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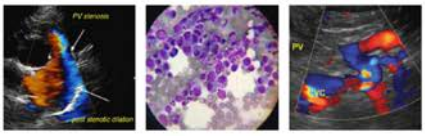

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Lincoln Lelli

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
9 Years

WEIGHT
9.87 Pounds

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

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Union Lake VH

INVOICE
43165

DATE
12/2/22

PRESENTING CLINICAL SIGNS

P had full body rads prior to dental given P age
Abnormal PE/Chem/CBC/UA Results: Sternal LN enlargement on rads BW and UA performed 11/3 unremarkable, good urine concentration Please see attached radiograph to interpret with thoracic study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN & THORAX

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 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 3.8 cm.

Adrenal Glands

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

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.87 cm in width at the level of the hilus. 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 with thin walls and primarily anechoic luminal content. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction, measuring 0.24 cm in diameter.

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 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 0.23 cm. Jejunum wall measured 0.21 cm. Ileocolic wall measured 0.25 cm.

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

Pancreas

The left pancreatic limb exhibited subtle prominent size yet symmetrical capsule contour. Isoechoic to mildly non-homogeneous parenchyma noted compared to adjacent omentum.

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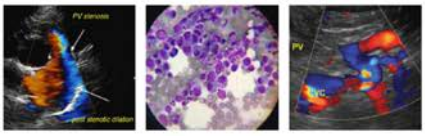

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Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric and medial iliac lymph nodes were present. Example measured 1.5 cm x 0.35 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Not consistent with neoplastic criteria. No omental masses or evidence of peritoneal free fluid.

Thorax

Sonographic assessment of the thoracic cavity revealed normal appearing aerated lung in the left and right thorax. No evidence of overt masses or lymphadenopathy in the area of the cranial mediastinum. No overt evidence of sternal lymphadenopathy, yet visualization of potential minor sternal lymphadenopathy could be obscured owing to surrounding aerated lung. No evidence of pleural effusion or pulmonary masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Mildly prominent left pancreatic limb
- Mild non-obstructive proximal common bile duct dilation
- Intermittent subjective benign/reactive mesenteric and medial iliac lymphadenopathy
- Overtly normal thorax and area of the cranial mediastinum

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.

Overall, no evidence of abdominal visceral pathology or evidence of thoracic/mediastinal pathology. The subjective benign/reactive mild mesenteric and medial iliac lymphadenopathy in conjunction with potential non-visualized sternal lymphadenopathy is of unclear clinical significance, yet no overt visualized evidence of neoplastic criteria.

Given that the patient is non-clinical, thoracic radiographic monitoring of the potential mild sternal lymphadenopathy +/- sonographic monitoring of the abdominal cavity would be reasonable based on clinical impression of the patient.

Potential for low-grade chronic to chronic active pancreatitis is considered unlikely, yet spec fPL could be considered for further assessment of the pancreatic presentation if previous or future clinical signs suggestive of pancreatitis.

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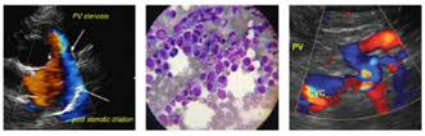

