

PATIENT	PRESENTING CLINICAL SIGNS
Cali Clifford	History: stage 3 renal dz, rectal stricture, marked neutrophilia and elevated phosphorus, concern for possible tumor...previously diagnosed with pancreatic tumor meds: lactulose, dabopoeity, mirtazapine, pred, omeprazole, epakitin, potassium, amlodpine, B12
SPECIES	
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Domestic Shorthair	The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.
SEX	Kidneys
Spayed Female	The left kidney is decreased in size, measuring 3.20 cm (3.80-4.40 cm). The capsule is smooth. The cortex is moderately hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. There is no evidence of nephrolithiasis. Pyelectasia of 1.4 mm is present. Intrapelvic accumulation of fat is noted. Blood flow is adequate. The surrounding mesentery is not hyperechoic.
AGE	
14 years	The right kidney measures 3.61 cm (3.80-4.40 cm). The capsule is smooth. The cortex is moderately hyperechoic and a moderate loss of the normal definition of the cortico-medullary junction is present. There is no evidence of nephrolithiasis. Mild pyelectasia is present. Intrapelvic accumulation of fat is noted (more in the right kidney compared to the left). Blood flow is adequate. The surrounding mesentery is not hyperechoic.
WEIGHT	
5.4 lbs	
INTERPRETED BY	Aortic bifurcation/trifurcation
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	No abnormalities observed.
IMAGING PERFORMED BY	Adrenal Glands
Kelly Reshny, RVT	The left adrenal gland measures 0.23 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
HOSPITAL NAME	
Wellington AH	The right adrenal gland measures 0.37 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
REFERRING VET	
Dr. Dennis	
INVOICE	Spleen
99498	The spleen is within normal limits in echotexture, and echogenicity. It measures 5.7 mm (normal = 10 mm). The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.
DATE	
4/26/22	

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Spayed Female

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DVSc, Diplomate
ACVIM**IMAGING
PERFORMED BY**

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Liver

There are no obvious signs of hepatomegaly and its borders are smooth to mildly rounded. A diffuse, mildly coarse or granular echotexture is observed, which may be due to a reactive hepatopathy. It is within normal limits in echogenicity. Two anechoic, well circumscribed lesions are observed in the left liver. The first nodule measures 5.6 mm in diameter x 7.2 mm in length. The second nodule measures 4.1 mm in diameter. Its full length is not measurable due to interference from gas in the stomach. Multiple hyperechoic punctate foci are noted scattered throughout the right liver lobe, in addition to perivascular cuffing of multiple blood vessels throughout the liver. The latter two findings may be due to deposition of fat, mineralization, as well as inflammation.

The gallbladder (GB) 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 the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

Gastrointestinal

The stomach is filled with a large amount of gas. 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, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

The transverse colon and colon are filled with a large amount of gas. The colonic wall is not thickened and mural detail is considered normal.

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

Pancreas

The pancreas is not overtly hypoechoic to suggest edema, however, the surrounding mesentery is moderately hyperechoic. A hypoechoic, irregularly shaped nodule, is observed in the region of the right pancreas. It measures 7.6 mm in diameter x 1.3 mm in length. The nodule appears to be part of the pancreas. A few other hypoechoic nodules of variable size, as well as occasional hyperechoic foci are also noted dispersed throughout both limbs.

Other**Lymph nodes**

No abnormalities are observed

Abdominal effusion is not visualized.

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ULTRASONOGRAPHIC FINDINGS

- There are no obvious signs of neoplasia on today's ultrasound.
- These pancreatic changes are most likely a combination of nodular hyperplasia and areas of fibrosis, which are considered age related changes, and possibly due to previous episodes of pancreatitis, as well as deposition of amyloidosis. The hyperechoic mesentery may be due to fibrosis as a result of previous episodes of pancreatitis. The hypoechoic nodule may be due to a cyst, a phlegmon, or possibly, nodular hyperplasia. Neoplasia is considered less likely.
- The hepatic changes may be due to a reactive hepatopathy, as well as age related changes. The two anechoic lesions are most likely benign cysts. The multiple hyperechoic punctate foci and perivascular cuffing of multiple blood vessels may be due to deposition of fat, mineralization, as well as inflammation. Cholangitis/cholangiohepatitis cannot be excluded, but are considered unlikely. There are no obvious signs of cholecystitis.
- The renal changes are highly suggestive of chronic renal disease and age-related degeneration. The mild pyelectasia is most likely secondary to polydipsia. Pyelonephritis cannot be excluded despite the absence of sonographic signs.
- Hypovolemia may be present based on the size of the spleen, however, this should be correlated with Cali's physical exam findings.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continue current treatments for chronic renal disease, with re-evaluations of a urinalysis, urine culture and sensitivity, and urine protein; creatinine ratios (if culture is negative).

Monitor arterial blood pressure and fundic exams every 3 months. Ensure blood pressure is not too low, to avoid decreased renal perfusion.

Buprenorphine 0.005-0.01 mg/kg sublingually two to three times a day may be administered for a few days to exclude the possibility of abdominal pain associated with the pancreatic changes observed.

Aluminum hydroxide (Phosbind by Rx Vitamins) may be more effective as a phosphate binder.

Vitamin B12 supplementation is suggested in chronic renal disease patients.

Subcutaneous fluids may also be considered at home, depending on the client's wishes.

