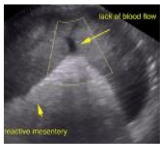
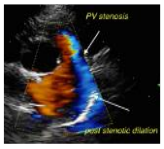
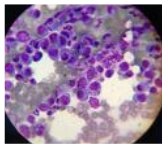
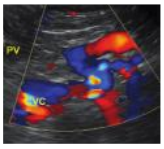
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Levi Winter

SPECIES

Feline

BREED

DMH

SEX

M/N

AGE

16 yrs

WEIGHT

8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Cresskill AH

REFERRING VET

Dr. Yablanovich

INVOICE

16016

DATE

1/31/23

PRESENTING CLINICAL SIGNS

Patient with history of early CKD presents for progressive weight loss, a newly auscultated heart murmur and a possible lung lesion seen on thoracic radiographs.

Abnormal PE/Chem/CBC/UA Results: HCT 28%, WBC 12.3k, SDMA 17, BUN 25, creat. 1.8, albumin 2.4, glob. 4.4, ProBNP 108, T4 2.1.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. No overt evidence of neoplastic criteria was noted. Minimal anechoic urine was present in the urinary bladder with no overt sediment or calculi. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney exhibited borderline to mild subnormal size measuring 2.8 cm in length. The right kidney was normal in size measuring 4.3 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 0.31 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

Subnormal spleen, consistent with volume contraction, was present with no evidence of neoplastic criteria measuring 0.36 cm width.

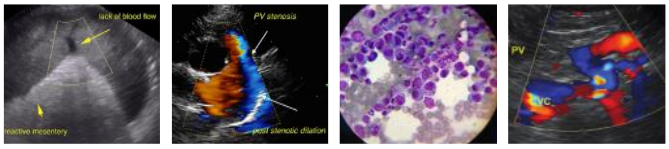
Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. 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. Minor non-shadowing gastric ingesta was present.

The small intestine exhibited generalized intact wall layering with subjective propensity for mildly prominent segmental intestinal muscularis layer to the level of the ileum. Intact mildly prominent ileum walls extending into the ileocolic junction, which exhibited intact layering, was noted. The jejunum wall



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width measured up to 0.28 cm. The ileum wall width measured 0.37 cm. The ileocolic wall width measured 0.47 cm.

Segmentally thickened proximal colon distal to the ileocolic junction exhibiting hypoechoic mural hypertrophy and loss of discernable colon wall layering was present potentially measuring 3.0-4.0 cm in length with proximal colon wall width measuring up to 1.0 cm.

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

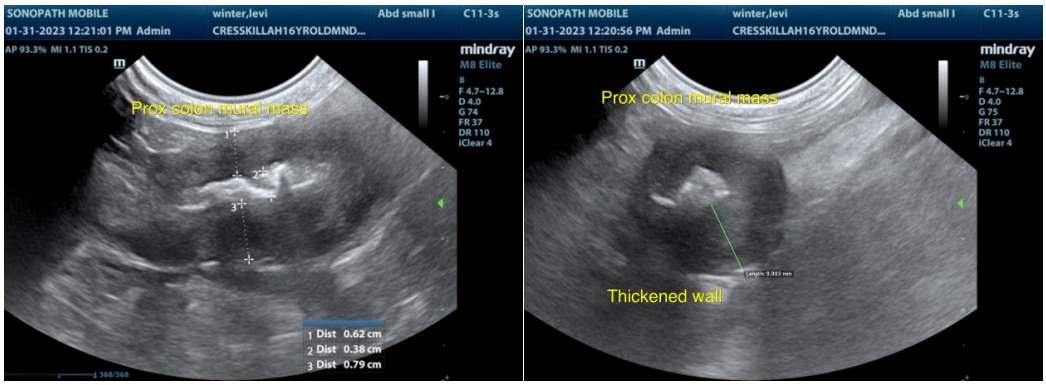
Regional hyperechoic peri ileocolic omentum with concurrent colic lymphadenopathy was present exhibiting mild swollen contour and hypoechoic parenchyma. An example measured 0.95 cm. The colic lymph nodes exhibited subjective abnormal width: length ratio (>0.5). No free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes
- Proximal colon mural mass
- Intact segmentally prominent small intestinal / ileum walls
- Peri ileocolic hyperechoic omentum and associated colic lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Inflammatory neoplastic or granulomatous (Dry FIP) etiologies are possible for the proximal colon mural mass with potential segmental intestinal / ileal and early lymphatic involvement. FNA cytology of the proximal colon mural mass +/- accessible colic lymph node could be considered for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Entero-lymphatic biopsies are likely required for a definitive diagnosis.



