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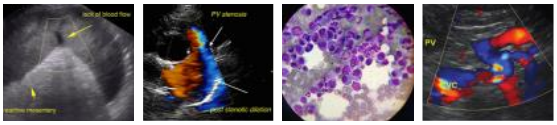


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Gimpy Karst

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. Parker

INVOICE

17686

DATE

10/13/22

PRESENTING CLINICAL SIGNS

History: unexplained weight loss

Abnormal PE/Chem/CBC/UA Results: Current Medications prednisolone eod Radiographic Findings none taken

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. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural 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 4.1 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm.

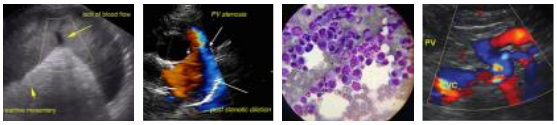
Spleen

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, measuring 0.93 cm in width.

Liver

The liver was mildly enlarged in size with overall normal hepatic parenchyma echogenicity, exhibiting moderate coarse echotexture. A solitary nondisruptive well demarcated homogeneous intraparenchymal nodule was noted in the mid ventral liver, measuring 2.5 cm in diameter.

The gallbladder was nondistended with mildly prominent to echogenic walls. Anechoic content was present in the gallbladder. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach exhibited sonographically unremarkable wall layering. The lumen of the stomach contained a mild to moderate amount of nonshadowing ingesta/chyme.

The small intestine presented intact yet generalized mildly variable prominent to thickened walls. Intact wall layer detail was maintained without loss of intestinal wall layering or intestinal masses. The duodenum wall measured 0.29 cm. The jejunum wall measured up to 0.30 cm.

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

Pancreas

The pancreas was normal in size with mild asymmetrical capsule contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Mild subjective pancreatic duct dilation was noted. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy, exhibiting nondisruptive homogeneous ventral intraparenchymal nodule- inflammatory/immune mediated disease, i.e., cholangiohepatitis, hyperplasia, hematopoiesis, vacuolar hepatic changes, infiltrative neoplasia are possible. Possible mild cholecystitis.
- Suspect chronic pancreatitis
- Intact yet generalized prominent to mildly thickened small bowel walls- suggestive of inflammatory infiltrative enteropathy/IBD
- Chronic interstitial nephrosis renal pattern
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, FNA hepatic cytology, along with a GI panel to include PLI/TLI/Cobalamin/Folate is warranted. Pending hepatic cytology, triad disease may be a primary consideration in this patient. Potential for occult infiltrative hepatic or intestinal neoplasia, which may present in similar sonographic manner cannot be definitively excluded. Definitive diagnosis may require full thickness intestinal +/- hepatopancreatic biopsies. Three-view chest radiographs are recommended to rule out occult thoracic pathology as a contributing factor.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Further renal staging to include baseline UPC level may be considered if no evidence of significant urinary bladder sediment.

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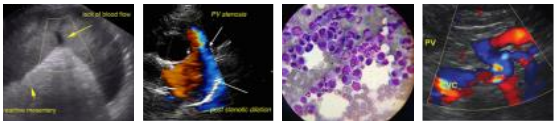

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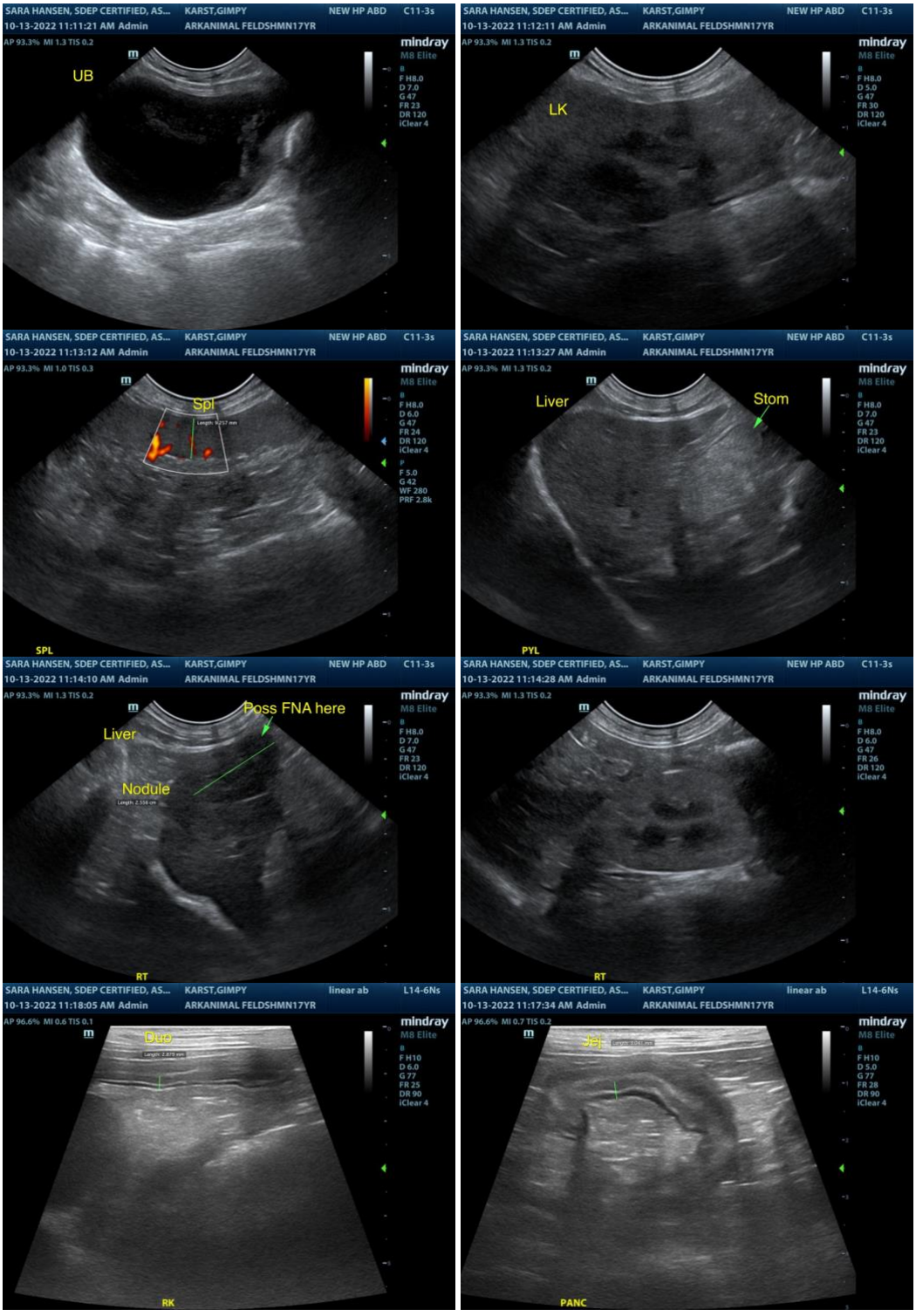

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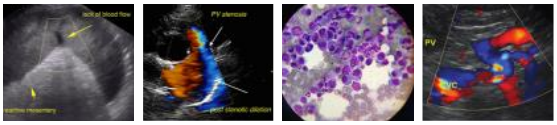

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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