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Clinical Sonography & Telecytology
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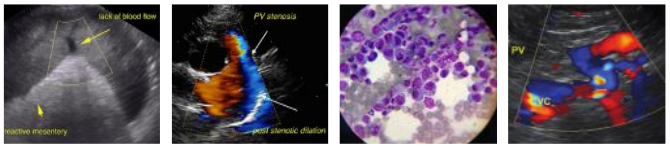

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pedal Boire

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12 years

WEIGHT

9.5 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Bailey

INVOICE

15800

DATE

1/11/23

PRESENTING CLINICAL SIGNS

Dramatic weight loss, PU/PD, not eating and vomiting. Nausea, licks lips frequently. Possible seizure activity. Sedated for US.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 2-3/9, muscle wasting. iCa: 1.46 H, Ca 12.4, BUN 56.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN & THORAX

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and capsule asymmetry were present in the kidneys. Cortical infarcts were present. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Both kidneys exhibited variable pinpoint to focal medullary mineral to renolithiasis. No evidence of pyelectasia. The left kidney measured 3.8 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.49 width and the right adrenal gland measured 0.5 width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.82 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Subjective normal hepatic vascular volume without overt congestive criteria was noted. The liver appeared to be completely within the abdominal cavity with intact diaphragm. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was minorly dilated, not consistent with post hepatic obstructive criteria and likely age-related changes.

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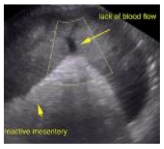

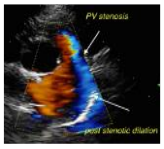

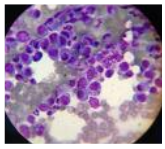
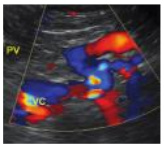

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of gastric distention secondary to retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.24 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical / metabolic ileus, obstruction, or foreign material. The small intestinal wall width measured 0.20-0.22 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No evidence of omental masses, significant lymphadenopathy, or peritoneal effusion were noted.

Thorax

A brief sonographic assessment of the thorax revealed moderate volume primarily anechoic pleural effusion. A homogeneous hypoechoic mass or cranial mediastinal / sternal lymph node in the cranial thorax was noted measuring approximately 2.2 cm in diameter. Possible ill-defined homogeneous atypical lung was noted in the caudal and pericardial thorax. No obvious evidence of air entrapment.

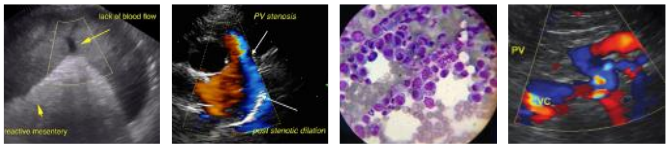
A subjective cardiac assessment revealed no evidence of left or right heart chamber enlargement. Possible mild subjective bradycardia, although not definitive, was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes with nonobstructive medullary mineral / renolithiasis
- Overtly normal intraabdominal liver without congestive criteria
- Sonographically unremarkable gastrointestinal tract / pancreas
- Cranial thoracic / mediastinal ill-defined mass vs. lymphadenopathy
- Possible unspecified atypical to homogeneous lung caudal to pericardial thorax
- Moderate pleural effusion - subjectively noncardiogenic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the subjective noncardiogenic pleural effusion may include inflammatory, infectious, or neoplastic etiologies with less likely potential for dry FIP, given the patient's age. Primary concern for underlying neoplasia given the hypercalcemia and unspecified cranial thoracic / mediastinal mass vs. lymphadenopathy with potential concurrent atypical lung is warranted.



