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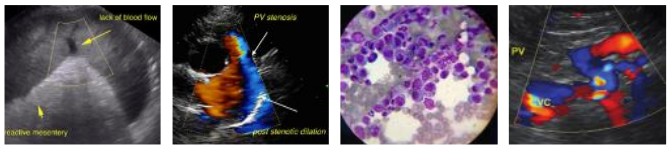
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Lucy Hoglen

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

14 Years

WEIGHT

4.8 kg

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Nelson

INVOICE

14803

DATE

4/18/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for AUS. Started with a decreased appetite for a couple of weeks, losing weight. Gave Mirtazapine, started eating well but drooling. Brought to ER Saturday, rec AUS, was hospitalized until Sunday. Today one pupil dilated, the other not. Previous Health Concerns: no Current Medications: Cerenia, Veraflox

Abnormal PE/Chem/CBC/UA Results: Abdominal: painful in mid abdomen; bowel palpate clumped cbc,chem, epoc, t4 all normal rads; abnormal density in the left dorsal lung area (esophagus); decreased detail in mid abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately with anechoic contents. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of cystoliths, polyps or a mass. A trivial amount of free floating sediment is present, however, obvious signs of cystitis are not noted.

Kidneys

The **left** kidney measures 3.51 cm (3.80-4.40 cm). The capsule is smooth. Its overall architecture is well preserved. A very mild loss of the normal definition of the cortico-medullary junction is present, which is not uncommon for a cat of Lucy's age. Mineralizations of the diverticulae and pelvis are observed, without signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic. Blood flow is adequate.

The **right** kidney measures 3.67 cm (3.80-4.40 cm). Findings are similar to the left kidney.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

No obvious abnormalities are observed with either adrenal gland with regard to their overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable, bilaterally.

Spleen

The spleen is within normal limits in size 9.2 mm (normal = 10 mm), echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous, But it is hyperechoic, i.e., it is hyperechoic to the falciform fat. No abnormalities are observed with the hepatic vessels visualized.

The gallbladder wall is within normal limits in thickness and echogenicity. A trivial amount of echogenic material is present within the GB. There is no evidence of edema surrounding it. The cystic and/or common bile ducts are not visualized, however, there are no signs of an obstruction, based on the remainder of the biliary tree.

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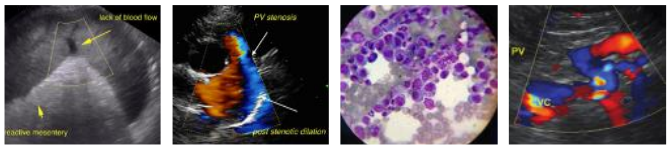

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Gastrointestinal

The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved. There are no obvious signs of abnormally dilated loops of bowel, a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract. However subtle abnormalities may be missed do too a large amount of gas in the transverse and descending colon.

The colonic wall is not thickened and mural detail is considered normal. Formed stools are present within the colon.

Pancreas

No overt abnormalities are observed in the regions of the left or right limbs of the pancreas, however, in-depth evaluations of either limb are not possible due to gas. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

Other

Lymph Nodes

No abnormalities are observed

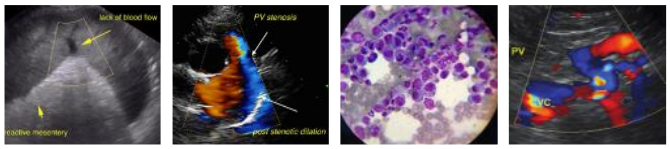
Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- The liver is diffusely hyperechoic, which may be due to hepatic lipidosis as a result of Lucy's hyporexia. However, cholangitis/cholangiohepatitis, cholestasis and cholecystitis cannot be excluded as contributing factors to the hyperechogenicity, despite classical sonographic findings.
- The absence of gastrointestinal changes does not rule out the possibility of inflammatory bowel disease. Furthermore the large amount of gas in the transverse and descending colon may be preventing the ability to identify subtle lesions.
- The free floating sediment within the lumen of the urinary bladder is most likely composed of mucus, crystalline material and exfoliated cells. The debris is likely clinically insignificant given the lack of inflammatory changes to the bladder wall, however, findings should be correlated with clinical signs and a urinalysis.
- Very mild degenerative changes of both kidneys are observed, which are suggestive of age related degeneration. Pyelonephritis cannot be excluded based on the absence of sonographic abnormalities, particularly in an older individual.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pyelonephritis cannot be excluded based on the absence of sonographic abnormalities, particularly in an older individual. The administration of pradofloxacin should help treat the latter, if present. However, Pyelonephritis is painful, therefore, treatment with an analgesic, such as buprenorphine, is recommended.



