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Clinical Sonography & Telecytology
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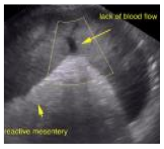
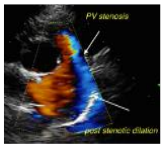
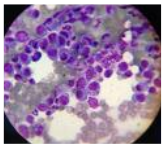
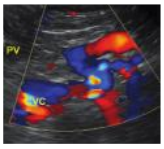

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Newton MacLean

SPECIES

Feline

BREED

DLH

SEX

M/N

AGE

14

WEIGHT

3.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Animal Clinic Downtown

REFERRING VET

Dr. Waldman

INVOICE

20915

DATE

2/1/23

PRESENTING CLINICAL SIGNS

Anorexic lethargic weight loss
Abnormal PE/Chem/CBC/UA Results: Moderate elevation of liver enzymes

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

The left kidney was subnormal in size with mild hypertrophy and marked loss of corticomedullary border demarcation. Reduced medullary volume was noted. A nonobstructive medullary renolith was present. The left kidney measured 2.6 cm in length.

Normal renal size with asymmetrical margination was present in the right kidney. 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 right kidney measured 4.0 cm in length. A focal cortical infarct was noted in the right kidney. Medullary renolithiasis with mild pyelectasia was noted in the right kidney.

The left and right proximal ureters exiting the and right kidney, respectively, were mildly dilated. Potential for mild bilateral urethritis without overt evidence of obstructive criteria. This patient is likely and chronically passing small amounts of mineral. No evidence of left or right retroperitoneal effusion noted.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm.

Spleen

The spleen revealed mild enlargement with maintained symmetrical capsule contour and finely textured homogenous parenchyma. Splenomegaly is likely secondary to sedation. No evidence of neoplastic criteria.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended with anechoic content and mild gallbladder debris. The cystic and common bile ducts were normal. No overt evidence of posthepatic obstructive criteria.

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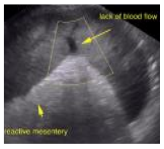
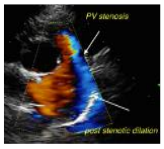
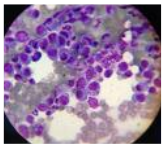
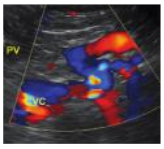

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Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid.

The small intestine presented intact wall layering with generalized propensity for prominent muscularis layer yet without evidence of significant mural hypertrophy, loss of intestinal wall layering or visualized intestinal masses. The duodenum wall measured 0.26 cm. The jejunum wall measured 0.26 cm. The ileocolic wall measured 0.38 cm.

Normal visible colon wall layers were present with semi-formed to soft fecal matter.

Pancreas

The pancreas was prominent to mildly irregular, exhibiting nonhomogenous parenchyma and evidence of pancreatic duct dilation.

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node size measured 1.6 cm x 0.5 cm.

Intermittent, small pockets of scant peritoneal free fluid were present.

No omental masses were present.

ULTRASONOGRAPHIC FINDINGS

- Chronic inflammatory enteropathy/IBD pattern
- Chronic pancreatitis
- Chronic hepatopathy, exhibiting parenchymal remodeling
- Mild gallbladder debris
- Left kidney subnormal size, exhibiting marked chronic degenerative changes, medullary renolithiasis and minor pyelectasia
- Right kidney, moderate chronic renal changes, cortical infarct, medullary renolithiasis and moderate pyelectasia
- Mild hypomotile stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Triad disease is a top differential diagnosis in this patient. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as assuming normal clotting status, hepatic FNA cytology for further clarification. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Three-view chest radiographs, if not done, are suggested to rule out occult thoracic pathology as a contributing factor to the patients clinical signs and weight loss. Empirical triad disease and CRD protocol with monitoring of clinical response, body weight and renal parameters, going forward, would be reasonable.

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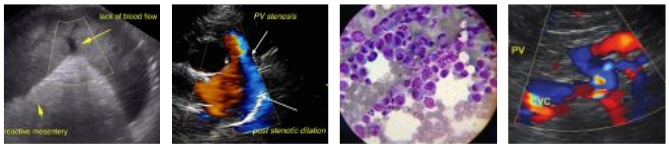

