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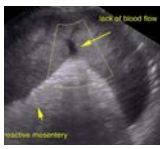
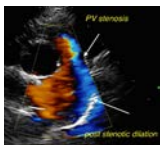
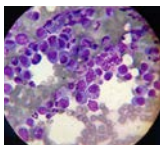
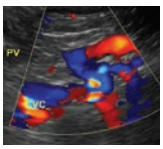

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1-800-838-4268 info@sonopath.com

PATIENT

Kiwi Alston

SPECIES

Feline

BREED

Munchkin

SEX

Spayed Female

AGE

13 Years

WEIGHT

6.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura Couser

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Laura Couser

INVOICE

33259

DATE

12/4/21

PRESENTING CLINICAL SIGNS

Presented to rDVM on 12/1 for anorexia x several days + vomiting 11/29 v/anorexia started 12/1 went to rdvm cbc - leukopenia 4.36, lymphopenia 0.25, hct 39.3, plt 117 lytes/chem - bun 44, hypocalcemia 8, hyperglycemia 193, hypermagnesiumemia 2.8, hyponatremia 145 t4 wnl rads - enlarged liver, gas in colon given gabapentin, cerenia, entyce, famotidine and sqf 12/2 - returned to rdvm for cont anorexia, lethargy, v/d repeat rads static, enlarged liver FAST - enlarged liver UA - leu+, pro +, bld +, usg 1.050 12/4 - Wilvet FAST scan - enlarged liver with occasional hyperechoic nodules, possible scant free fluid Abnormal PE/Chem/CBC/UA Results: CBC - HCT 41.4%, WBC 20.88k, Neut 17.73k, Mono 0.92k, rest wnl Chem 17 - Glu 206, Amyl 1564, Lipa 1454, rest wnl PT = 19 sec (wnl) PTT = 128 sec (slightly elevated but not clinically significant) UA - USG 1.038, pH 6.0, BLD 50, rest wnl. Sedivue: RBC 10/hpf, rare hyaline casts, rest wnl. EPOC - iCa 1.06, Glu 183, K 3.9, LAC 1.47, BE -6.3, HCT 38% proBNP < 50 (wnl)

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.

The area of the aortic trifurcation was free of pathology.

Both kidneys exhibited borderline subnormal size, yet maintained symmetrical renal margination. 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. No evidence of pelvic dilation was present. The left kidney measured 2.8 cm. The right kidney measured 3.0 cm.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands, although not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.82 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, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver exhibited subjective mild generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent, well demarcated, uniformly echogenic, non-expansive intraparenchymal nodules were present. Example of liver nodule measured 0.6 cm diameter. 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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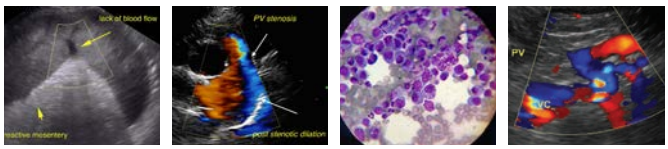

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Gastrointestinal

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. Gastric body wall measured 0.24 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental duodenojejunal ileus noted. No evidence of mechanical obstruction or foreign material as well as no evidence of loss of intestinal wall layering or intestinal masses. Duodenum wall measured 0.21 cm. Jejunum wall measured 0.20 cm. Ileocolic wall measured 0.32 cm.

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 was evident.

Free Abdomen

Intermittent mildly promiennt jejunocolic lymph nodes were present. Example measured 0.4 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

No omental masses or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Minor chronic renal changes with borderline subnormal renal size
- Mild hepatomegaly with intermittent, non-expansive, echogenic, intraparenchymal nodules – non-specific.
- Minor intermittent jejunocolic lymphadenopathy – suspect minor lymphadenitis possibly owing to inflammatory bowel episode.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for non-specific hepatopathy given the short half-life of hepatic enzymes in cats. If clinically indicated, and assuming normal clotting status, ultrasound guided FNA of the liver using 25-gauge needle could be considered for screening cytology. The echogenic intraparenchymal liver noduels were not overtly suggestive of neoplastic criteria, with intermittent areas of nodular to regenerative hyperplasia or small lipogranulomas suspected. Potential for low-grade to chronic pancreatitis may be present yet ultrasonographically normal. Supportive care for inflammatory bowel episode should prove beneficial. Correlation with GI panel to include PLI, TLI, cobalamin and folate may be considered. Recheck sonogram suggested to assess for progressive inflammatory gastrointestinal changes and lymphadenopathy if clinical signs continue.

