SonoPath
Clinical Sonography & Telecytology
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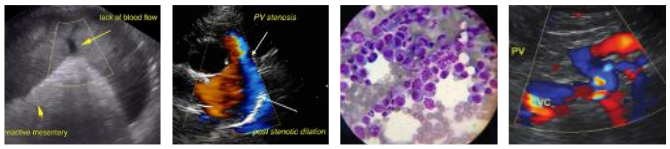


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Sargent Pushor

SPECIES
Feline

BREED
DMH

SEX
MN

AGE
17yr

WEIGHT
5.45kg

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

IMAGING PERFORMED BY
Dr. Barthelemy

HOSPITAL NAME
Crowchild Trail Veterinary Clinic

REFERRING VET
Dr. Rondot

INVOICE
12603ag

DATE
01/06/2023

PRESENTING CLINICAL SIGNS

ADR with anorexia for 4 days. Possible mild wt loss. No vomiting or diarrhea.

Abnormal PE/Chem/CBC/UA Results: Mild creatinine and SDMA elevation. UPCR normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or renal neoplastic criteria was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 cm in length

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. No overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple non-disruptive well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal parenchyma. An example of a nodule measured 0.3 cm in diameter. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen measured 0.99 cm in width at the level of the hilus.

Liver/Gallbladder

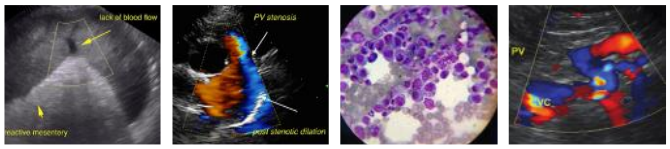
The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Discrete evidence of mildly prominent hepatic vasculature was present. No masses or nodules noted.

The gallbladder was non-distended in size with primarily anechoic luminal content and minor echogenic luminal sludge. The common bile duct was dilated and tortuous without overt post hepatic obstruction.

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 in width.

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 duodenum wall



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measured 0.23 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.37 cm width.

A possible ill-defined emerging mural lesion exhibiting mild non-homogenous mural echogenicity in the area of the proximal colon and cecum measuring ~ 1.5 cm in diameter was present. The lesion was not obstructive to ingesta or fecal outflow. The normal appearing proximal colon wall measured 0.18 cm in width.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

Free Abdomen

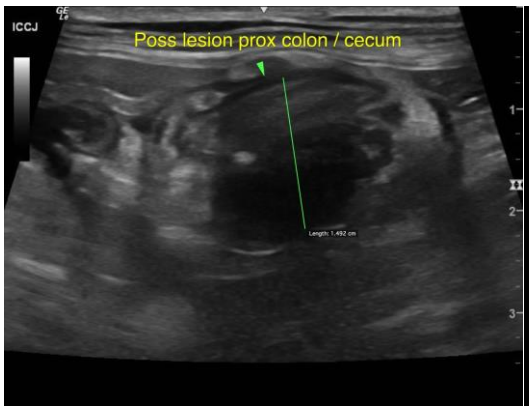
Mild volume subjective anechoic peritoneal free fluid was present with generalized mild non-uniform omentum.

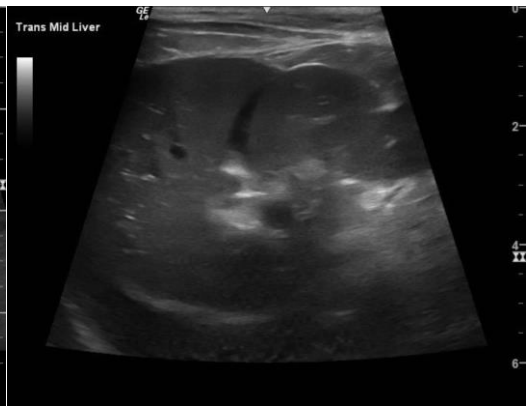
ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Benign splenic nodules-consistent with benign myelolipomas
- Hepatomegaly
- Heterogeneous pancreas-no evidence of significant/active pancreatitis or pancreatic neoplasia, possible benign pancreatic remodeling of low-grade pancreatitis possible
- Overtly normal stomach/small bowel
- Possible, not definitive, emerging proximal colon/cecal mural lesion
- Mild volume peritoneal effusion and generalized mild non-uniform omentum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no reported subnormal albumin levels, lack of significant pancreatitis or overt intra-abdominal neoplastic criteria, a definitive cause of the peritoneal effusion was not obvious. Correlation with effusion analysis cytology +/- C/S is recommended. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment. The potential emerging mural lesion in the area of the proximal colon/cecum is of unclear clinical significance. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Non-obvious lymphatic obstruction potentially owing to carcinomatosis/lymphomatosis or similar may be of primary concern in this patient.





