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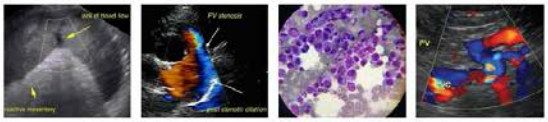

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Oz Wolfston

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

11 Years

WEIGHT

10 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Kristi Cortright

INVOICE

40308

DATE

8/10/22

PRESENTING CLINICAL SIGNS

sedation dex/torb-S: Fecal incontinence 2 wks. Oz acts like he is unaware of it happening. Stool is normal color light to med brown, no blood or mucous per O. Urination is controlled and normal per O. Still eating/drinking normally, even plays. BCS 5/9 r EENT-mild to mod tartar, gingiva ok. Eyes/ears clear and clean GI-feels normal, no masses exc ****on RE stool is partially formed and clay like with a bit of fresh blood. ****There is a 1.5 cm elliptical mass dorsal to colon L4-S1 region. Anus has decent tone and is mildly irritated but clean Neuro-all wnl exc worry about pelvic nerves Abnormal PE/Chem/CBC/UA Results: survey rads wnl exc there is a mass effect in cranial abdomen that could be rounded liver or spleen or even stomach? Also the sublumbar area may have a mass L-S sublumbar mass r/o LN vs. neoplasia vs. benign but troublesome mass

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 is normal in size (4.0 cm), but irregular in shape (likely due to previous infarcts) with multiple non-obstructive nephroliths, one of which measures at 0.41 cm. Mild pyelectasia noted at 0.19 cm. Overall echogenicity is 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.6 cm), but irregular in shape (likely due to previous infarcts) with small non-obstructive nephroliths. Mild pyelectasia noted at 0.16 cm. Overall echogenicity is 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 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 0.37 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 (1.0 cm in width at the level of the hilus) and has a scalloped edge, echotexture is homogenous. The blood flow through the hilus and splenic parenchyma appears normal. In some views, the head of the spleen is somewhat folded, which could be creating a mass effect on radiographs. Additionally, the tail appears somewhat irregular and slightly hyperechoic. These findings are not consistent with a discrete mass effect and could be within normal limits.

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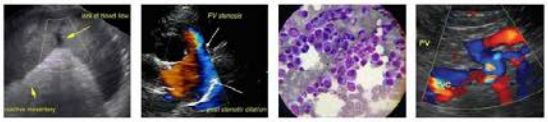

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Liver

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.

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 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 lymph nodes visualized in the abdomen. Dorsal to the urinary bladder, there is a lymph node measuring 1.91 cm x 0.75 cm, which is hypoechoic and irregular. Additionally, the sublumbar lymph nodes are prominent, measuring at 0.54 cm on the right and 0.57 cm on the left. A mesenteric lymph node is visualized measuring 0.75 cm in width. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Irregular, hyperechoic kidneys with decreased corticomedullary distinction and non-obstructive nephroliths – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Subjectively large, folded spleen with slightly irregular tail – These findings are subjective and not definitive. A fine needle aspirate of the spleen could be considered.
- Mesenteric lymphadenopathy with enlarged sublumbar lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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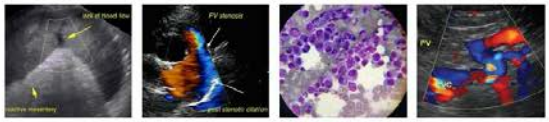

