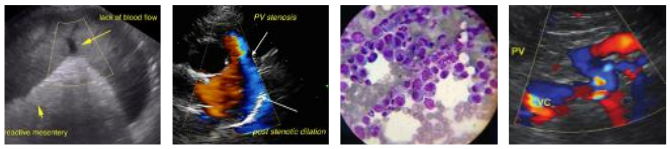
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Rorie Kouba

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
17 Years

WEIGHT
10.7 Pounds

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

IMAGING PERFORMED BY
Chelsea Pastor

HOSPITAL NAME
Fredon Animal Hospital

REFERRING VET
Dr. Linda Grau

INVOICE
37619

DATE
5/11/22

PRESENTING CLINICAL SIGNS

Weight loss, ravenous appetite Urinating on couch/laying in it, not sure if aware
Abnormal PE/Chem/CBC/UA Results: PE: muscle loss CBC: wnl CHEM: wnl T4: 2.8 Rule out neoplastic/malassimilation

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 (3.98 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 (3.02 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 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 0.49 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.

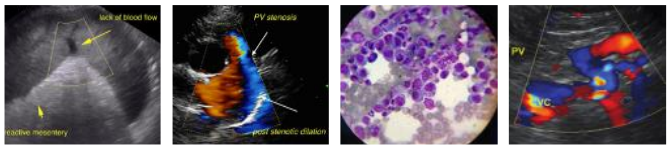
Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is severely heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The parenchyma of the liver is diffusely cystic, irregular, and nodular.

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.



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

PATIENT

Rorie Kouba

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

10.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon Animal Hospital

REFERRING VET

Dr. Linda Grau

INVOICE

37619

DATE

5/11/22

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 0.33 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

- Severely cystic/nodular and irregular liver – findings are most consistent with benign hepatic cysts, although an underlying neoplastic process is possible. There is minimal normal hepatic tissue visualized.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

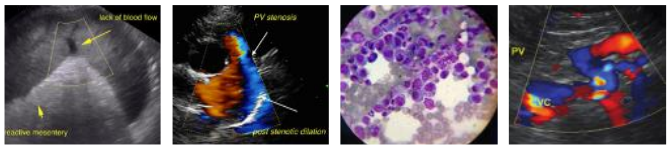
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver very abnormal. There is minimal normal hepatic tissue visualized. The parenchyma is diffusely irregularly cystic with variations in the parenchyma, consistent with nodular change. These changes are likely benign and chronic, although an underlying neoplastic process cannot be ruled out. Recommend pre- and post-prandial bile acids to determine if these lesions are affecting liver function.

Although the liver is very abnormal, if liver function is ok, then this could be a somewhat incidental finding (at this time). No changes were observed in the gastrointestinal tract to explain the weight loss and polyphagia reported. Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to look for evidence of exocrine pancreatic insufficiency, dysbiosis, etc.

- Consider a novel protein/hydrolyzed protein prescription diet.
- Consider chronic probiotic therapy.
- If primary gastrointestinal disease is suspected based on test result, then consider obtaining GI biopsies.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Rorie Kouba

