SonoPath
Clinical Sonography & Telecytology
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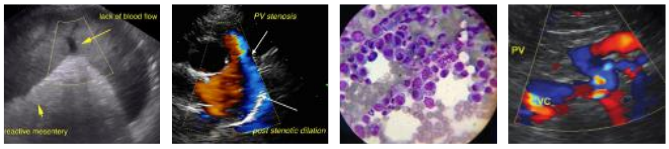


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Salem Lyons

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

11.75 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew , LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

13703

DATE

1/31/22

PRESENTING CLINICAL SIGNS

History: Previous history of decreased appetite, since resolved, chronic weight loss. Started on Prednisolone Jan 17. 2022.
Abnormal PE/Chem/CBC/UA Results: Previous AUS report and BW attached. Current BW attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in overall size yet subjective normal tone. The urethra was normal to a depth of 2.0 cm. Primarily anechoic urine was present in the lumen. Nondependent to dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortic trifurcation was normal.

Normal size and margination was present in the kidneys. 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. Mild pyelectasia was present in both kidneys. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm.

Spleen

The spleen exhibited borderline enlargement, measuring 1.0-1.1 cm in width at the level of the hilus. Mild generalized splenic parenchyma heterogeneity with subtle asymmetrical medial capsule contour. No distinct splenic masses or nodules noted.

Liver

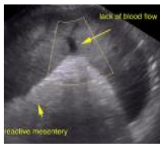
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, small, thinly walled parenchymal cysts were present.

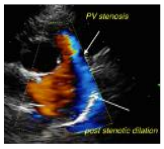
The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

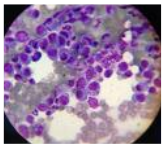
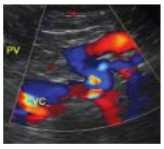
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with generalized propensity for mildly prominent muscularis layer. Mild areas of jejunal chyme were present. No overt evidence of loss of intestinal wall





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layering or intestinal masses. The duodenum wall measured 0.42 cm. The jejunum wall measured 0.33 cm. The ileocolic wall measured 0.44 cm.

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

Pancreas

The pancreas was normal in size and contour with heterogeneous to mildly echogenic parenchyma compared to adjacent omentum with evidence of parenchymal remodeling, including potential areas of likely nodular hyperplasia or small parenchymal cysts. Mild pancreatic duct dilation was present. An example a pancreatic nodule measured 0.39 cm in diameter.

Free Abdomen

No overt lymphadenopathy was present. Subtle evidence of periintestinal reactive mesentery was present. No effusion noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Urinary bladder sediment
- Moderate bilateral chronic renal changes with minor pyelectasia
- Nonspecific borderline splenomegaly- age-related, patient variant, hyperplasia, hematopoiesis, incidental splenitis possible. Potential for early round cell splenic neoplasia given the patients weight loss is considered a less likely differential diagnosis.
- Gastric ingesta, probable chronic IBD
- Chronic pancreatitis pattern with suspect areas of nodular hyperplasia or small parenchymal cysts

Secondary Findings

- Intermittent, small hepatic cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Potentially, the recent institution of prednisolone may be masking intestinal mural changes. However, the intestine exhibited mild mural changes suggestive of chronic inflammatory enteropathy. Potential for neoplastic infiltrative enteropathy which may present in similar sonographic manner, such as low-grade lymphoma or similar cannot be excluded yet thought less likely. GI panel, including PLI, TLI, cobalamin and folate suggested (if not recently done).

Assuming normal clotting status, ultrasound guided FNA of the spleen, e=using a 25-gauge needle, could be considered for screening cytology, primarily to ensure only benign changes are present and rule out potential for round cell neoplasia.

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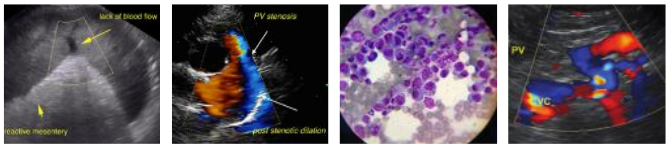

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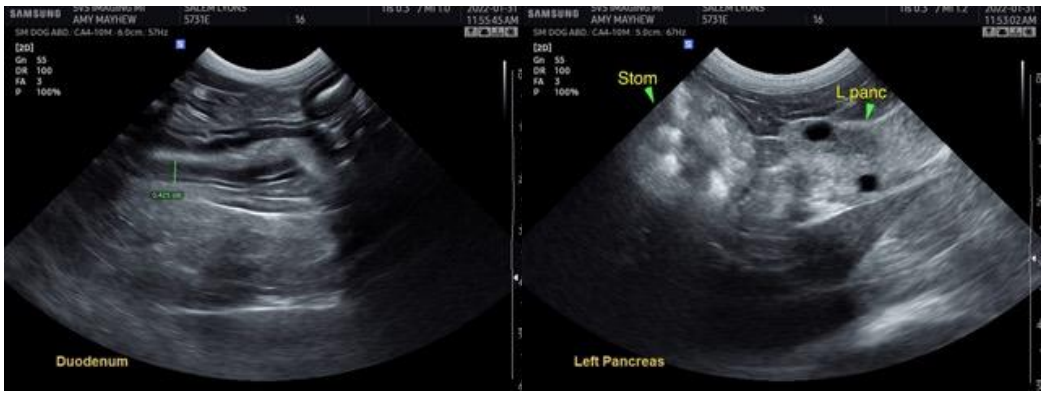

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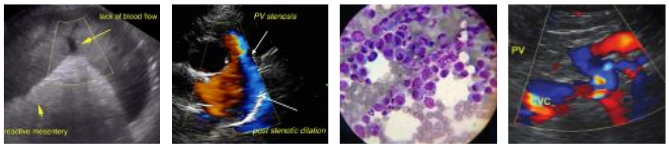

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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