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

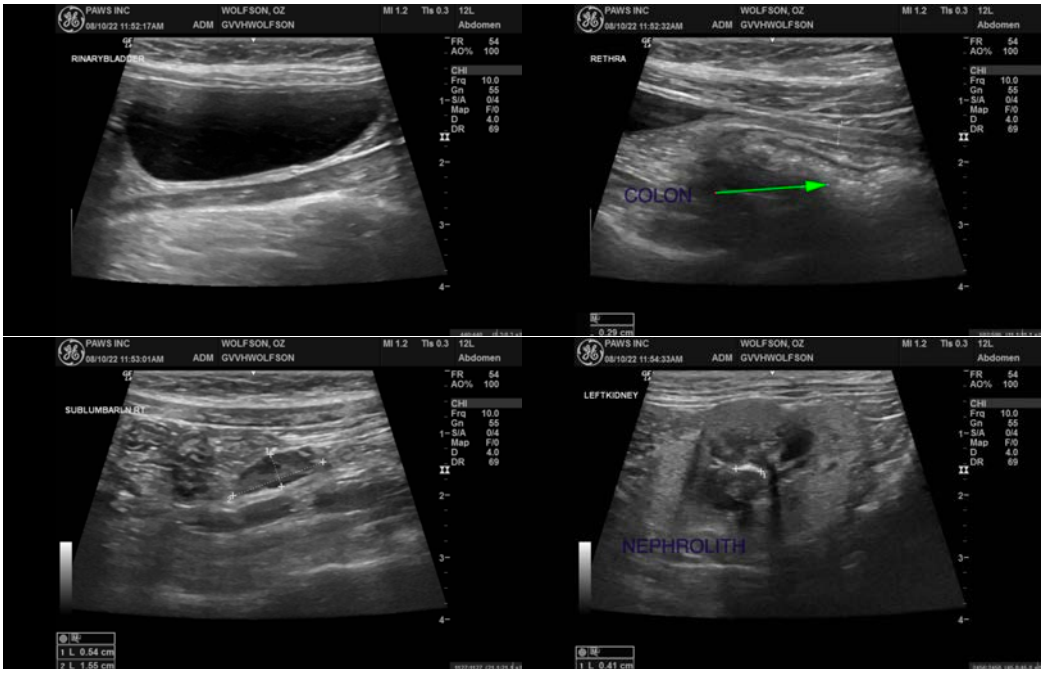
No focal intrapelvic or colonic lesions are observed, but there are prominent lymph nodes in the caudal abdomen. This is a challenging area to sample, but a fine needle aspirate could be considered if a good window for sampling is obtained. Additionally, there are prominent mesenteric lymph nodes that could be sampled as well.

The spleen appears somewhat scalloped and is borderline enlarged. It appears folded in the cranial aspect, which is likely causing much of the mass effect seen on radiographs, but the tail appears slightly irregular (possibly folded?). Consider a fine needle aspirate of the spleen.

Both kidneys are irregular with decreased corticomedullary distinction and nephroliths. There is no evidence of an obstruction. These changes are most consistent with chronic renal disease. Recommend a blood pressure evaluation, urinalysis and culture.

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

If a diagnosis cannot be obtained based on lymph node cytology, etc., you could consider consultation with a veterinary neurologist and/or a CT scan of the abdomen to look for focal intrapelvic abnormalities.



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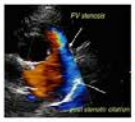