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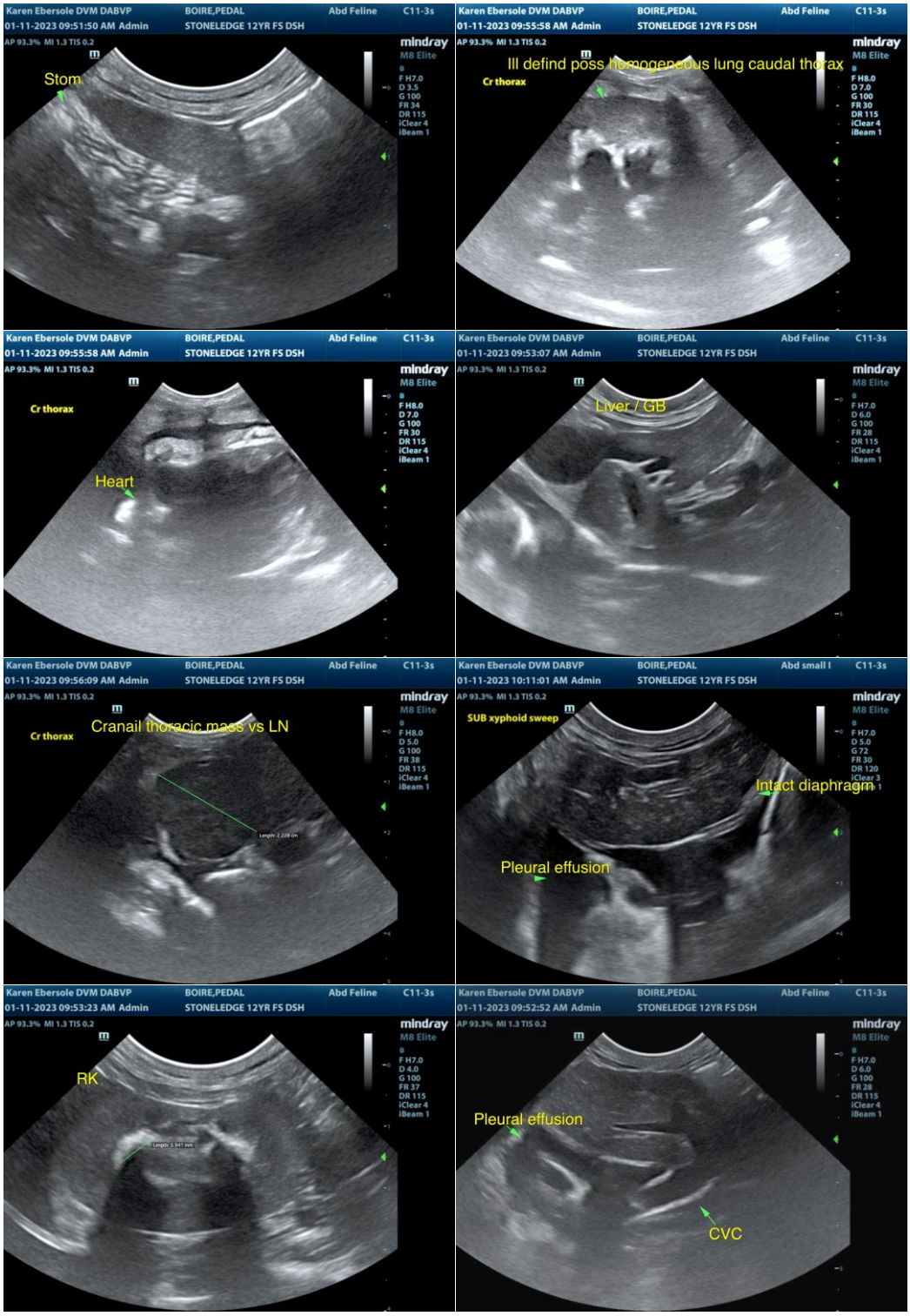
Further assessment may include effusion analysis, cytology, +/- effusion C/S if evidence of inflammatory cells. No obvious evidence of primary intraabdominal neoplastic criteria. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for occult gastrointestinal or pancreatic disease as a contributing factor. A very guarded to unfavorable prognosis is likely indicated.



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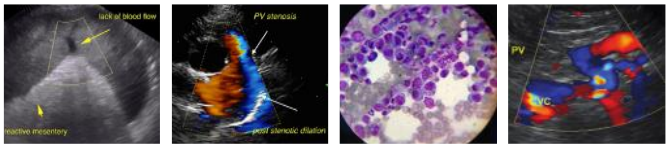

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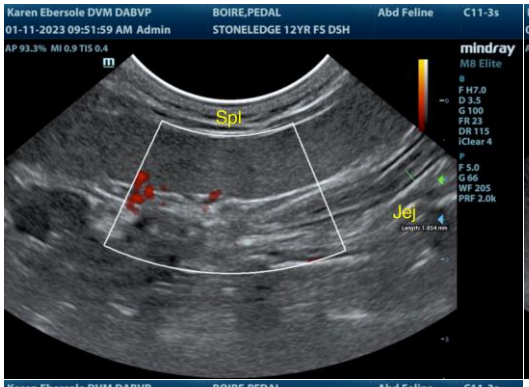

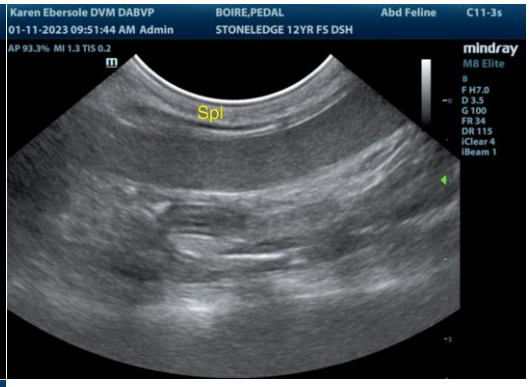

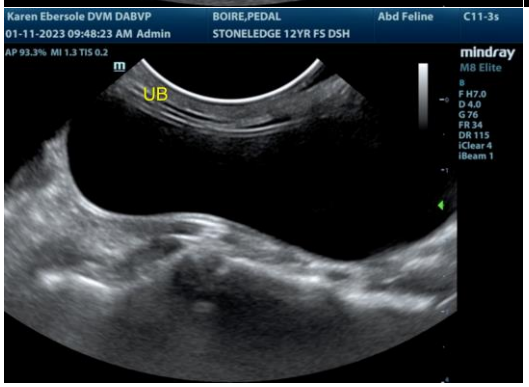

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com