



PATIENT PRESENTING CLINICAL SIGNS

Polating Williams

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

16 Years

WEIGHT

11.4 Pounds

Patient presented 1/22/2022 for weight loss and mild decreased energy at home. Patient still eating/drinking, no vomiting/diarrhea. Physical Exam findings: 1. Significant weight loss, jaundice - r/o organ dysfunction vs infectious vs inflammatory vs neoplastic 2. Notable sensitivity on middle to caudal abdominal palpation (R > L) - r/o pain associated with organ dysfunction vs nervousness vs referred pain from OA or other source of musculoskeletal pain vs other 3. Hx of hip pain, mild laxity in both coxofemoral joints on ROM - r/o OA vs DJD vs prev/acute injury vs degenerative vs other ****No hip subluxation noted on exam, legs equal in length. 4. Aging changes OU (decreased lens clarity) 5. Most teeth absent 6. Raised pink/pigmented hairless growth ~1 cm x 1 cm on distal left lateral hock with mild SQ extension on palpation - r/o benign vs neoplastic growth 7. Hind end stiffness with mild muscle atrophy both pelvic limbs, crepitus R stifle - r/o OA vs DJD vs prev/acute injury vs degenerative vs other 8. Otherwise no major abnormalities

Abnormal PE/Chem/CBC/UA Results: T. Bili high at 3.0 (RI 0-0.5), otherwise mild hyperglycemia (GLU 198), low-normal ALB (2.3), mild elevated TCHOL (205), mild hypocalcemia (Ca 8.6), mild decreased CREAT (0.7), mild elevated TRIG (161) - SDMA - significantly elevated at 33 ug/dL - T4 - normal at 1.9 ug/dL **likely euthyroid** - UA (cysto, pale yellow) - 1.035, pH 6.0, PRO 1+, GLU neg, KET neg, UBG 3+, BIL 3+, BLD 2+, WBC and RBC <1/hpf, Cocci suspect, Non-squamous epi cells <1/hpf, otherwise no changes; Sediment microscopy showed occasional bilirubin pigment, otherwise no significant findings Current Medications Amoxicillin 75mg BID, Ursodiol 250mg SID since 1/12/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.2 cm. The right kidney measured 4.1 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm in width. The right adrenal gland was not definitively visualized owing to periadrenal artifact and peritoneal free fluid.

Spleen

The spleen exhibited borderline enlargement (1.1 cm in width at the level of the hilus) with 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary
Hospital

REFERRING VET

Dr. Berman

INVOICE

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PATIENT *Liver*

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The liver exhibited generalized enlargement. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. No evidence of hepatic congestion. The gallbladder was subnormal in size and without evidence of distention. No overt post-hepatic obstructin. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering. Pylorus wall measured 0.31 cm. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with primarily 1:3 muscularis/mucosa ratio to the level of the ileocolic junction. Duodenum wall measured 0.29 cm. Jejunum wall measured 0.24 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

An unspecified, mildly non-homogeneous mass lesion was noted at the level of the ileocolic junction, measuring approximately 2.3 cm in diameter. This mass may be associated with the distal ileum or ileocolic wall, although potential for imposing colic lymphadenopathy is possible.

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

Pancreas

The pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to adjacent hyperechoic peripancreatic omentum.

Free Abdomen

Generalized hyperechoic mesentery exhibiting subtle non-uniform echotexture as well as moderate volume free fluid exhibiting mild subjective cellularity. No overt evidence of significant lymphadenopathy.

Heart

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

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ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting generalized parenchyma hypoechogenicity – congestion, acute hepatitis (even without reported concurrent hepatic enzyme elevations, given the short half-life of hepatic enzymes in cats), reactive hepatopathy, occult neoplasia or other possible.
- Borderline non-specific splenomegaly
- Unspecified small non-homogeneous mass lesion at level of ileocolic junction
- Bilateral moderate chronic renal changes
- Moderate volume peritoneal free fluid and generalized hyperechoic mesentery



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming no subnormal albumin levels that would diminish oncotic pressure to the point of causing free fluid, and without overt evidence of cardiogenic effusion, the effusion may be secondary to acute hepatopathy and secondary portal hypertension. Inflammatory effusion/peritonitis with primary concern for neoplastic effusion (i.e., carcinomatosis or lymphomatosis) given the presence of unspecified mass lesion in the area of the ileocolic junction.

Recommend abdominocentesis and rapid cytospin cytology +/- culture and sensitivity if evidence of inflammatory cells are present. Technically, FIP is a potential in this patient, yet considered unlikely given the patient's age. Likewise, and assuming normal clotting status, hepatic FNA using 25-gauge needle for screening cytology could be considered. Very guarded to suspected unfavorable long-term prognosis indicated.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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