

PATIENT PRESENTING CLINICAL SIGNS

Oliver Johnson PAWS Request Form: Chief Concern / Provisional Diagnosis: Chronic kidney disease, SCC with metastasis to LN, elevated GGT, decreased appetite. Relevant Medical History and Physical Exam findings: P is being treated for reoccurrence of SCC over previous R eye enucleation site, known metastasis to mandibular LN, pulmonary nodule, IRIS stage 3 kidney disease, elevated GGT and decrease in appetite. P was uncomfortable with mid-abdominal palpation. Recent Diagnostics: Relevant Laboratory Results / Abnormalities: CBC -Neutrophilia 11.38 -Eosinopenia 0.07 Chemistry - Creatinine 3.7 (H) -BUN 37 (H) -Hyperglobulinemia 5.7 -GGT 9 (H) -Amylase 1831 (H) Urinalysis showed mild hematuria, but otherwise unremarkable. Current medications (include full name, dosage and frequency): Multiple herbal and homeopathic treatments

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

12 lbs.

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. 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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present in the right kidney. The left kidney measured 3.1 cm in length. The right kidney measured 3.2 cm in length.

Adrenal Glands

Both adrenal glands were mildly prominent in size, yet were without overt pathology. The left adrenal gland measured approximately 0.48 cm width. The right adrenal gland measured approximately 0.48 cm width.

Spleen

The spleen was mildly enlarged in size measuring 1.2 cm width with mild asymmetrical to undulating medial capsule contour. The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. No splenic masses or nodules were noted.

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

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

MountainView AH

REFERRING VET

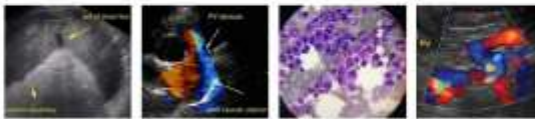
Dr. Sarah Kalivoda

INVOICE

12996

DATE

1/6/22



PATIENT

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.

Oliver Johnson

Gastrointestinal

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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.

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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 jejunum wall width measured 0.31 cm.

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

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Pancreas

MN

The pancreas was normal in size and contour with heterogeneous to indistinctly nodular parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

AGE

Free Abdomen

15 years

No omental masses, lymphadenopathy or peritoneal effusion were present.

WEIGHT

12 lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonspecific mild splenomegaly
- Heterogeneous to diffusely nodular pancreas
- Bilateral chronic renal changes with mild right kidney pyelectasia

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DABVP (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BY

The mildly prominent adrenal glands are nonspecific and may be a patient variant or secondary to mild stress hyperplasia. The adrenals were not suggestive of neoplastic criteria.

The pyelectasia in the right kidney 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.

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Although nonspecific, the appearance of the pancreas is likely consistent with potential chronic to mixed echogenic pancreatic inflammatory pattern with probable areas of nodular hyperplasia to discreet cystic parenchymal changes. The potential for pancreatic metastatic or neoplastic potential is considered unlikely yet cannot be definitively excluded.

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The mild splenomegaly is suggestive of probable patient variant, hyperplasia, hematopoiesis, or incidental splenitis with splenic neoplastic criteria considered less likely.

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Further assessment may include pancreatic and splenic FNA using a 25-gauge needle and assuming normal clotting status for screening cytology. A Spec fPL could also be considered. Sonographic



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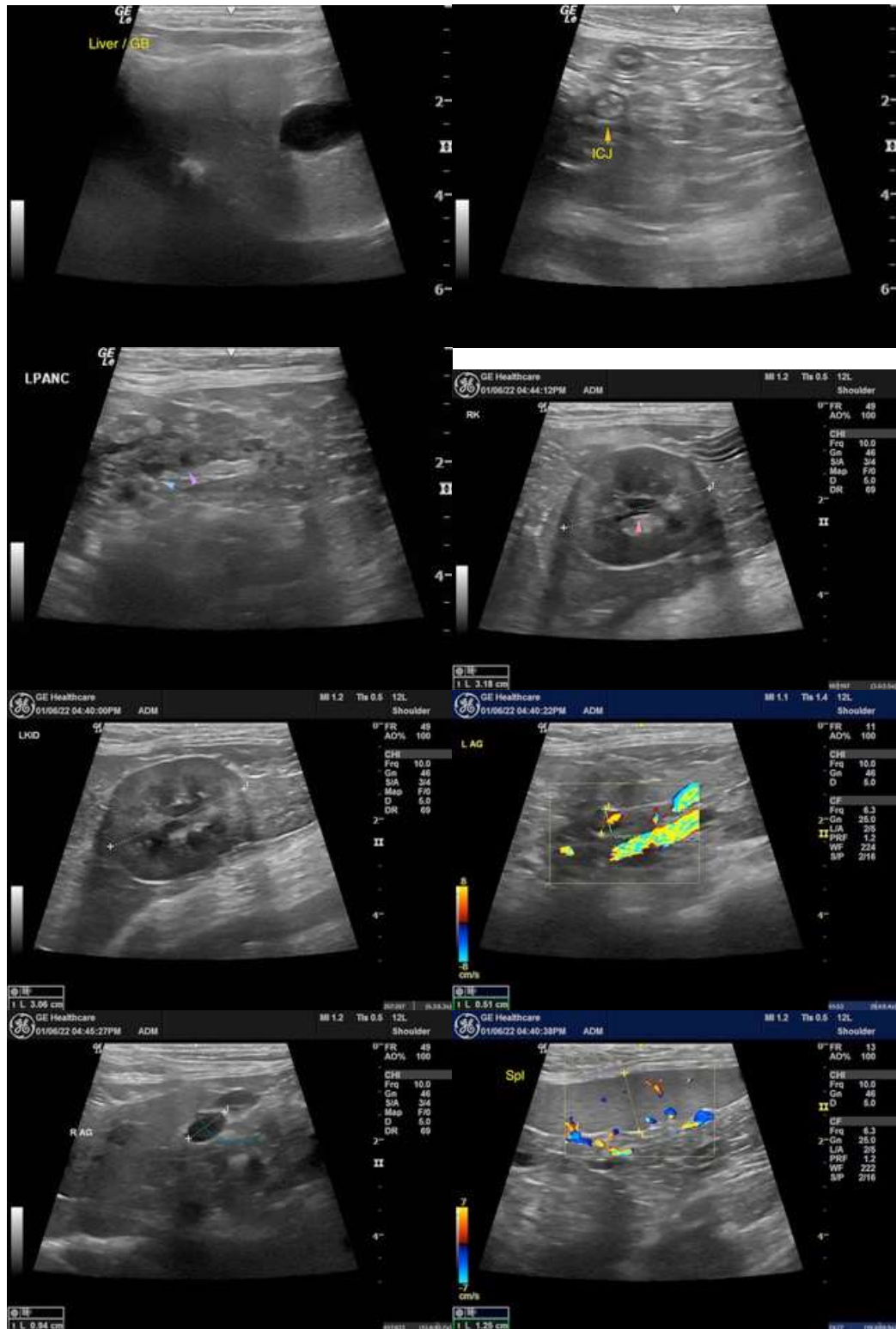
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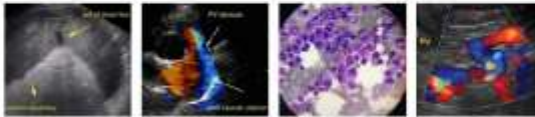
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monitoring of the spleen and pancreas for evidence of progressive splenic enlargement or pancreatic parenchymal changes would be a more conservative approach.





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Oliver Johnson

SPECIES

Feline

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.

BREED

DSH

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.

SEX

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