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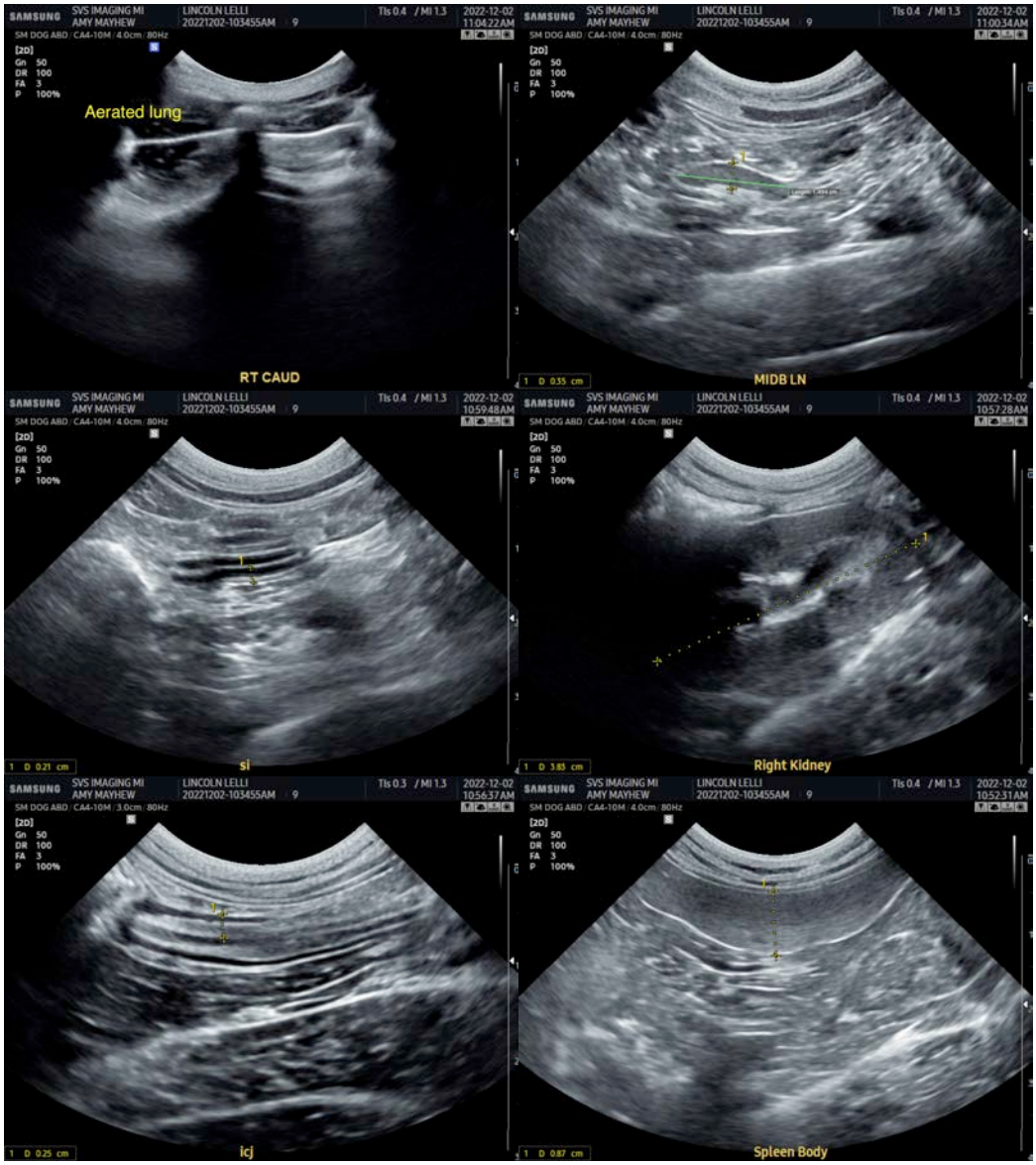

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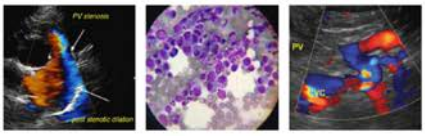

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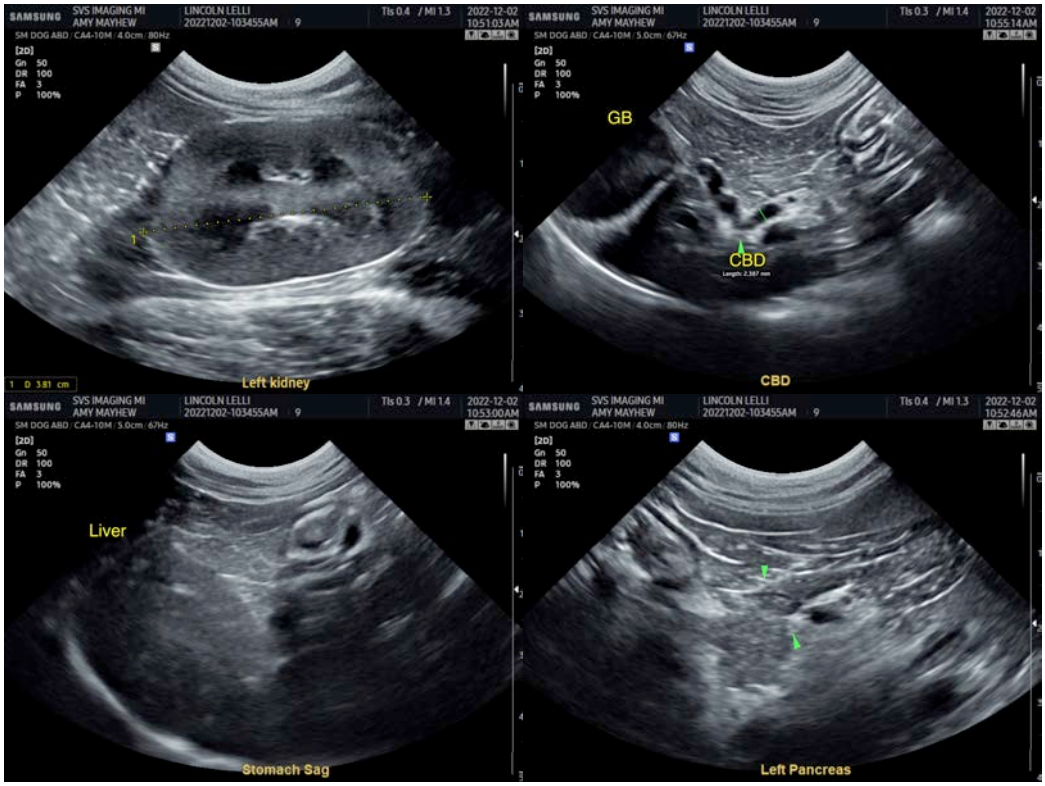

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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