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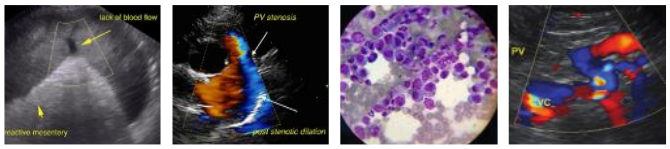

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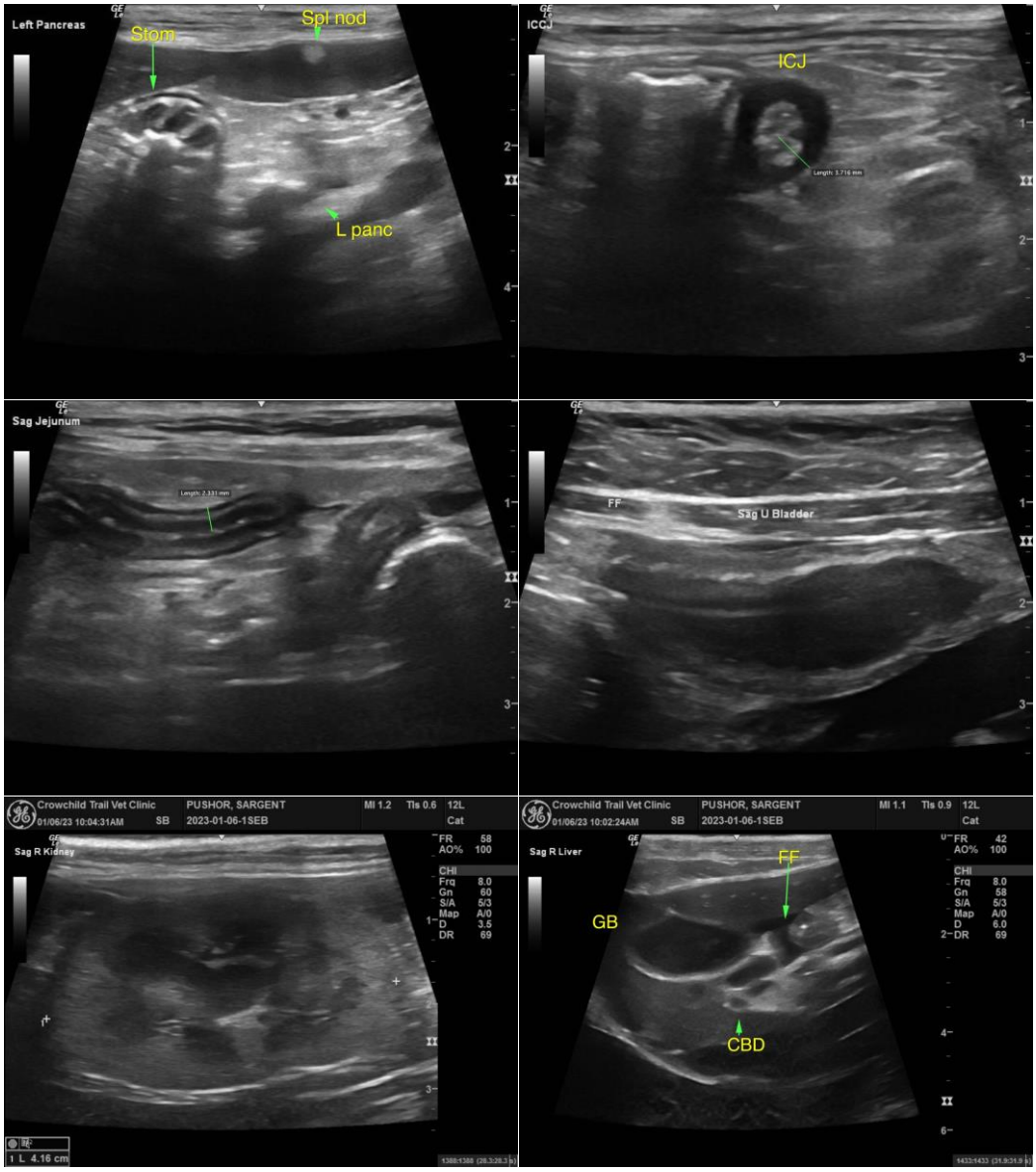

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com