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

10.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon Animal Hospital

REFERRING VET

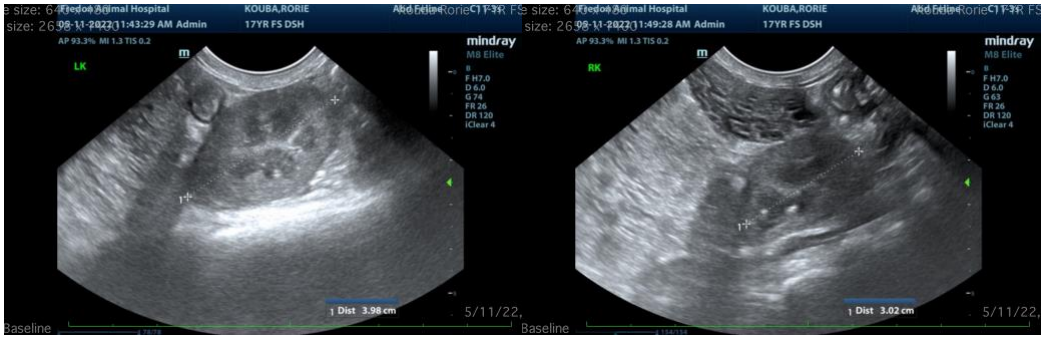
Dr. Linda Grau

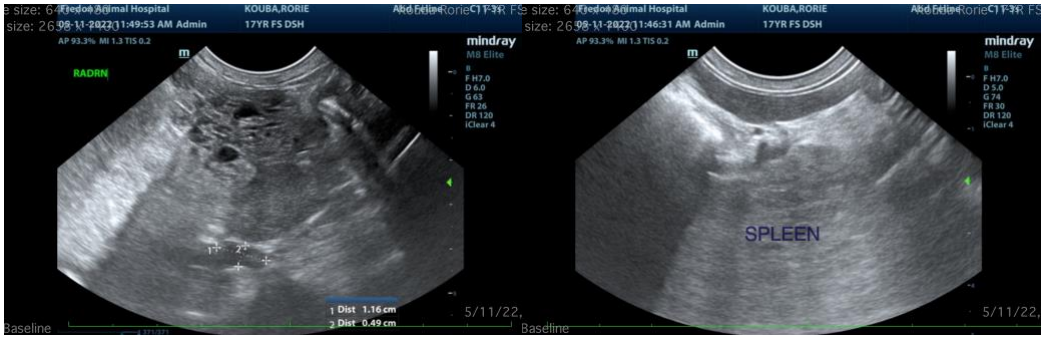
INVOICE

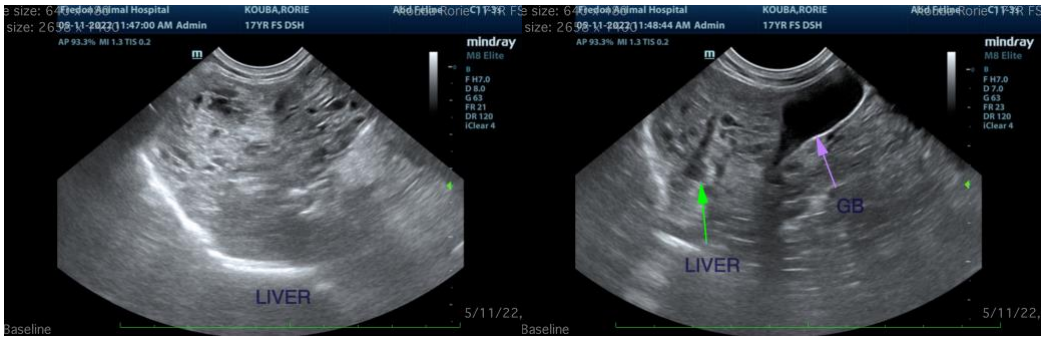
37619

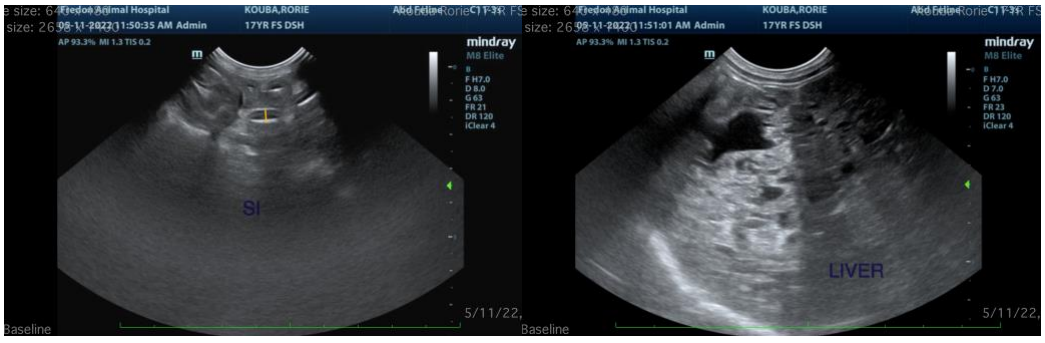
DATE

5/11/22









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