



PATIENT PRESENTING CLINICAL SIGNS

Bugger Kantor coughing at times recently, changed diet for another cat in the house a few weeks ago, has noticed weight loss and vomiting currently on prednisolone 2.5mg BID, had cerenia
Abnormal PE/Chem/CBC/UA Results: please see attached BW

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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 were noted.

SEX

Spayed Female

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Small caudal pole cortical infarct noted in the left kidney. Multiple cortical infarcts noted in the right kidney. The right kidney measured 3.0 cm. The left kidney measured 3.5 cm.

AGE

5 Years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

2.55 kg

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm. The right adrenal gland measured 0.32 cm.

Spleen

INTERPRETED BY

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

The spleen exhibited a solitary mildly expansive, hypoechoic nodule in the craniomedial spleen, measuring 0.9 cm in diameter. The nodule appeared to mildly distort the medial capsule, yet without evidence of parenchymal escape. The spleen was overall normal in size, measuring 1.0 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Kelly Reschny

Liver

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The common bile duct was sonographically unremarkable without evidence of stasis or obstruction.

HOSPITAL NAME

Queensway VH

Gastrointestinal

REFERRING VET

Dr. Bilinsky

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate echogenic ingesta with progressive distal acoustic shadowing, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Gastric body wall measured 0.20 cm.

INVOICE

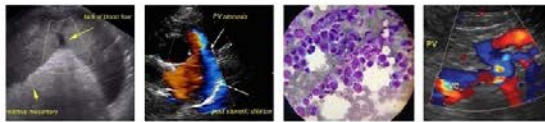
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental digesta/chyme was present. Jejunum wall measured 0.24 cm.

DATE

10/13/21

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



PATIENT *Pancreas*

Bugger Kantor 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 was evident.

SPECIES *Free Abdomen*

Feline No overt lymphadenopathy or peritoneal effusion was present.

BREED **ULTRASONOGRAPHIC FINDINGS**

- DSH
 - Bilateral chronic renal changes with cortical infarcts
 - Mildly expansive splenic nodule
- SEX
 - Hepatomegaly with generalized uniform echogenic parenchyma
 - Mild gallbladder debris

Spayed Female

AGE **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

5 Years Low-grade or chronic pancreatitis may be present, yet ultrasonographically normal.

The splenic nodule may indicate a benign nodular process such as hyperplasia, hematopoiesis, focal splenic inflammation or focal splenitis, with some concern for potential emerging neoplasia.

WEIGHT

2.55 kg

The appearance of the liver was nonspecific but may indicate vacuolar hepatopathy, chronic hepatitis/cholangiohepatitis and cholestasis (given the presence of gallbladder debris), lipidosis, while round cell hepatic neoplasia cannot be excluded. Assuming normal coagulation parameters, ultrasound guided FNA of the liver and splenic nodule using a 25-gauge needle would be warranted for cytology, primarily to assess for evidence of inflammatory cells and to rule out round cell neoplasia. Vitamin K administration would be suggested prior to FNA if elected. Serum cobalamin levels may be considered if hepatic lipidosis is confirmed. Continued as needed gastrointestinal supportive care is suggested. Recheck sonogram recommended if persistent or increasing evidence of cholestasis is noted.

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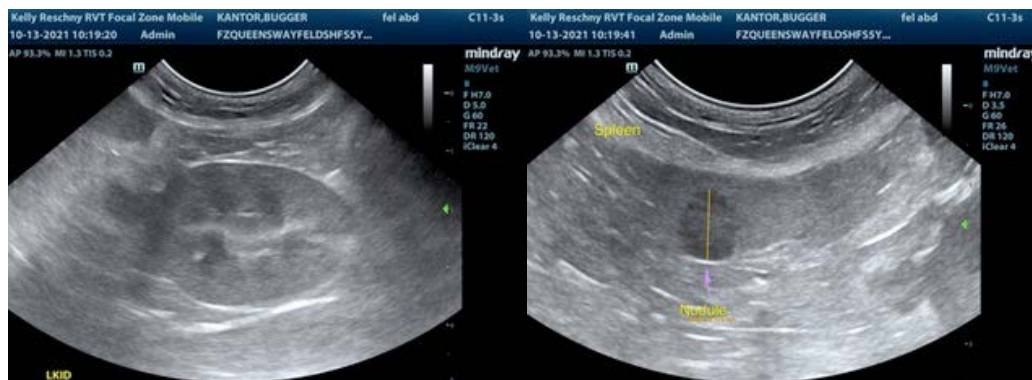
Dr. Bilinsky