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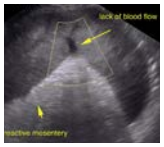
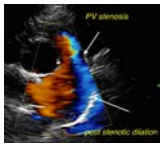
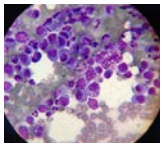
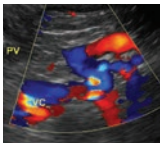

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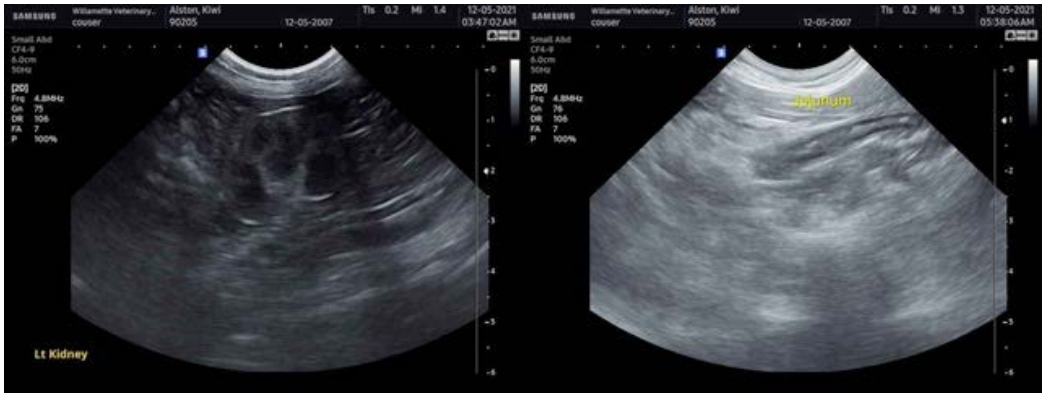