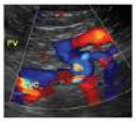

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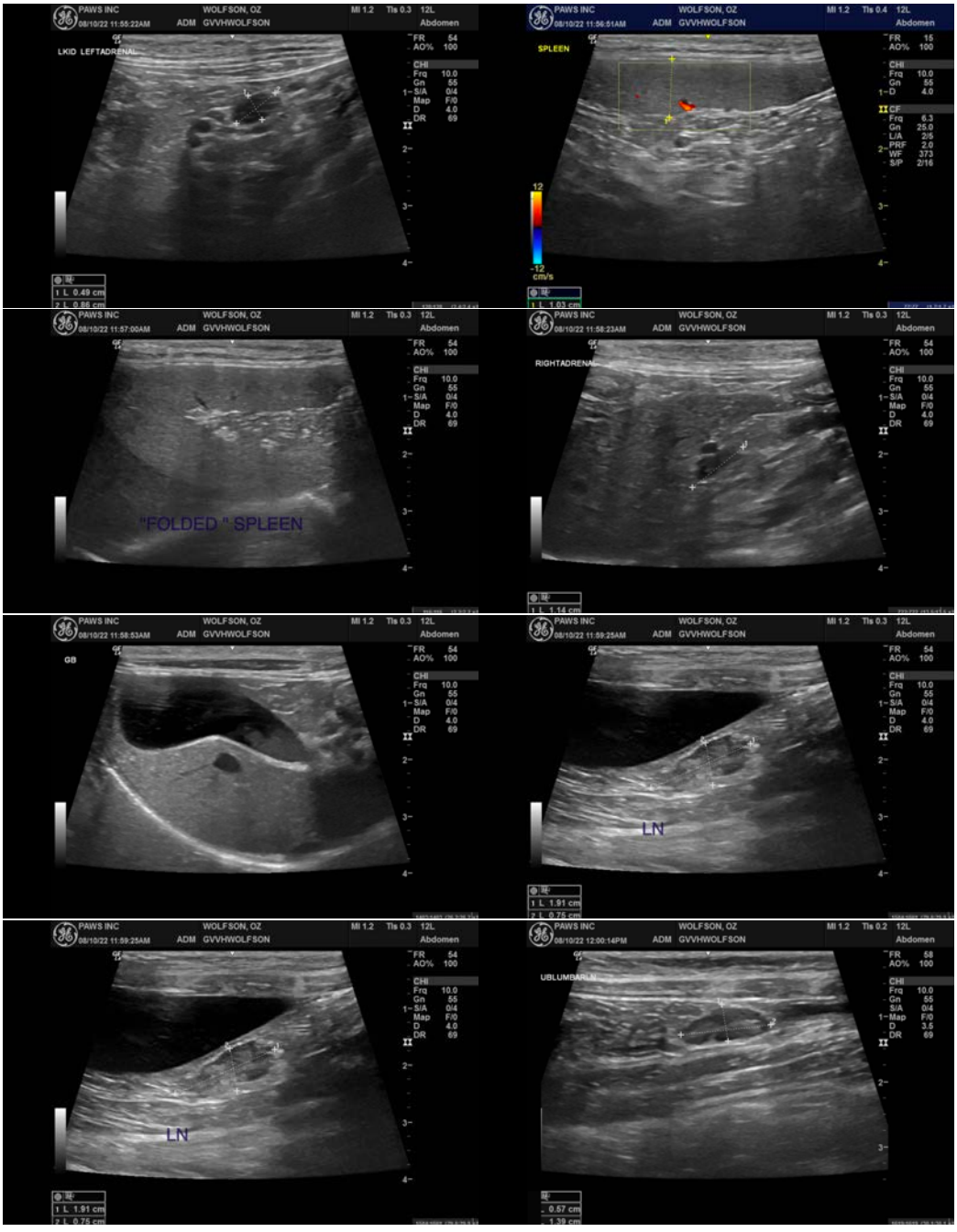

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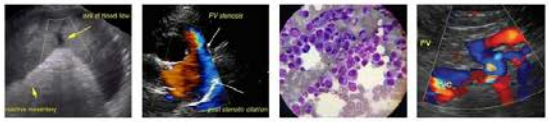

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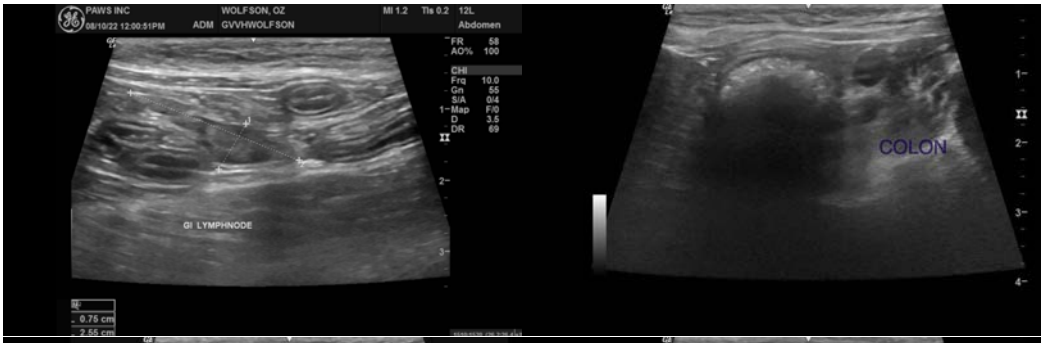

