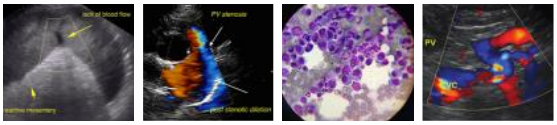

PATIENT

The Grey Kat McClarnon

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

10.54 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Cottage Grove VC

REFERRING VET

Dr. Damewood

INVOICE

20390

DATE

1/5/23

PRESENTING CLINICAL SIGNS

History: Projectile vomiting, possible seizure. History of neurologic issues (hind limb weakness) in April.

Abnormal PE/Chem/CBC/UA Results: Non-regenerative anemia (PCV 24.8%) Iris stage 3 CKD- SDMA 24, Creat 3.8 Phos 10 K+ 2.9 Elevated liver enzymes: ALP 51, ALT 3091, AST 4642

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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. 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 4.0 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland was symmetrically enlarged, exhibiting uniform hypoechoic parenchyma without evidence of parenchymal mineralization. The left adrenal gland measured 1.4 cm x 1.0 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm.

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 was normal in size.

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. A nonhomogenous to cystic, mild to moderately expansive, mildly irregular mass was noted in the mid caudal liver, measuring approximately 4.3 cm in diameter.

The gallbladder was non-distended in size with anechoic content and mild echogenic nonorganized debris without evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

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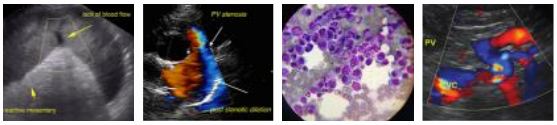

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MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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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.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestinal wall measured 0.23 cm width.

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

Pancreas

The left pancreas was subtly prominent in size with capsule asymmetry. Heterogenous, isoechoic to mildly hypoechoic parenchyma was noted compared to adjacent nonreactive omentum.

Free Abdomen

Intermittent small pockets of scant peritoneal free fluid were noted. No overt lymphadenopathy noted.

ULTRASONOGRAPHIC FINDINGS

- Left adrenomegaly- concern for left adrenal neoplastic criteria, possible Conns syndrome.
- Nonhomogenous to cystic liver mass- suggestive of neoplastic/metastatic criteria
- Bilateral nonspecific chronic renal changes
- Mild gallbladder debris
- Heterogenous pancreas- age/patient variant, low-grade chronic to chronic active pancreatitis is possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aldosterone levels, given the hypokalemia in the presence of enlarged left adrenal gland, as well as systemic BP is recommended. Assuming normal clotting status and using a 25-guage needle, FNA cytology of the liver mass is warranted for further assessment. A spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate could be considered for further clarification of potential concurrent low-grade pancreatitis and rule out occult intestinal disease as a contributing factor to the gastrointestinal signs. Pending additional diagnostics, as needed gastrointestinal support and possible empirical therapy for low-grade pancreatitis would be reasonable.

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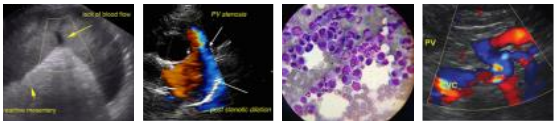

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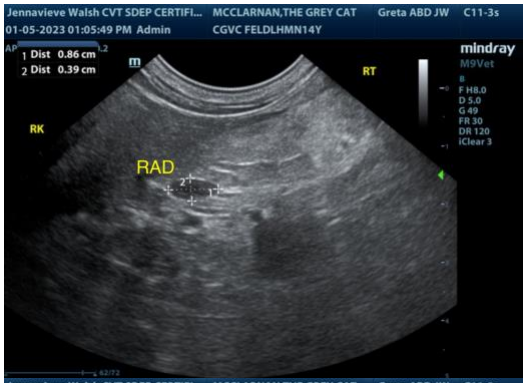

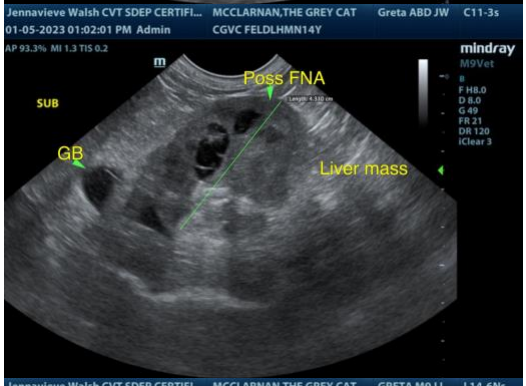

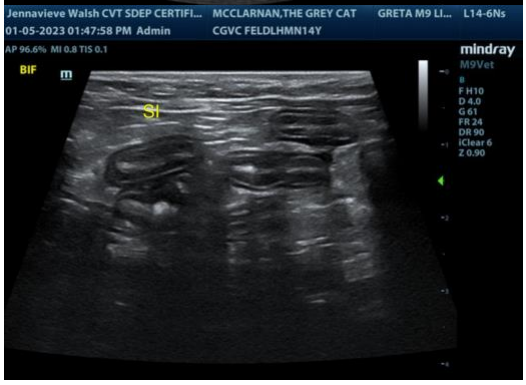

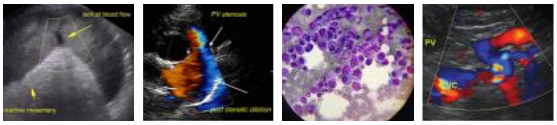

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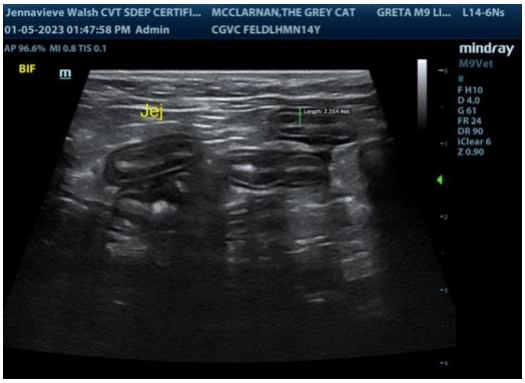

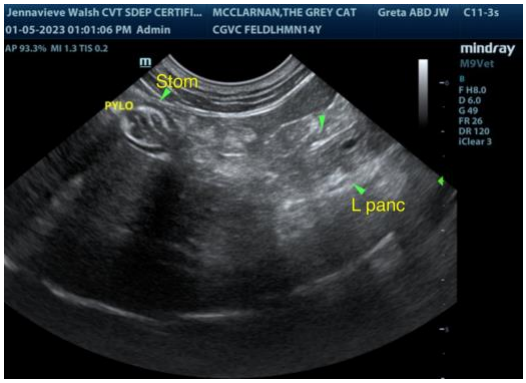

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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