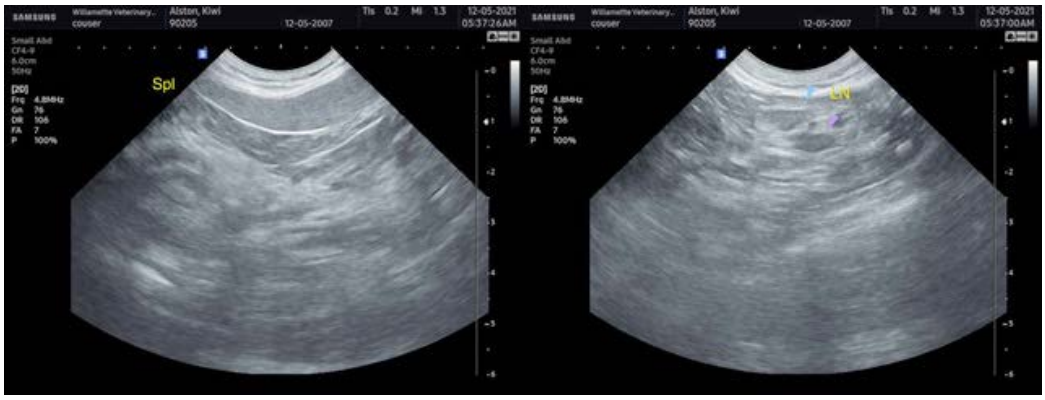

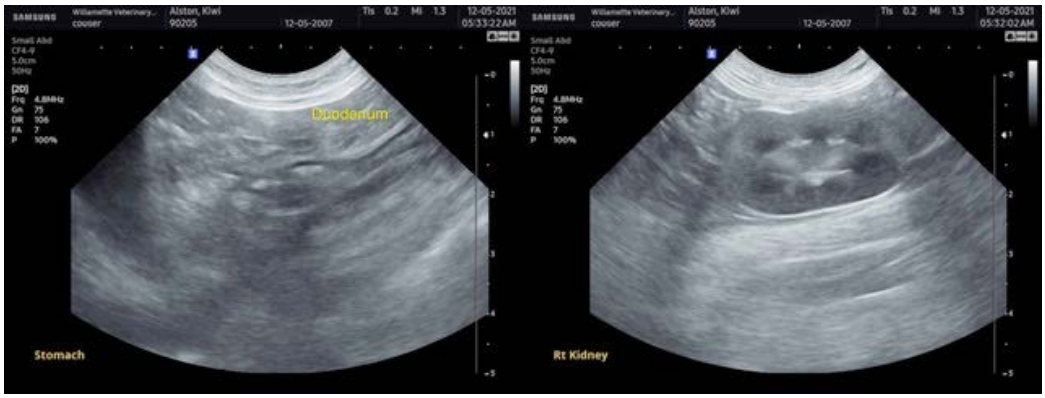

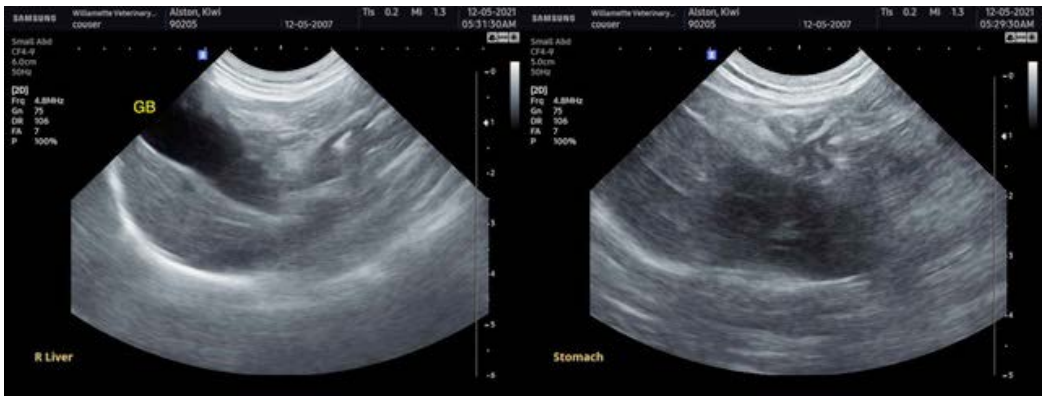

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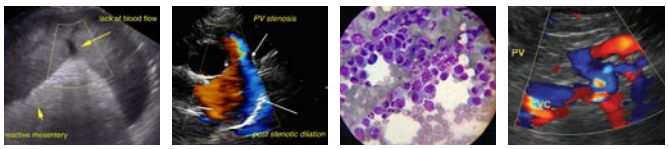

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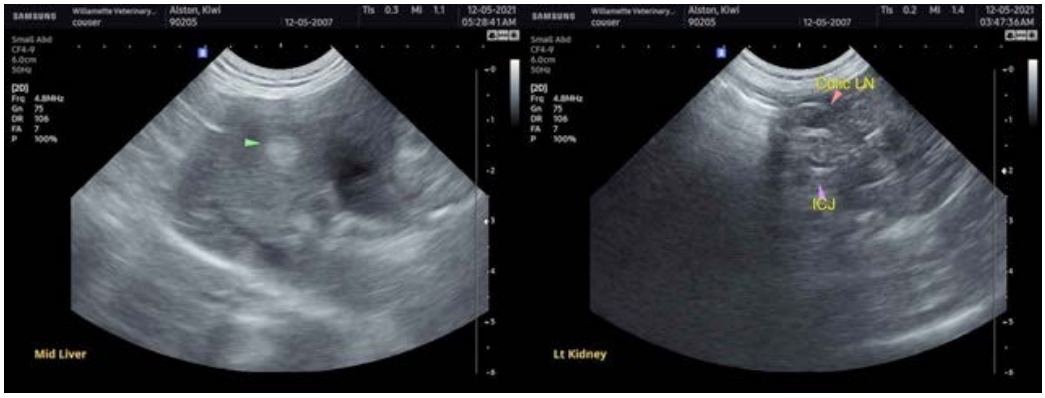

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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