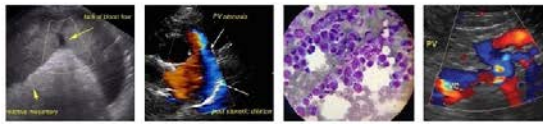
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PATIENT

Bugger Kantor

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years

WEIGHT

2.55 kg

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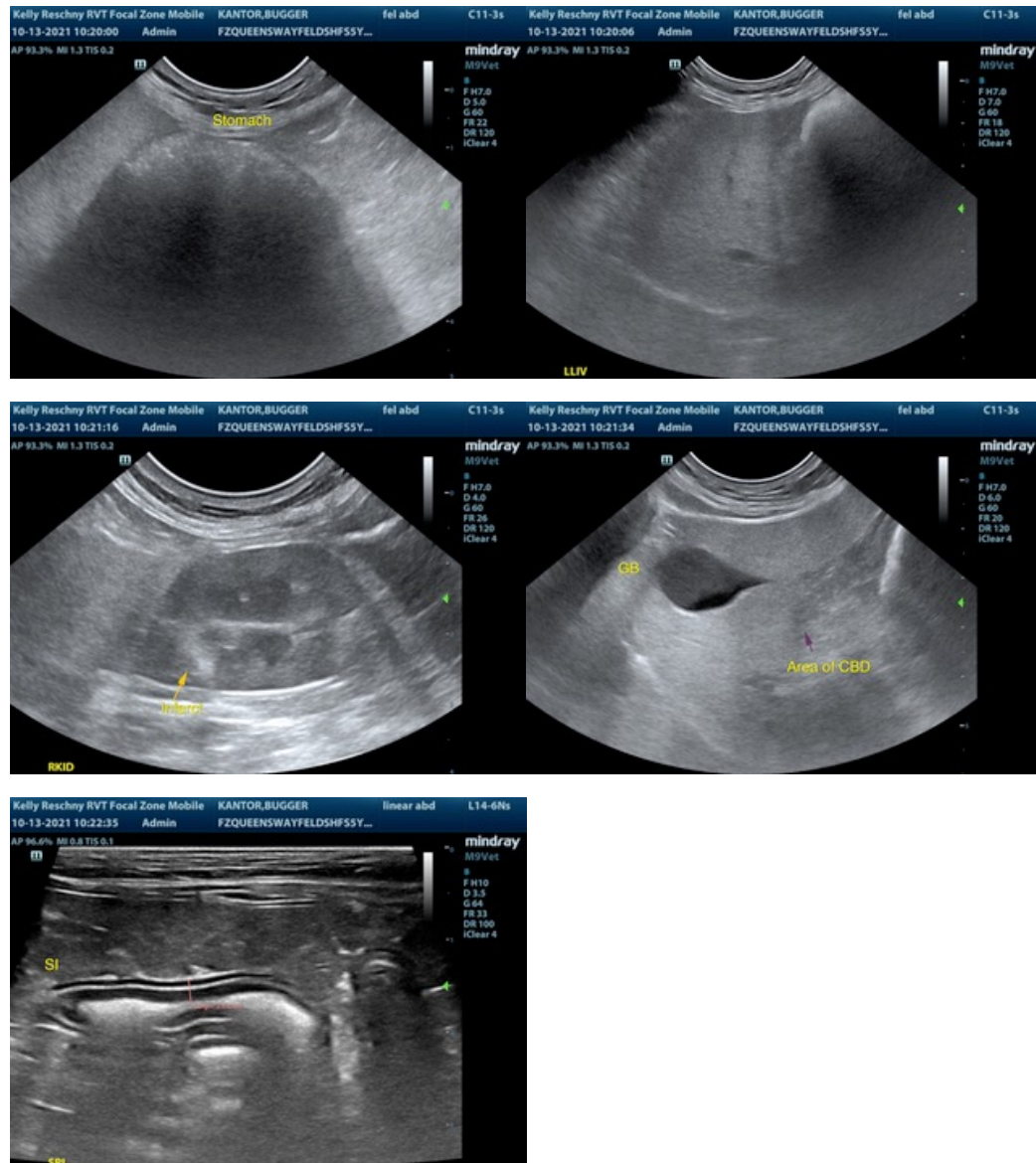
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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