SonoPath
Clinical Sonography & Telecytology
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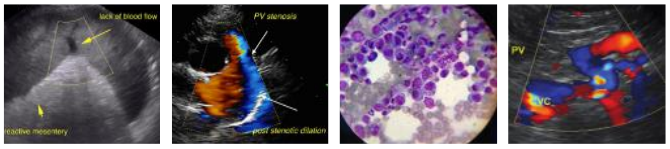


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Carusso Perhacs

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

19 Years

WEIGHT

6.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Krstevski

INVOICE

20350

DATE

1/4/23

PRESENTING CLINICAL SIGNS

History: Patient presents for progressive weight loss and chronic diarrhea. Very thin body condition. Abnormal PE/Chem/CBC/UA Results: HCT 28, HGB 8.1. U/A: protein 1+, Ca oxalate crystals 0-1.

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. Primarily anechoic urine was present in the lumen. Minor nondependent hyperechoic sediment was present without evidence of calculus formation, which may indicate cellular debris/protein, crystalline debris, lipid or mucus. 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 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 3.5 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

Both adrenal glands were prominent in size, exhibiting subtle nonhomogenous parenchyma. No evidence of parenchymal mineralization. The left adrenal gland measured 0.83 cm. The right adrenal gland measured 0.62 cm in width, respectively. The prominent adrenal glands are nonspecific and of unclear clinical significance, likely patient or age-related variant, assuming normal potassium levels. Monitoring of potassium levels and systemic blood pressure may be considered.

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.

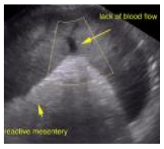
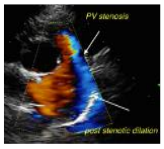
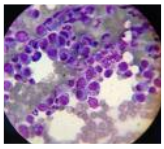
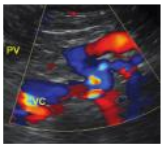
Liver

The liver was 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 anechoic content. The common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.2 cm diameter. No evidence of post-hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm.

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The small intestine presented intact yet generalized prominent wall layering owing to propensity for mildly prominent muscularis and segmental mucosa. The duodenum wall measured 0.35 cm. The jejunum wall measured up to 0.30 cm. The ileocolic wall measured 0.38 cm.

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

Pancreas

The pancreas was normal in size with mild capsule asymmetry. Nonhomogenous to isoechoic parenchyma was noted with generalized pancreatic duct dilation.

Free Abdomen

Mild peritoneal free fluid was present. Discrete generalized nonhomogenous omentum was noted. No evidence of significant lymphadenopathy or definitive omental masses.

A moderately sized nonhomogenous to cystic subcutaneous mass was present in the ventral caudal abdomen to inguinal area, measuring approximately 9.0 cm in diameter. The mass did not overtly appear to invade the caudal abdominal cavity.

ULTRASONOGRAPHIC FINDINGS

- Enterocolonopathy- suspect chronic IBD/eosinophilic enteritis, potential for neoplastic infiltrative enteropathy with round cells, i.e., lymphoma cannot be excluded.
- Suspect chronic pancreatitis
- Mild hepatic parenchymal remodeling
- Nonobstructive proximal common bile duct dilation- suspect age-related variant, possible low-grade cholangitis if previous history pf hepatic enzyme elevations
- Bilateral chronic interstitial nephrosis renal pattern with mild urinary bladder sediment
- Nonspecific cystic subcutaneous mass in the caudoventral abdomen/inguinal area

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

FNA/centesis of the nonspecific subcutaneous caudal abdominal to inguinal mass lesion for cytology +/- fluid analysis could be considered.

Assuming intestinal biopsies are an unlikely potential in this patient, empirical IBD protocol, which may include hydrolyzed diet trial, cobalamin supplementation, high colony count probiotics and Prednisolone trial at lowest effective dose to control clinical signs, would be reasonable.