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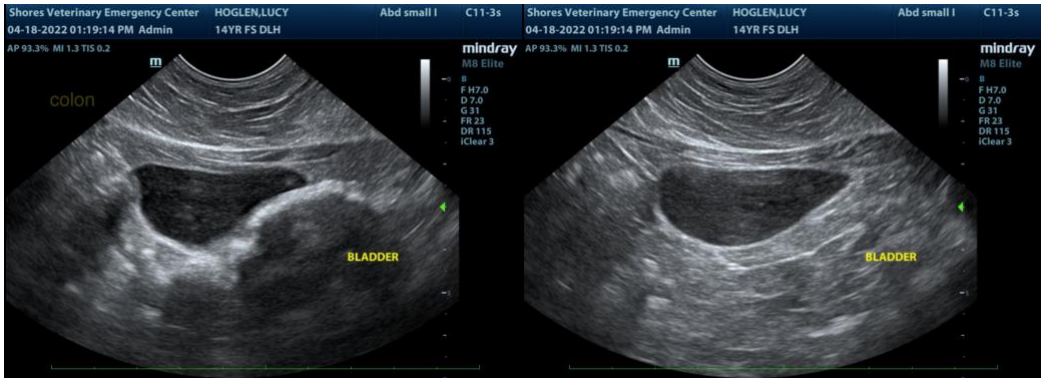
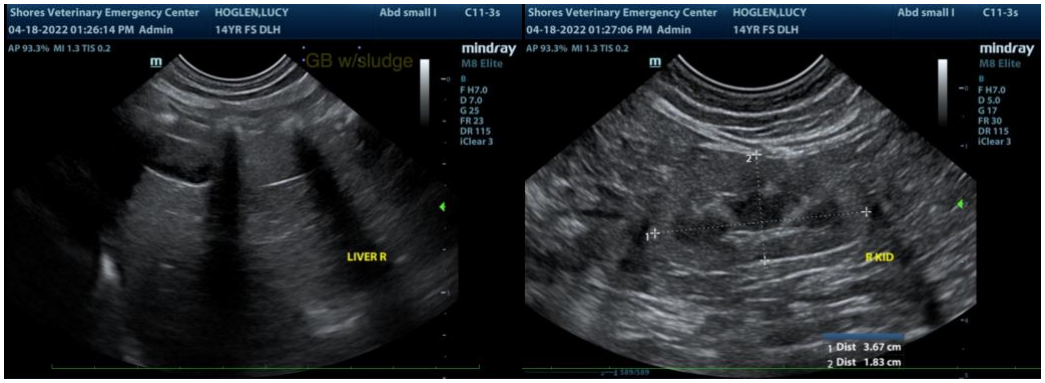
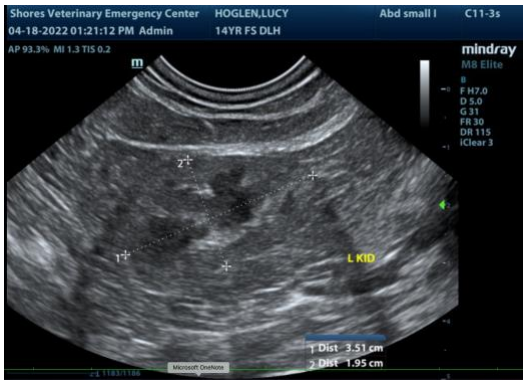
If possible, Lucy's abdomen should be re-ultrasounded in a few hours, once the gas has passed, to ensure that subtle lesions have not been missed. Another option is to re radiograph her abdomen.

The abnormal density in the left dorsal lung lobe on the thoracic radiographs may be due to a pulmonary adenocarcinoma or perhaps an esophageal foreign body or mass. Is there a history of eating plants (possible stricture), going outdoors, etc.







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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Lisa.Carioto@SonoPath.com

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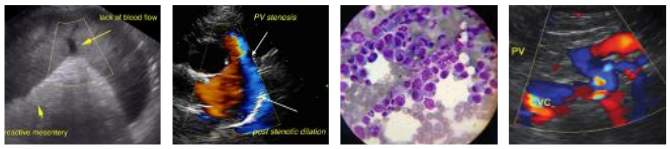

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.