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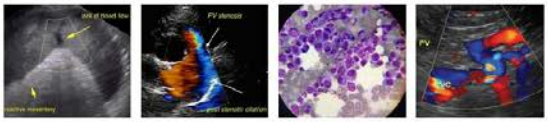


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Tater Rice

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

13.84

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Vincent Fleming

INVOICE

26231

DATE

10/12/21

PRESENTING CLINICAL SIGNS

Male / Neutered 13.84 lb (29-Sep-2021) Radiographic findings - Normal thorax, abdomen and thoracic limbs. ASSESSMENTS Hypertension - suspect, Heart murmur, grade 2 of 6, CKD IRIS stage 2 - suspect, Elevated PSL - mild, Weight loss Unremarkable radiographs. PLANS Hypertension - suspect, Heart murmur, grade 2 of 6, CKD IRIS stage 2 - suspect, Elevated PSL - mild, Weight loss Either: recheck BP/heart murmur in exam room two weeks or proceed directly to echo with AUS given weight loss. Systolic BP 180

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 were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained with mild to moderate loss of corticomedullary border demarcation. Pinpoint hyperechoic cortical foci were present, which may suggest pinpoint areas of cortical fibrosis, microinfarction or mineralization. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is likely an idiopathic finding. The left kidney measured 3.7 cm. The right kidney measured 3.75 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

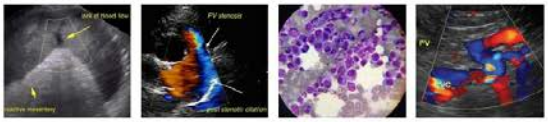
The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm in width. The right adrenal gland measured 0.40 cm in width.

Spleen

The spleen was mildly enlarged, measuring up to 1.4 cm in width at the level of the hilus. 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 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. The gallbladder was non-distended in size



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with thin walls and primarily anechoic luminal content. 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. 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. Duodenum wall measured 0.24 cm. Jejunum wall measured 0.23 cm. Ileocolic wall measured 0.36 cm.

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

Pancreas

The pancreas was normal in size and contour with subtle uniform hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No evidence of omental masses, lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with non-specific medullary rim sign
- Mildly hypoechoic pancreas – suspect low-grade chronic active pancreatitis
- Mild splenomegaly – non-specific, patient variant, hyperplasia, hematopoiesis, incidental splenitis probable, minor potential for early splenic neoplasia.
- Sonographically unremarkable gastrointestinal tract
- Mild non-obstructive proximal common bile duct dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

Assuming normal clotting status, splenic FNA using 25-gauge needle may be considered for screening cytology, primarily to ensure only benign changes are present and to rule out potential for neoplasia given the weight loss. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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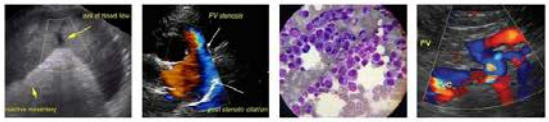

