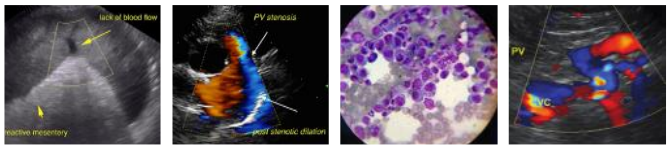
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Jack Meadow

SPECIES

Feline

BREED

ADSH

SEX

MN

AGE

12yr

WEIGHT

NA

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional Veterinary Hospital

REFERRING VET

Dr. Goldman

INVOICE

11816ag

DATE

10/05/2022

PRESENTING CLINICAL SIGNS

Anorexia, weight loss, lethargic, dehydrated, poss. jaundice. Profound anemia 16.6%. Current tx: in O2 therapy, on IVFs, Unasyn, Cerenia, Famotadine, Buprenex, Bvits/Baytril.

Abnormal PE/Chem/CBC/UA Results: 10/4: T. bili 0.6, gluc 180, Ca+ 8.1, Na+ 141, K+ 3.2, amylase 1314, HCT 22% = non-regenerative. HCT 16.6 %, HGB 5.0, WBC 7.15, creat. 0.7, BUN 20, Na+ 147, K+ 3.3, Alb. 2.2, T. bili. 1.1. U/A: USG 1.057, glucose (trace), pH 6.5, bili (2+), RBC (4-10), UP=CR: 0.7. FELV/FIV (-).

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 mild non-dependent congealed particulate to mildly hyperechoic sediment which may indicate cellular/protein, crystalline debris, mucus or lipid. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Mildly prominent 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 4.7 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width.

Spleen

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.

The spleen measured 0.73 cm in width at the level of the hilus.

Liver

The liver presented mildly enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The cranial abdominal vena cava at the level of the liver and diaphragm appeared to be mildly dilated in appearance without evidence of thrombosis measuring 0.72 cm in width.

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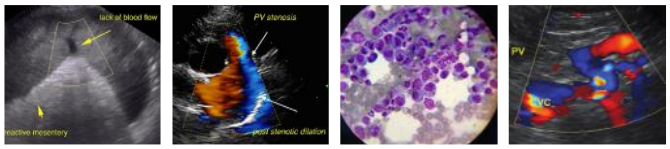

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The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 ventral gastric body wall measured 0.25 cm in width.

The visualized segments of 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 small intestine wall measured 0.23 cm in width.

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

Pancreas

The left limb of the pancreas exhibited mild prominent size and non-homogeneous to hypoechoic parenchyma compared to the adjacent omental fat.

Free Abdomen

No omental masses or overt lymphadenopathy was present.

Mild to moderate volume peritoneal free fluid exhibiting potential for mild echogenic changes which may indicate mild fluid cellularity. Generalized mild hyperechoic omentum was present.

Transdiaphragmatic view of the caudal thorax revealed evidence of concurrent pleural effusion.

ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Mild hepatomegaly exhibiting mild parenchyma hyperechogenicity-acute inflammation given short half life of hepatic enzymes in cats, congestion, reactive hepatopathy, occult neoplasia are all potentials
- Overtly normal gallbladder, no evidence of post hepatic obstructive criteria
- Mildly prominent non-homogeneous to hypoechoic left pancreas-edema, inflammation, potential for neoplastic criteria possible
- Bilateral chronic interstitial nephrosis renal pattern
- Bicavitary effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend abdominocentesis or thoracocentesis, rapid cytospin and rapid slide preparation of the sediment to conserve the integrity of the cells would be recommended in order to optimize the cytological interpretation. Culture of the fluid can also be considered if any suspicion of inflammatory elements is noted. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted. Three view chest radiographs are recommended if not done to assess for primary or concurrent thoracic pathology and cardiopulmonary status. Pancreatic inflammation may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A CBC pathology review with potential infectious serology may be considered if clinically indicated. Although no overt evidence of intra-abdominal neoplastic criteria and pending additional diagnostics, potential for unspecified neoplasia i.e. carcinomatosis, lymphomatosis or similar may be a primary concern in this patient.

