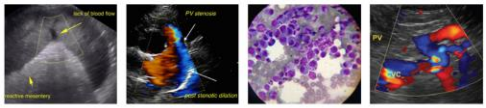


PATIENT

Hope Friedman

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15yr

WEIGHT

7.7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Falmouth Animal Hospital

REFERRING VET

Dr. Hauser

INVOICE

12694ag

DATE

01/16/2023

PRESENTING CLINICAL SIGNS

Weight loss; eats when presented with food but then stops. Interested mostly in new food, people food, renal and liver and BG WNL. T4 WNL, well controlled on Methimazole. Chronic heart murmur (years, no change. Owner declines echo). AUS findings: 8/14/20 (R. Mckenzie Daniel, DVM, DABVP, Sonopath). Bilateral mild chronic renal changes with minor left kidney pyelectasia. Hypoechoic pancreas with peripancreatic omental reactivity. Solitary, small hepatic nodule. Reactive ileocolic lymphadenopathy and regional omental reactivity

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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. Mild bilateral pyelectasia was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. No overt pathology in the area of the right adrenal gland.

Spleen

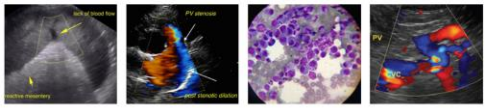
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.87 cm in width at the level of the hilus.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic luminal content and minor echogenic debris in the gallbladder neck and cystic biliary duct. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.30 cm diameter.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta exhibiting mild progressive distal acoustic shadowing was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental intestinal ingesta/cyme and luminal gas was present. No signs of ileus, obstruction or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.24 cm width. The ileocolic wall measured 0.34 cm width.

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

Pancreas

The left pancreatic limb exhibited possible mild prominent size with indistinct margins compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses or peritoneal effusion was present. Subtle peri ileocolic reactive mesentery was observed.

Focal, mildly prominent to enlarged colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Moderate age related chronic renal changes with minor bilateral pyelectasia
- Mild hepatic parenchyma remodeling
- Non-obstructive proximal common bile duct dilation
- Heterogenous pancreas
- Intact GI walls with gastric and minor segmental intestinal ingesta
- Minor benign/reactive colic lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

The finding of proximal common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

Pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation.

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. The possibility of gastric hairball density cannot be excluded if evidence of previous hairballs.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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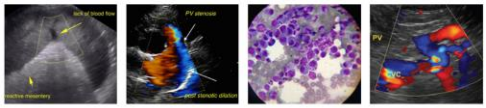

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Clinical Sonography & Telecytology
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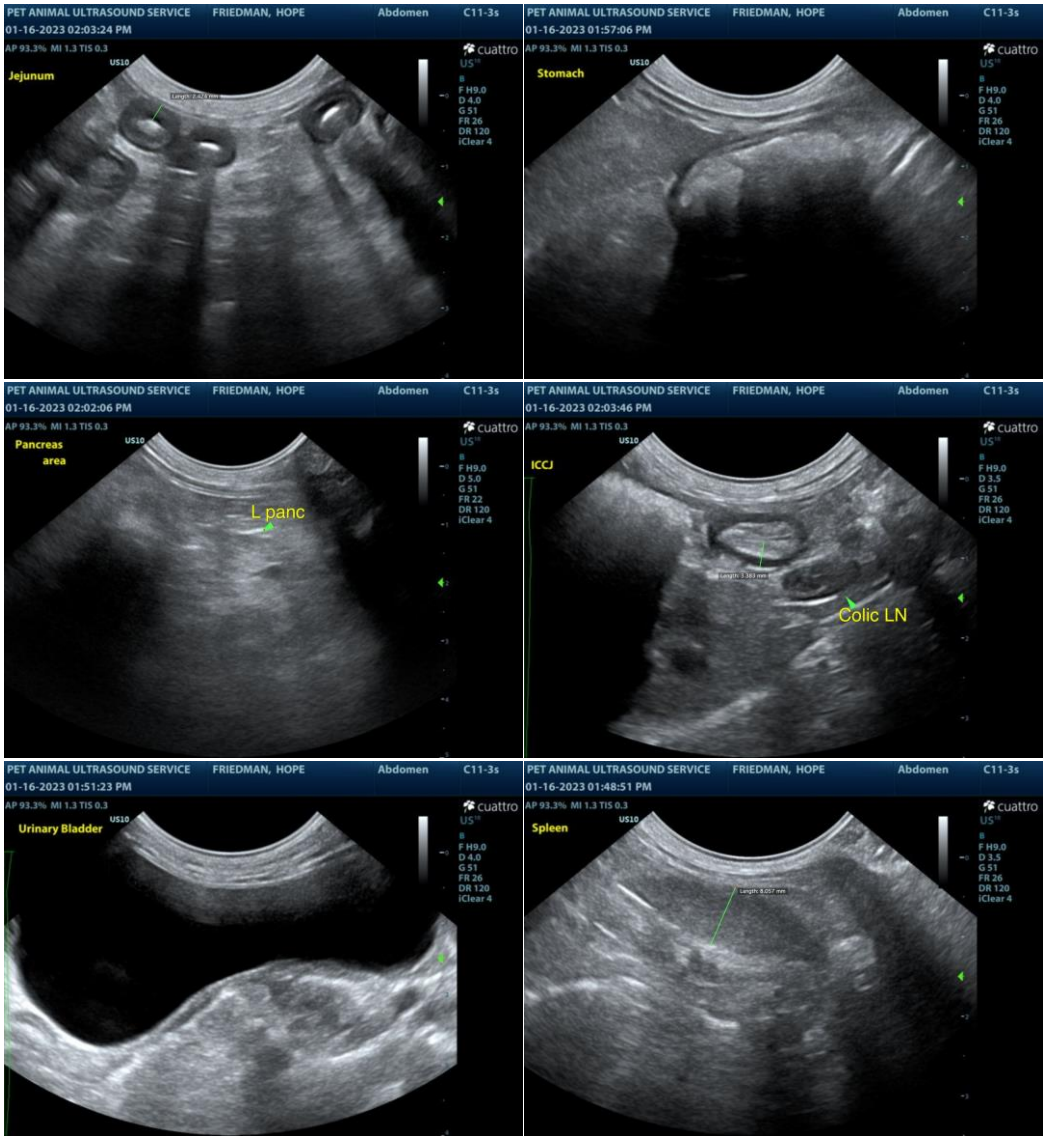
A recheck sonogram pending additional diagnostics suggested if evidence of progressive weight loss.