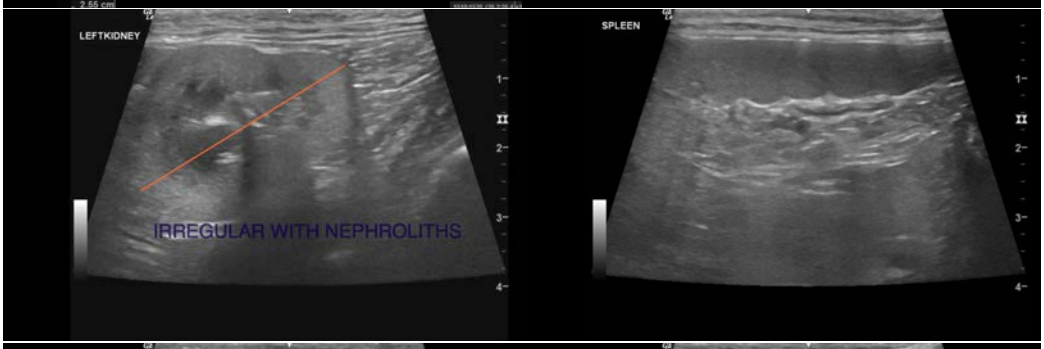

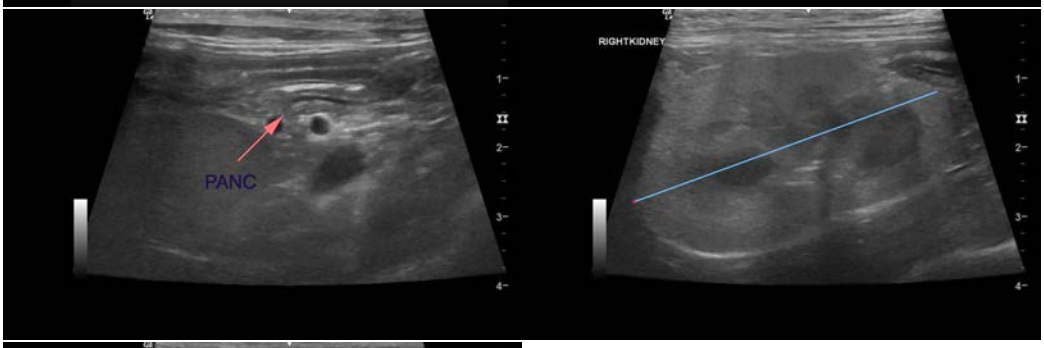

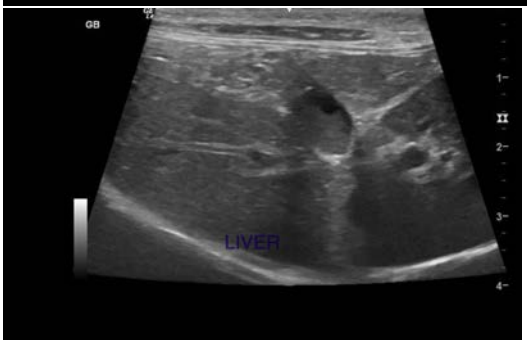

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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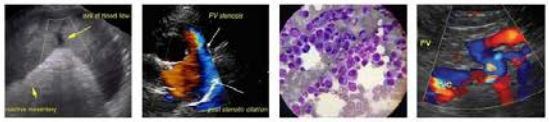

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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