SonoPath
Clinical Sonography & Telecytology
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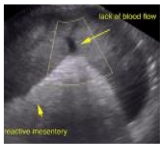
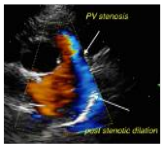
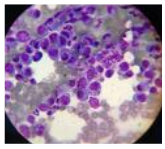
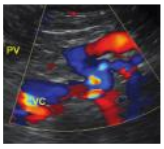




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lillith Key

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2 years

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Alpine 24 Hour Pet Hospital

REFERRING VET

Alpine 24 hour Pet Hospital

INVOICE

15559

DATE

11/22/22

PRESENTING CLINICAL SIGNS

Vomiting with inappetance and lethargy. Labs showed neutrophilia, elevated ionized Ca at 2.02, mild BUN elevation.

Abnormal PE/Chem/CBC/UA Results: Elevated iCa at 2.02. Mild BUN elevation and neutrophilia.

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 sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. 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. The left kidney measured 3.6 cm in length. The right kidney measured 3.5 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 0.33 cm width. The area of the right adrenal gland was free of overt pathology.

Spleen

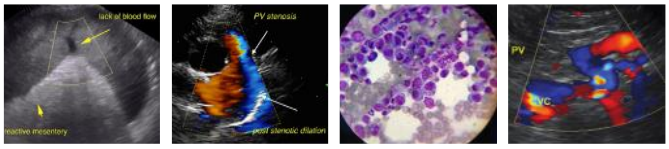
The spleen exhibited borderline enlargement yet maintained a symmetrical capsule contour and a finely textured homogeneous parenchyma with normal splenic parenchyma echogenicity. Normal splenic vascularity was present. No splenic masses or nodules were noted. The spleen measured 1.0 cm width at the level of the hilus.

Liver/ Gallbladder

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.

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 gastric body wall width measured 0.25 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. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.27 cm width.

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

Pancreas

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

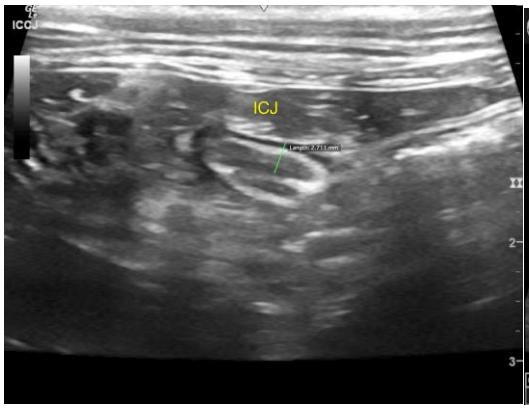
ULTRASONOGRAPHIC FINDINGS

- Borderline splenomegaly - subjectively benign, patient variant, incidental hyperplasia, hematopoiesis, or splenitis likely
- Normal bilateral kidneys
- Sonographically unremarkable gastrointestinal tract / pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of abdominal visceral pathology as an obvious cause of the patient's clinical signs and ionized hypercalcemia. Assuming normal clotting status, screening splenic FNA cytology, using a 25-gauge needle, could be considered given the ionized hypercalcemia or if evidence of weight loss primarily to ensure only benign changes are present. Spec fPL is suggested to assess for evidence of low-grade pancreatitis which may present as sonographically normal.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Thoracic radiographs, as well as recheck of retroviral status, if not done, are suggested to rule out occult pathology. As-needed GI supportive care is recommended.



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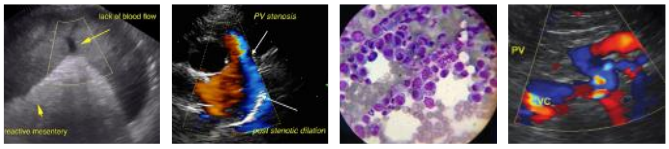

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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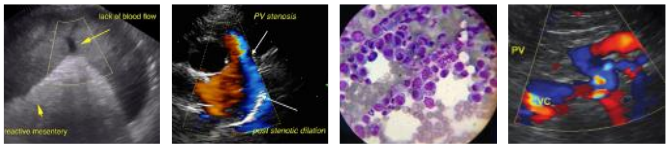

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com