periodontal disease), AST 161, ALT (185), t bili (0.6), Mg 1.3 (L), Amylase and lipase increased, marginal decrease in leukocytes, HCT 20%, platelets 84,000 with a few clumps observed and decreased estimate, low lymphocytes, T4 WNL, UA USG 1.017, 1+ proteinuria, no fecal submitted. Likely triaditis?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris 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, cellular debris, and proteinaceous debris.

The left kidney has a normal shape and size measuring 4.12 cm with corticomedullary rim sign. 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 measuring 4.38 cm with corticomedullary rim sign. 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

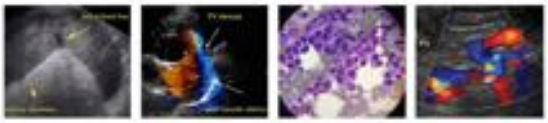
The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.64 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 large (1.29 cm in width at the level of the hilus) and hypoechoic. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. In some areas, the mottling becomes defined enough to create a nodular effect one such hyperechoic nodule is visualized at 0.59 cm.

Liver



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The liver is extremely enlarged and hyperechoic with some ill-defined nodules and cystic regions. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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 large, hypoechoic, and mottled/almost nodular in some areas with small cystic areas. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

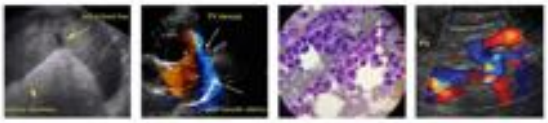
Evaluation of the peritoneal cavity did reveal a small volume of free abdominal fluid. An occasional enlarged lymph node one such lymph node in the cranial abdomen measures 0.97 cm. The omentum is diffusely hyperechoic.

Other

A brief view of the heart is submitted, and scant pericardial effusion is observed.

PRIMARY FINDINGS

- Echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Hyperechoic kidneys with corticomedullary rim sign. Clinical significance uncertain, can be seen in normal patients and in cases of ethylene glycol toxicity, FIP, chronic interstitial nephritis, and leptospirosis.
- Large, hypoechoic mottled spleen with ill-defined nodules. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would



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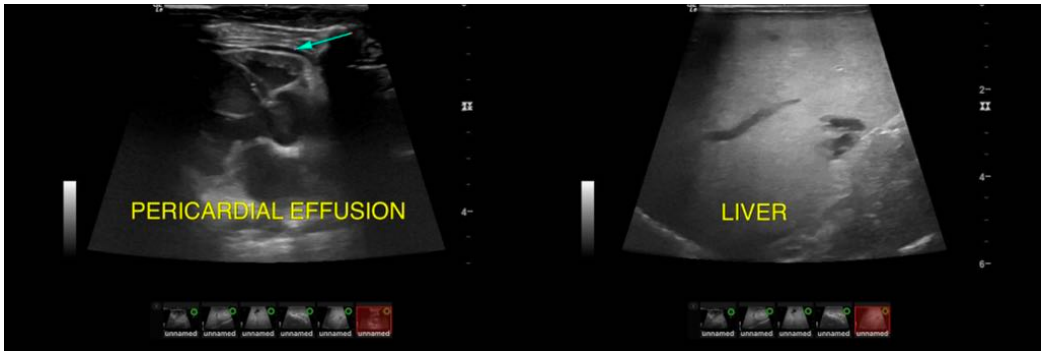
be necessary to get a definitive diagnosis.

- Prominent hypoechoic mottled pancreas with occasional cystic regions. Findings could be consistent with mild pancreatitis or previous episodes of pancreatitis.
- Severely enlarged/hyperechoic liver with ill-defined nodules and cystic regions. Findings are concerning for infiltrative disease, lipidosis/other. Recommend a fine needle aspirate.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.
- Mild to moderate mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Scant free abdominal fluid and scant pericardial effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There seems to be a significant organomegaly and many of the structures in the abdomen are hyperechoic and irregular. This increased my concern for possible diffuse round cell neoplasia. Recommend a fine needle aspirate of the liver and spleen. If a cytologic diagnosis cannot be obtained based on these samples you could consider a mesenteric lymph node, the free abdominal fluid, etc. Other differentials could involve hepatic lipidosis or other inflammatory processes, but there appears to be diffuse involvement. Recommend three view thoracic radiographs and a cardiac ultrasound.



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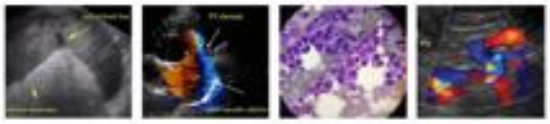

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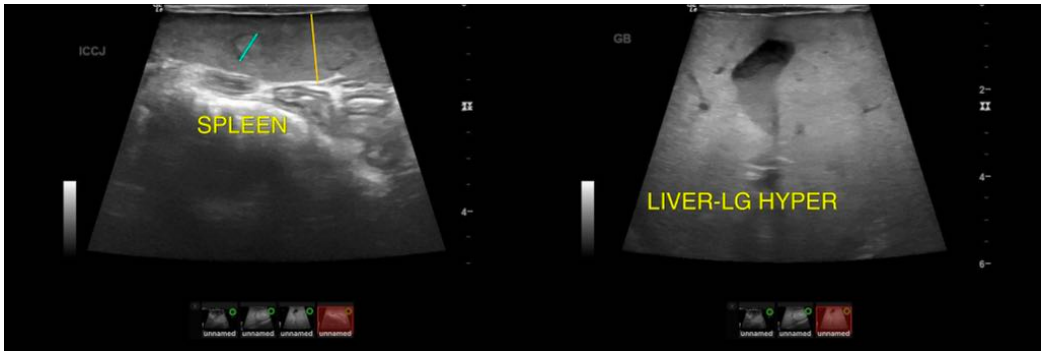

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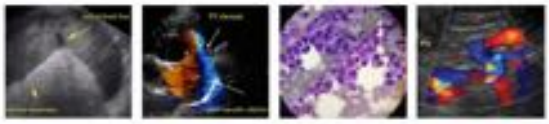

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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