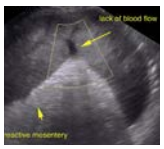
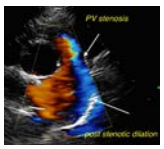
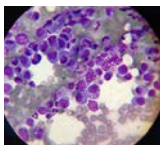
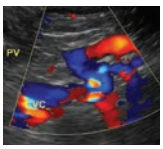
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Hazel Karp

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

8.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kimberly Barron

HOSPITAL NAME

Northshore Vet Hospital

REFERRING VET

Dr. Kimberly Barron

INVOICE

41531

DATE

9/21/22

PRESENTING CLINICAL SIGNS

has a pulmonary nodule, history of asthma, recent weight loss, history of sinusitis. patient has only one kidney. on methimazole to treat hyperthyroidism .

Abnormal PE/Chem/CBC/UA Results: T4 is 3.6, ALT and AST and alp are mildly elevated.

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 patient is reported to not have a left kidney.

The right kidney has a normal shape and size (4.81 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 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.0 cm in width 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

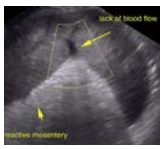
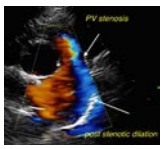
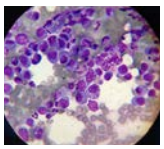
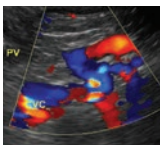
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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

Gastrointestinal

The stomach contains a large amount of fluid/ingesta. 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. Duodenum wall meaures 0.30 cm.

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Jejunum wall measures 0.17 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 prominent and mottled 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 is of normal uniform echogenicity.

PRIMARY FINDINGS

- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Moderate to large distention of the stomach with fluid/ingesta – Correlate with feeding history. If the patient was adequately fasted then consider such differentials as delayed gastric emptying or partial outflow tract obstruction (no obstruction visualized, but the outflow tract was not clearly seen).
- Mildly reduced corticomedullary distinction of the right kidney – The bilateral renal findings are consistent with age-related change.

SECONDARY FINDINGS

- Absent left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions were visualized on today's exam to explain the weight loss reported. The stomach is significantly distended with fluid. Correlate with clinical signs, radiographic findings, and the feeding history. If this patient was adequately fasted, consider the possibility of delayed gastric emptying, an outflow tract obstruction, etc. Reevaluation of the stomach after a more prolonged fast could also be helpful.

The pancreas is somewhat prominent and mottled, but not overtly inflamed. This is likely consistent with previous bouts of pancreatitis or pancreatic remodeling.

The changes in the right kidney are most consistent with age related changes. You could consider a blood pressure +/- urinalysis and culture.

If there is concern for a significant hepatopathy, consider a liver function test and a fine needle aspirate of the liver. Additionally, if underlying GI disease is suspected, you could consider trying a novel protein/hydrolyzed protein prescription diet and sending a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to look for evidence of GI disease.

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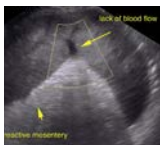
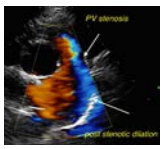
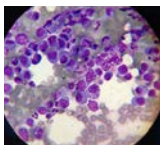
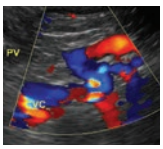

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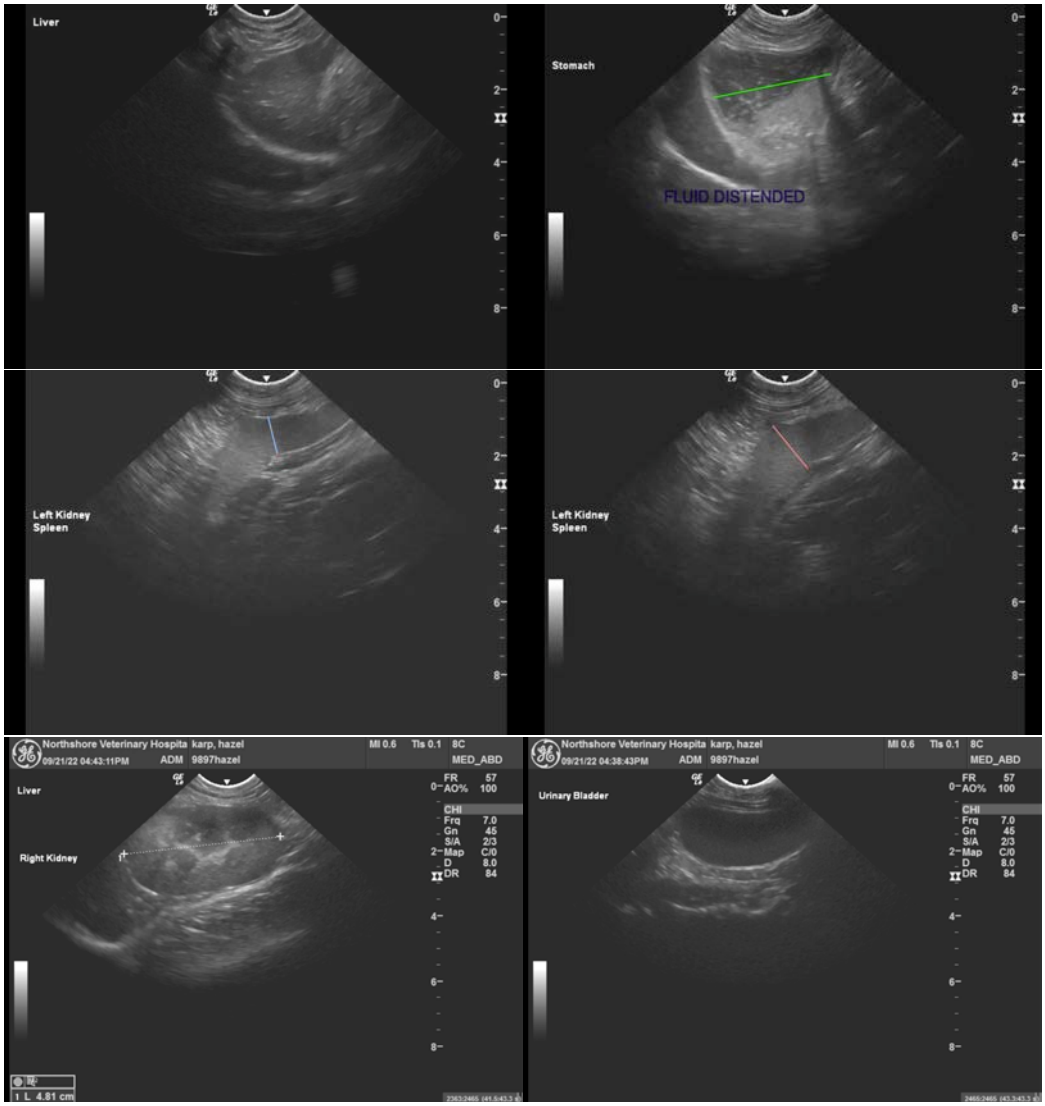
Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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