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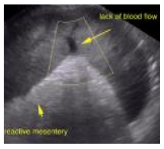
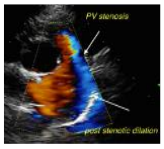
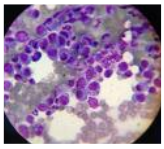
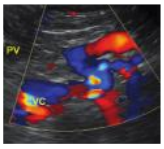

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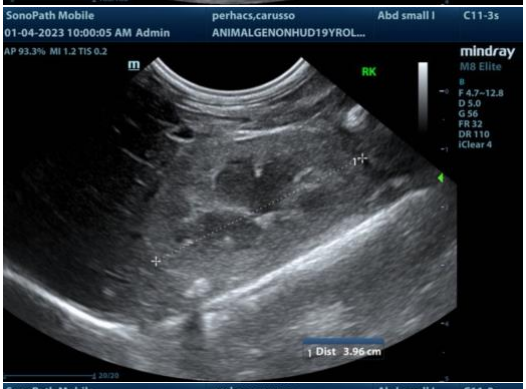

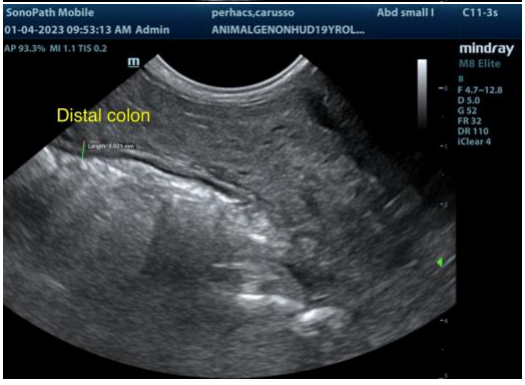

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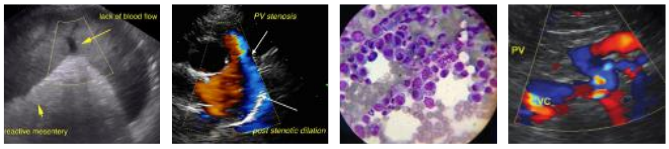

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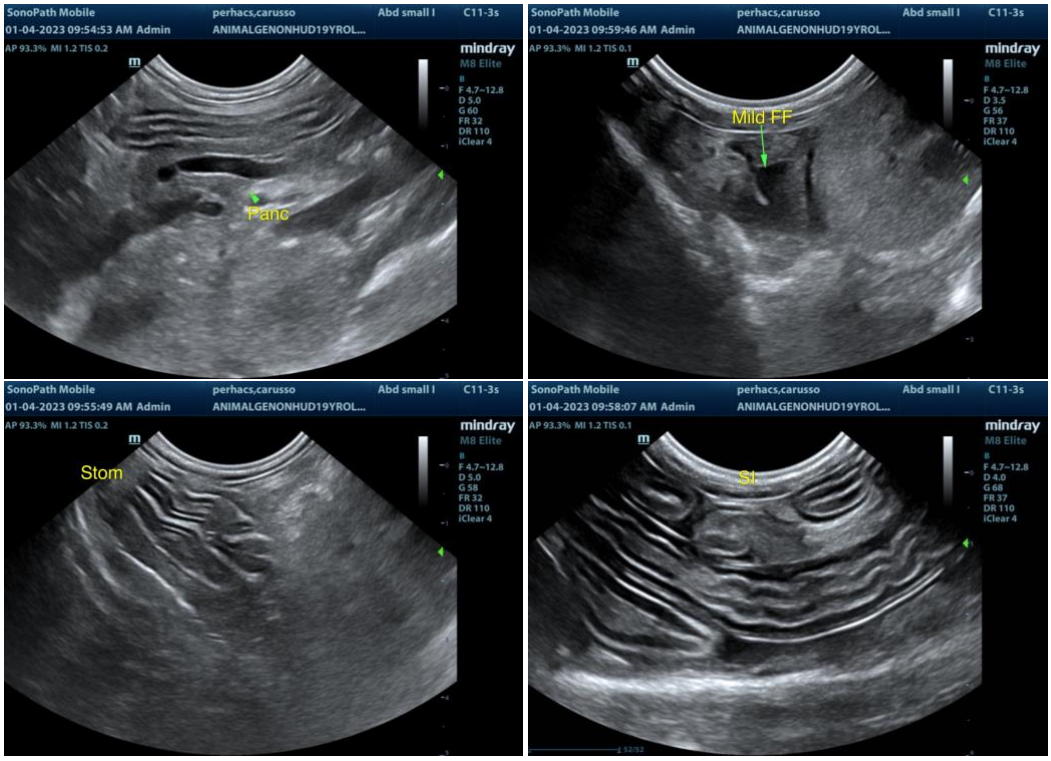

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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