

PATIENT

Peaches
Schweissinger

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

16 Years

WEIGHT

10 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM. DABVP

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Pine Creek VC

REFERRING VET

Dr. Denny Nolet

INVOICE

26144

DATE

10/6/21

PRESENTING CLINICAL SIGNS

sedated dexdorm/ket/torb for scan- weight loss, PU/PD, Maybe newly diabetic- r/o neoplasia with high Ca

Abnormal PE/Chem/CBC/UA Results: Ca 13.8 Glucose 384 LABS attached
Unremarkable CBC. Glob 6.9

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. 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. Mild pyelectasia noted in both kidneys.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

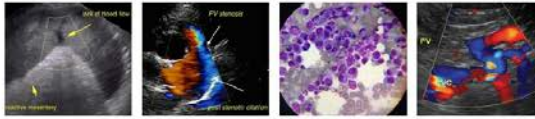
The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age related finding and not pathological.

Spleen

The spleen was mildly enlarged (1.1 cm in width at the level of the hilus) and exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal parenchyma. Example of nodule measured 0.43 cm in width. 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 echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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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. Pylorus wall measured 0.31 cm.

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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 0.28 cm. Jejunum wall measured 0.22 cm. Ileocolic wall measured 0.22 cm.

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

Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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No intraabdominal masses, lymphadenopathy or effusion.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

10 Pounds

- Mild splenomegaly with intermittent echogenic, non-expansive nodules
- Bilateral chronic renal changes with mild pyelectasia
- Mild heterogeneous pancreas – non-specific, suspect age related pancreatic changes with minor parenchymal remodeling and likely incidental. Potential for low-grade or chronic pancreatitis, yet ultrasonographically normal.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING BY

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LVT

The overall splenomegaly was non-specific with considerations including patient variant, hyperplasia, hematopoiesis, or splenitis, while the echogenic nodules are suggestive of benign nodular changes such as myelolipomas, nodular hyperplasia, previous infarcts, or emerging mineralization. However, given the hyperglobulinemia and hypercalcemia, potential for splenic neoplasia cannot be excluded. Assuming normal clotting status, splenic FNA using 25-gauge needle is warranted for screening cytology.

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Pyelectasia of the left and right kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

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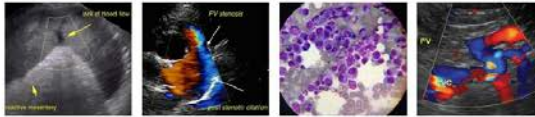
Further assessment may include Fructosamine level, hypercalcemia panel, 3-view chest radiographs +/- protein electrophoresis if persistent hyperglobulinemia if clinically indicated. Given the patient's weight loss, a GI panel to include PLI, TLI, cobalamin and folate may be considered to assess for non-structural intestinal disease and correlation with the heterogeneous pancreas.