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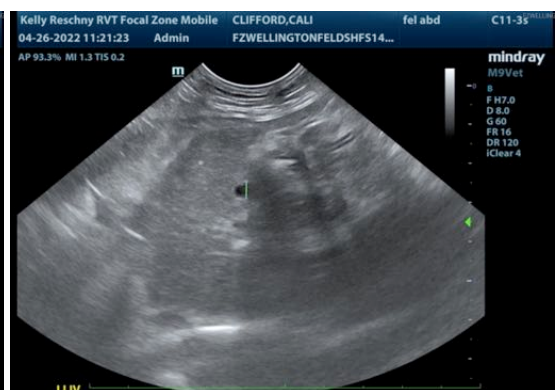
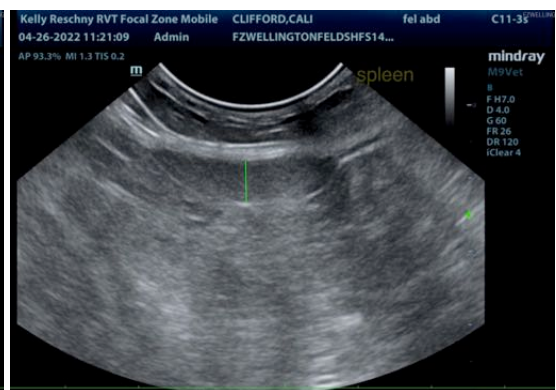
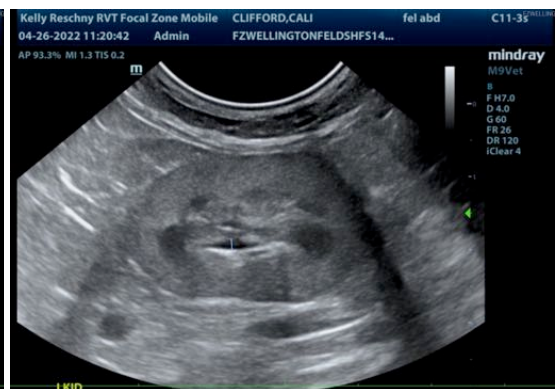
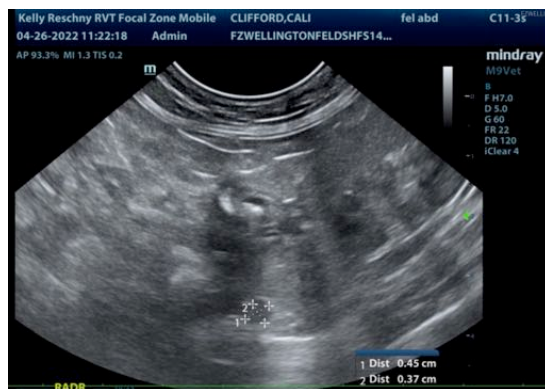
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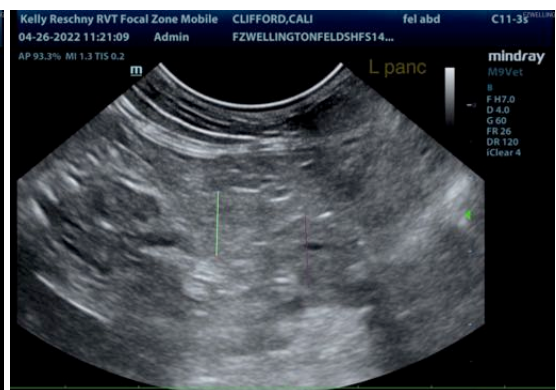
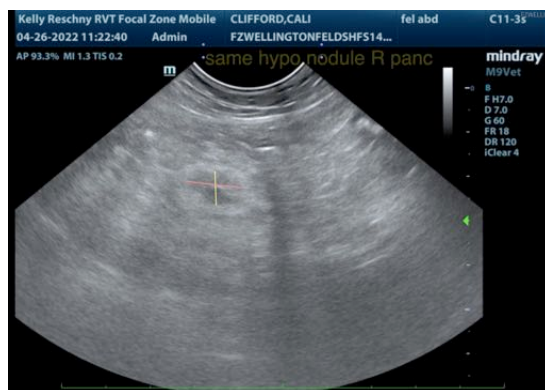
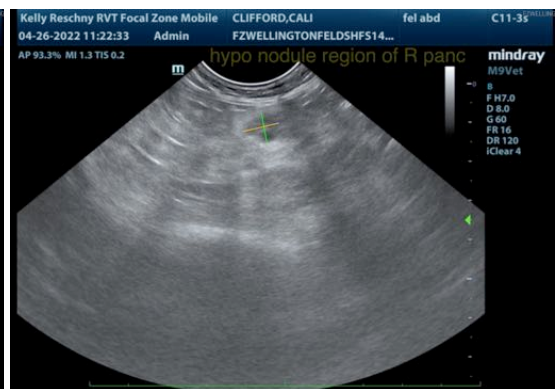
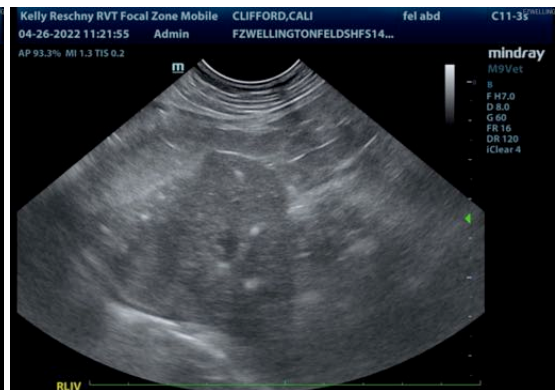
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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can be of any further assistance please contact me.

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