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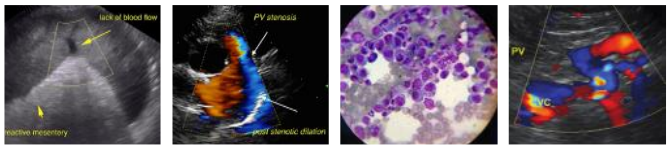

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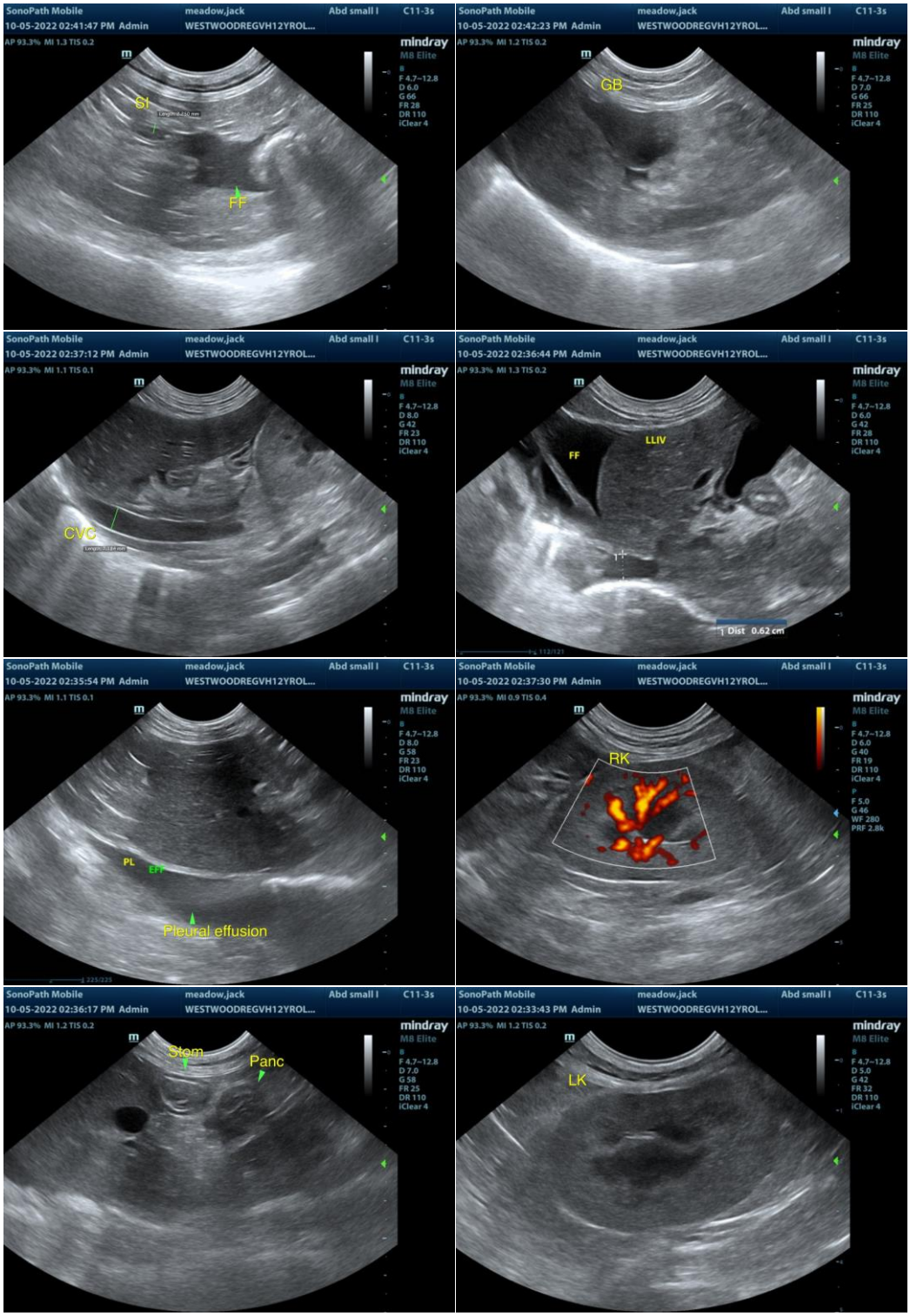

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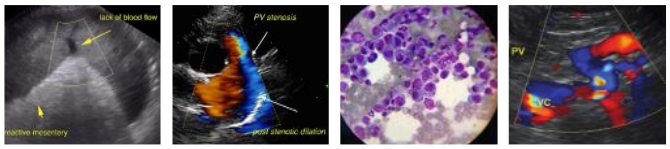

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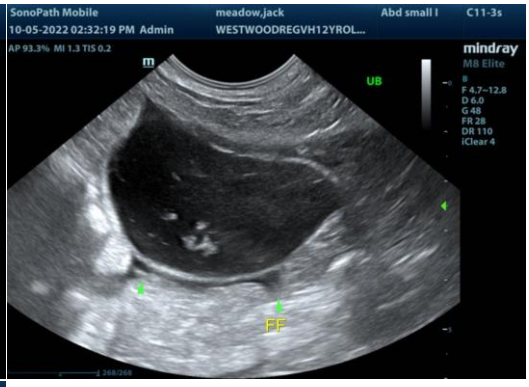

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com