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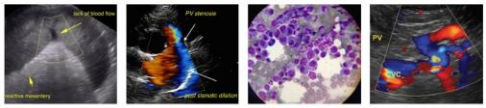

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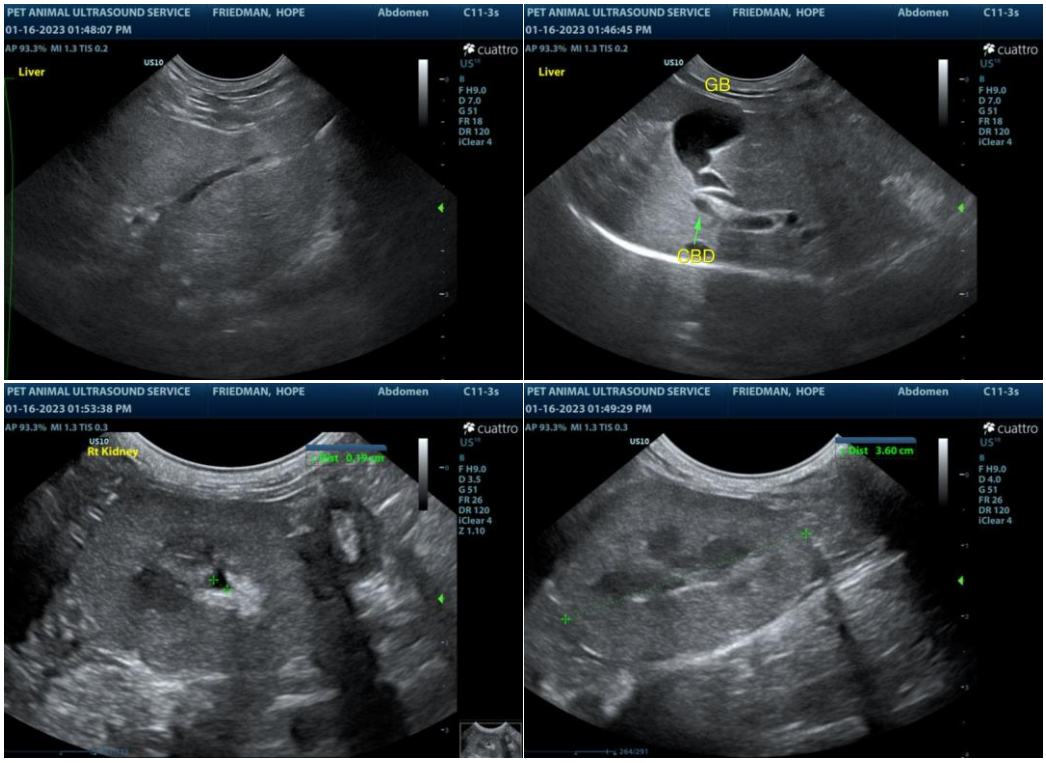

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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