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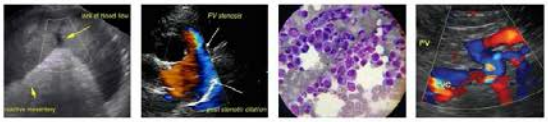

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Romeo Keiffer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 10 Months

WEIGHT

6.72 kg

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Vincent Fleming

INVOICE

38453

DATE

6/7/22

PRESENTING CLINICAL SIGNS

sedated alfaxalone/torb and gave 100mg gabapentin prior to arrival- fractious cat- no heart murmur- seen at ER 6/1 for seizures- BP 200- rule out seizure vs thromboembolic event- Abnormal PE/Chem/CBC/UA Results: abnormal proBNP and cardiomegaly on radiographs - decreased serosal detail upper left quadrant abdominal rads- LABS: CBC WNL, Cvhem glu 166, chol 236(not fasted) rest WNL LYTES WNL proBNP abnormal MED: bravecto 2 mths ago- currently on gabapentin and Clopidogrel 1/4 of a 75mg SID-

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 (3.55 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 (4.55 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 0.49 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 0.43 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 normal/borderline large in size (1.1 cm in height 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, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a very ill-defined, hypoechoic lesion visualized within the parenchyma measuring 0.50 cm.

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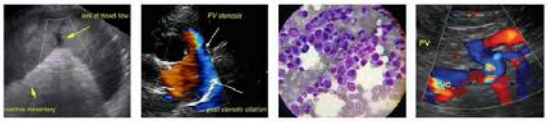

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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. 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

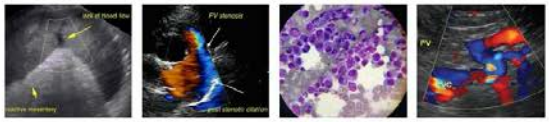
The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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 in the caudal abdomen appears hyperechoic around some of the small intestinal bowel loops.

PRIMARY FINDINGS

- Mildly echogenic debris within the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Borderline large spleen – The spleen appears normal otherwise, and this is a large cat, so this may be within normal limits. Recommend continued monitoring.
- Prominent, hypoechoc pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Small, hypoechoic, ill-defined nodule in the hepatic parenchyma – This lesion is very subtle and trends towards a more benign appearance. Recommend continued monitoring.



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- Hyperechoic mesentery in the caudal abdomen – A source for this suspected inflammation is not readily apparent.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

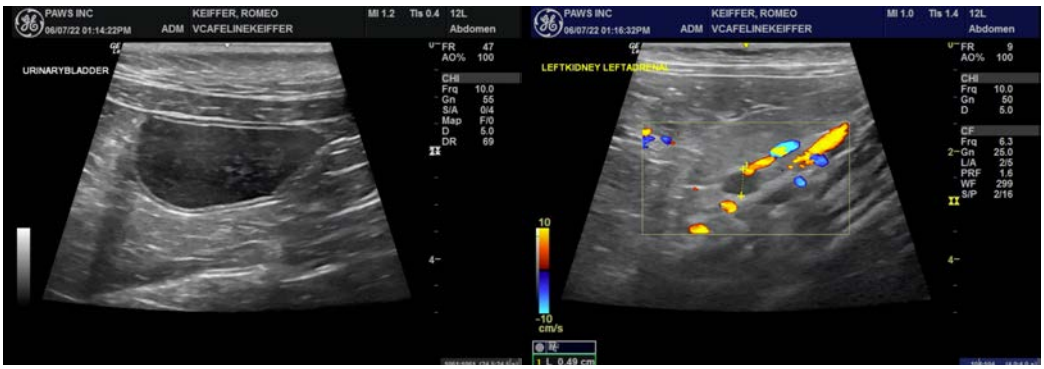
Today's scan is largely within normal limits. No focal lesions are observed. There is some mild debris visualized within the urinary bladder. Consider urinalysis and culture. Both kidneys have some age related change, and the spleen measures as large, but this is a larger cat, and it appears to have a normal shape, echotexture, etc.

The pancreas is somewhat prominent. This could be due to current mild inflammation, or may be secondary to previous inflammation, secondary to the seizure episode, etc.

There is a small, hypoechoic region observed in the hepatic parenchyma. This is subtle. If there are significant liver enzyme elevations or concern for metastatic disease, a fine needle aspirate could be considered, but otherwise, continued monitoring is warranted.

In general, there is slightly hyperechoic omentum in the caudal abdomen. I do not see an obvious source for this.

An obvious cause for the seizure activity is not observed. Evaluate the bloodwork for metablic causes, recommend an echocardiogram for possible cardiac causes (this is pending), and consider consultation with a veterinary neurologist. If the patient will allow it, a retinal exam may be helpful in trying to determine if the hypertension is real or behavioral/stress induced.