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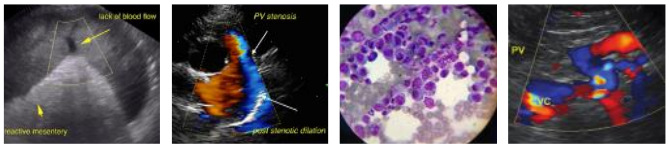

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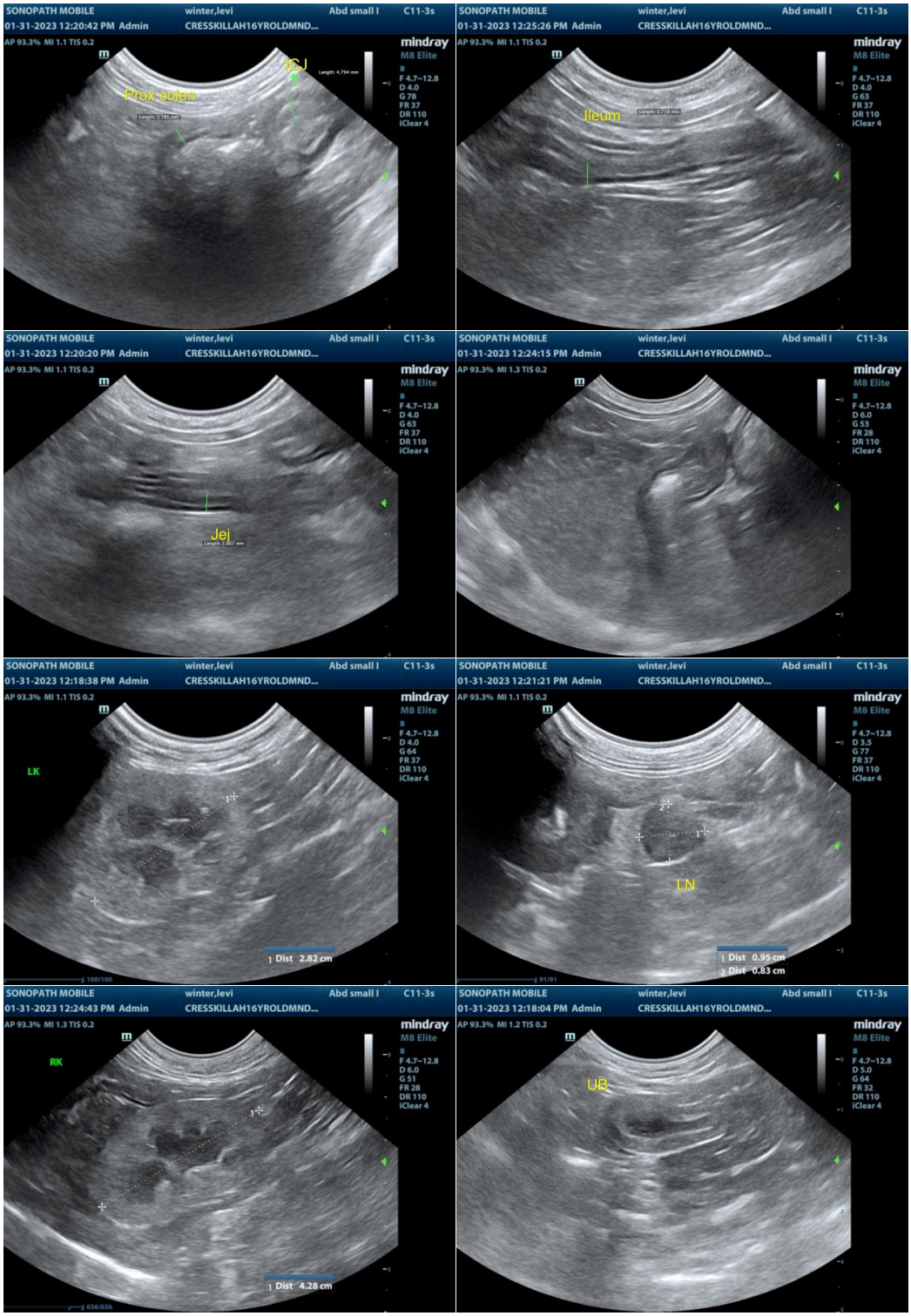
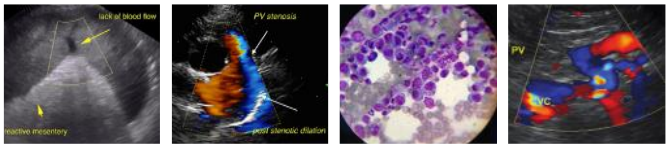


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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