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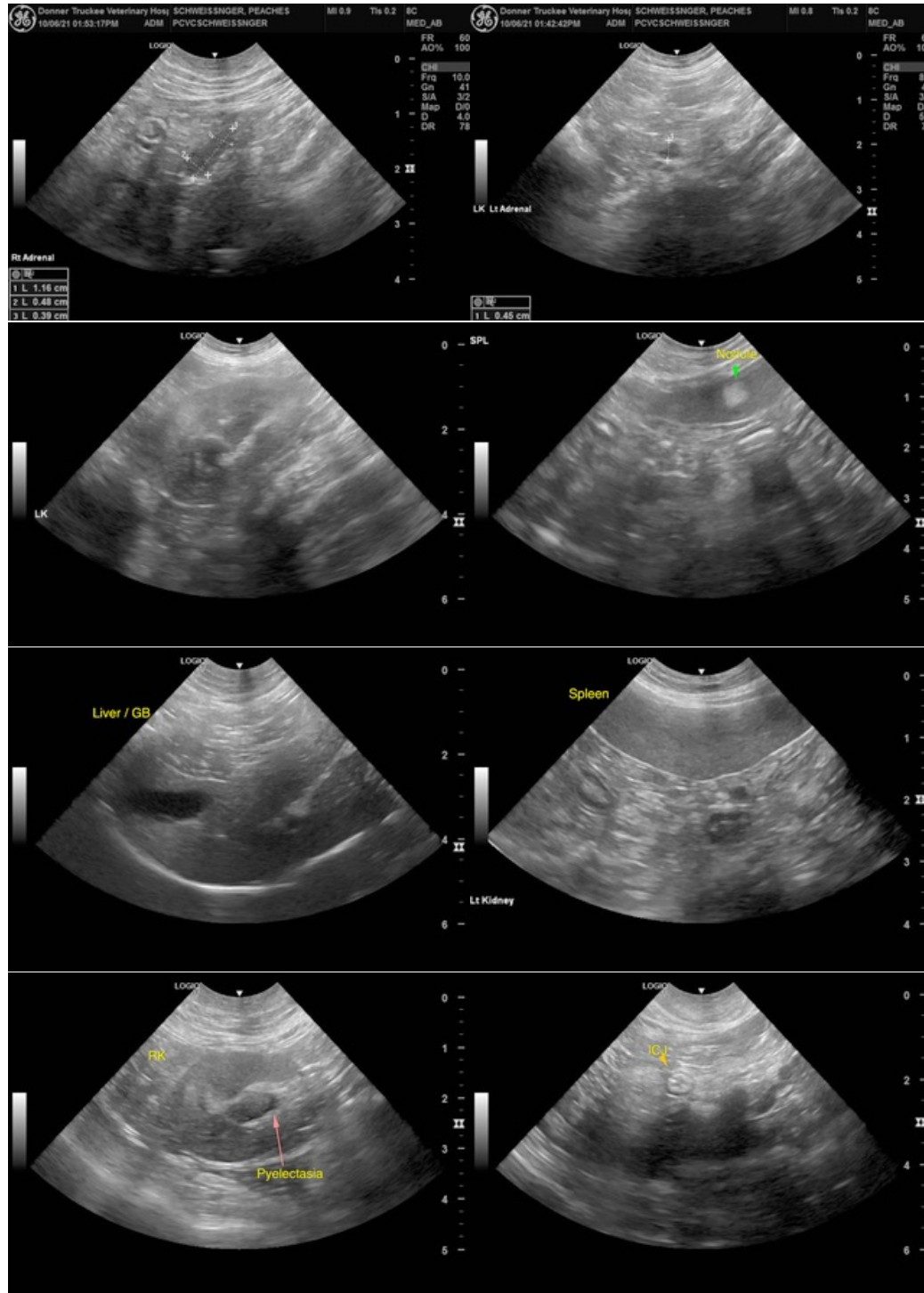
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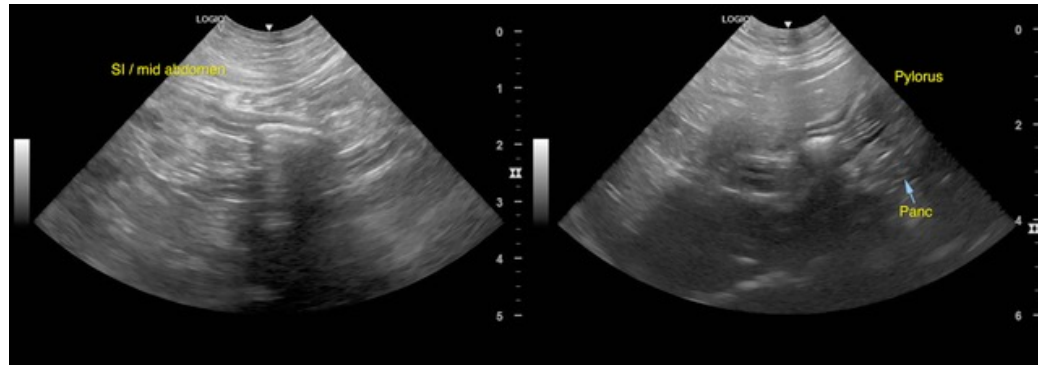
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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