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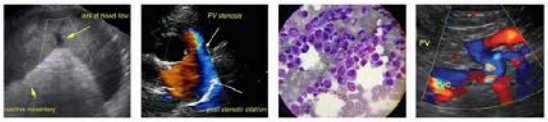

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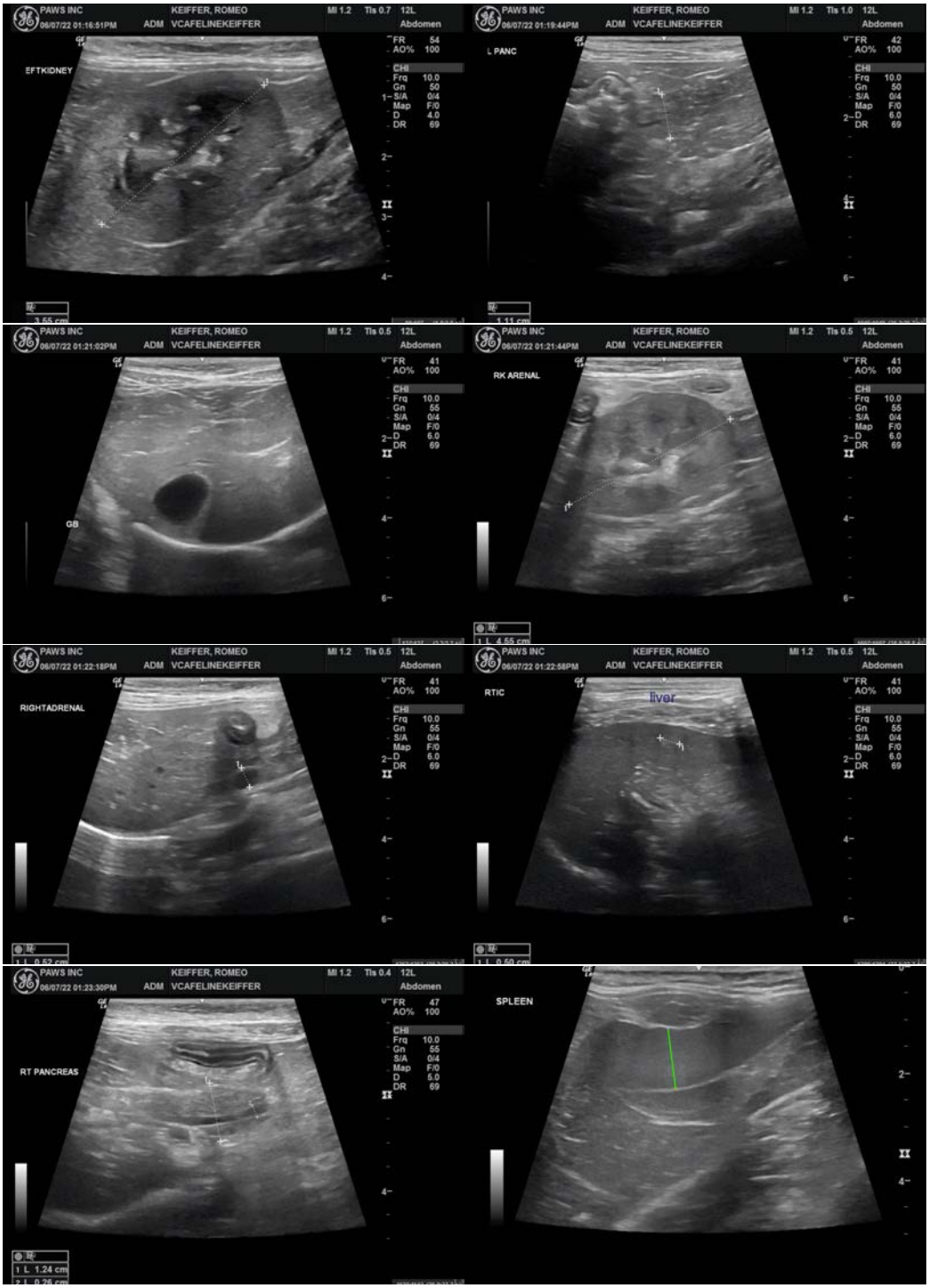

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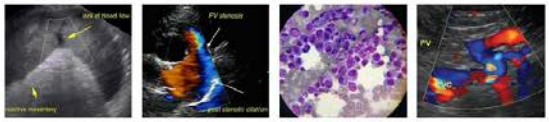

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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kathleen.sennello@sonopath.com