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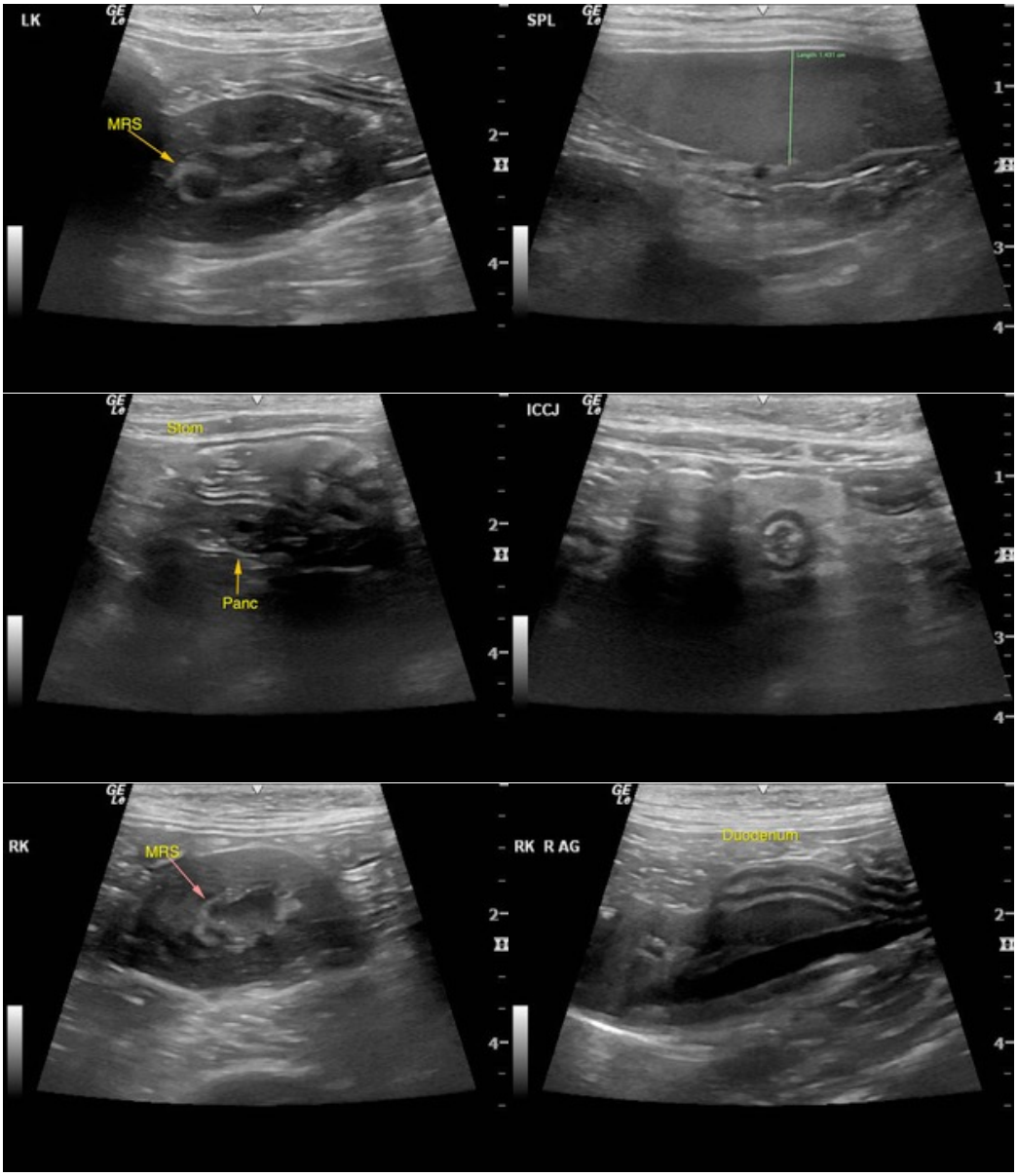

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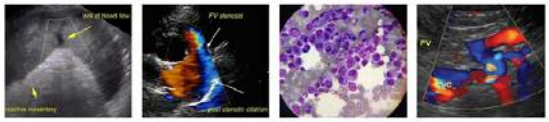

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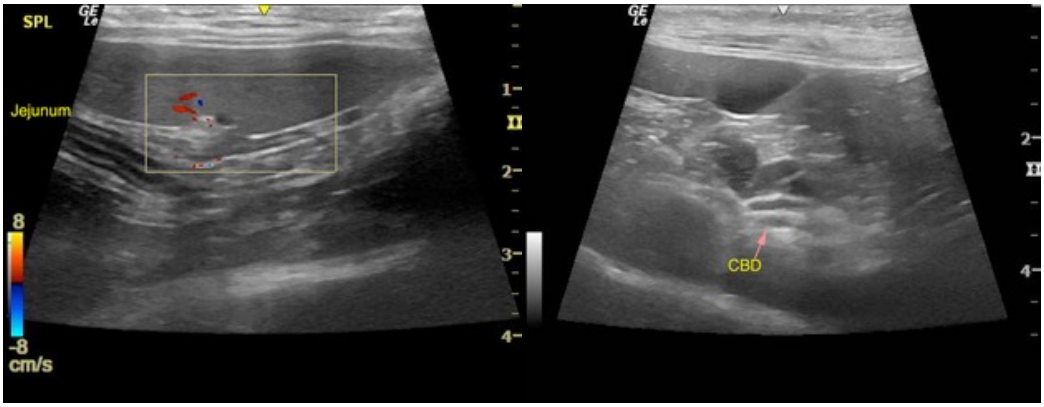

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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