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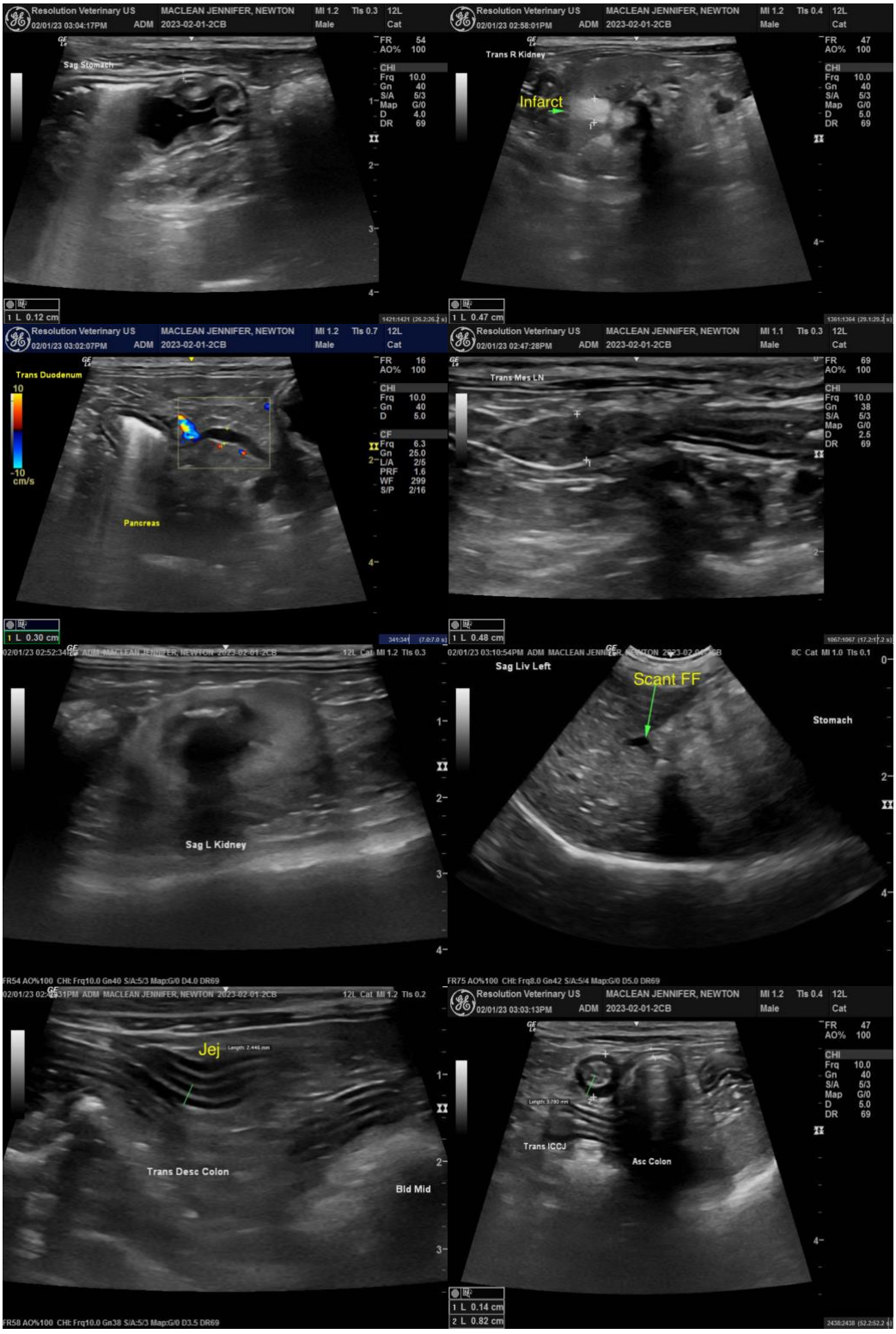

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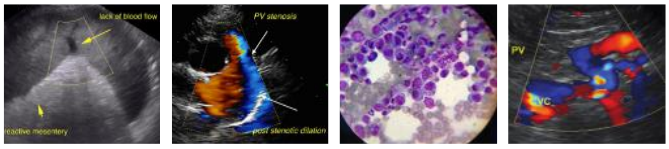

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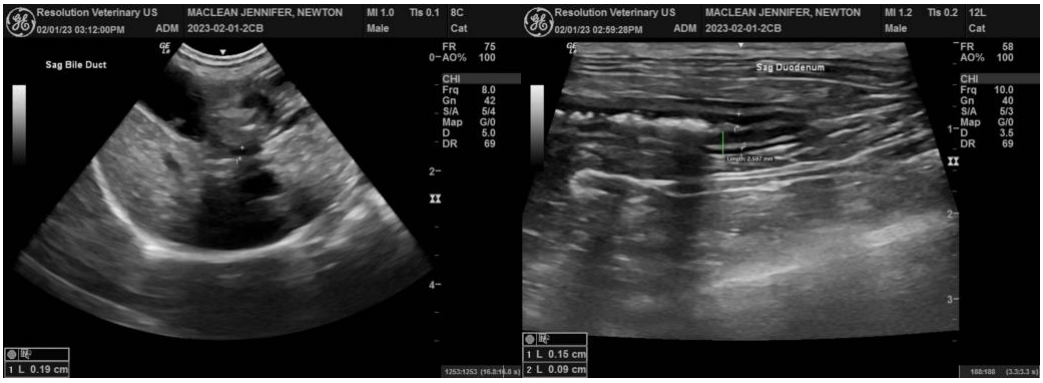

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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