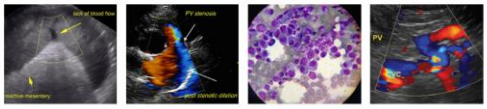
PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Odin Paliotta

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 y

WEIGHT

8.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County Veterinary Service

REFERRING VET

Christina Poor, BVetMed

INVOICE

16099

DATE

2/9/23

PRESENTING CLINICAL SIGNS

Diagnosed with IBD via biopsy 2013, mild diffuse lymphocytic/eosinophilic IBD. EPI diagnosed in 2013. TLI was low. Lung nodule removed 2022-infected granuloma from pneumonia. Cardiac murmur. Deaf. Now: weight loss, diarrhea, poor appetite. 4 round lung nodes on thoratic radiographs. Current meds: 1) b12 weekly 2) Panakare 1/8 teaspoon TID 3) Metronidazole 50 mg SID 4) Prednisone 3.75 mgs SID

Abnormal PE/Chem/CBC/UA Results: WBC 27k, neutrophils 23k, monocytes 1.71k, ALT 181, AST 88, alph 77.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. Suspect right kidney complex cranial lateral cortical cyst measuring approximately 8.0 cm in diameter was present. The suspected complex cyst appeared to contain primarily anechoic fluid, possible areas of mineralization, or less likely potential for focal area of cortical necrosis possibly secondary to previous infarct or emerging neoplastic criteria. The left kidney measured 4.0 cm in length. The right kidney measured 4.4 cm in length. Pinpoint dystrophic medullary mineral was noted in both kidneys.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size, which is nonspecific and not indicative of underlying adrenal pathology and likely a patient or stress-related variant. The left adrenal gland measured 0.65 cm width. The right adrenal gland measured 0.48 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. Minor medial capsule asymmetry was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen was normal in size measuring 0.62 cm width at the level of the hilus.

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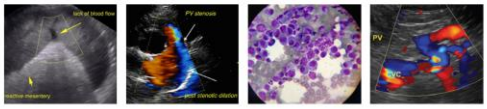

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Liver/ Gallbladder

The liver was subjectively mildly enlarged in size. 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 mildly contracted with no evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Focal small spherical shadowing nonobstructive echo was noted in the pylorus lumen measuring 0.2 cm in diameter (potential for medication or similar), with no obvious gastric foreign material. The ventral gastric body wall width measured 0.28 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental primarily mild jejunal distention was noted with nonshadowing chyme. No obstructive pattern, loss of intestinal wall layering, or visualized intestinal masses. The duodenum wall measured 0.2 cm width. The jejunum wall measured 0.20 cm width.

The colon exhibited sonographically normal wall layering. The colon contained subjective semi-formed fecal matter.

Pancreas

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

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

ULTRASONOGRAPHIC FINDINGS

- Mild hepatopathy - subjectively benign, potential low-grade inflammatory hepatopathy i.e., cholangiohepatitis
- Intact overtly normal gastrointestinal wall layering, possible focal pyloric medication or similar with potential segmental inefficient intestinal peristalsis
- Heterogeneous pancreas - age/patient variant, benign remodeling, low-grade to chronic pancreatitis
- Mild chronic renal changes with suspect complex right kidney cortical cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis, +/- diarrhea PCR could be considered. No overt evidence of gastroenterocolic mural pathology, yet steroid therapy may possibly be suppressing gastrointestinal mural changes.

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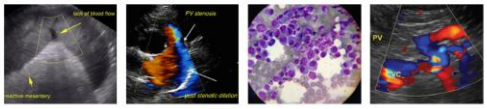

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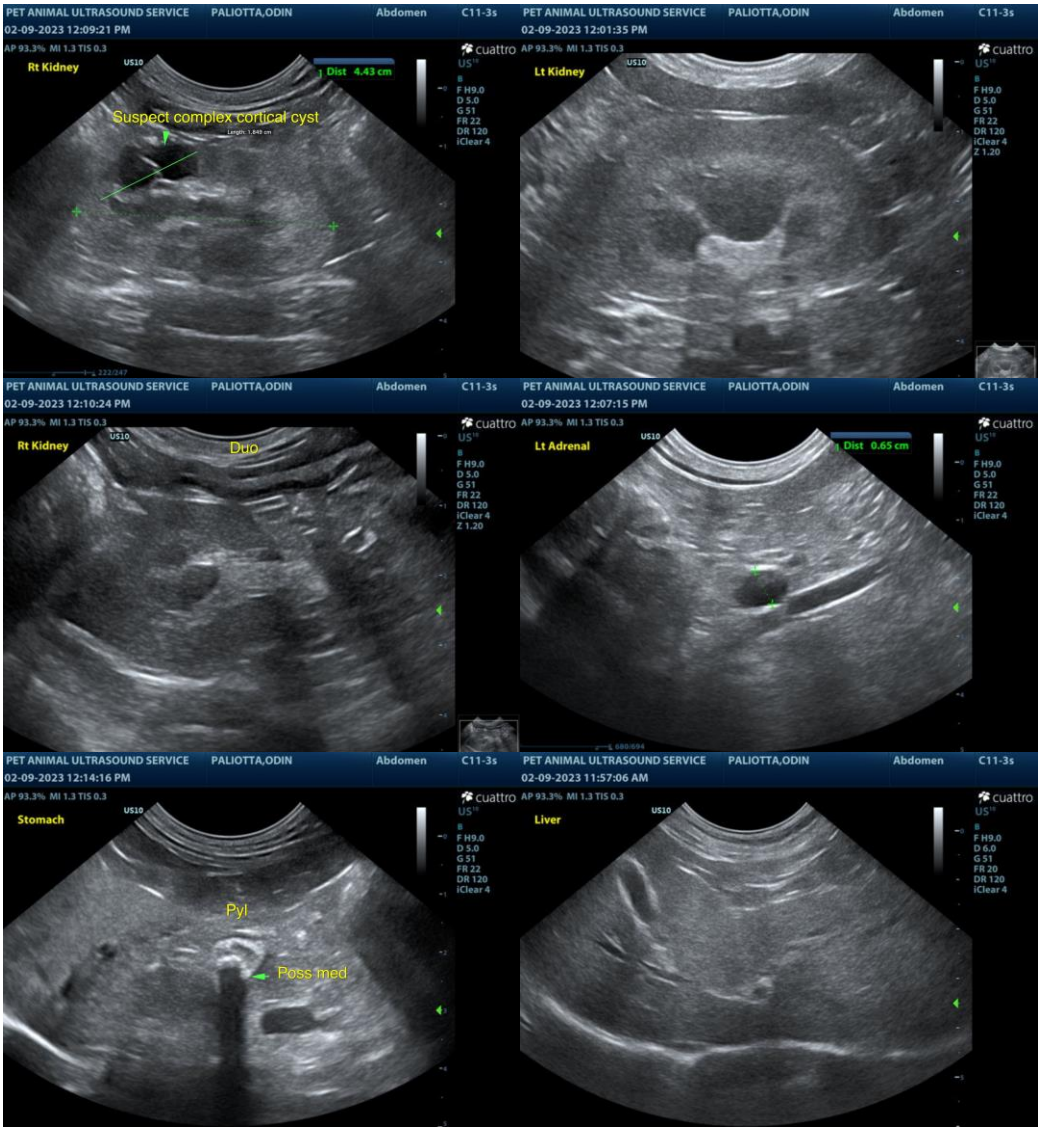
No obvious evidence of intraabdominal neoplastic criteria was noted. Chronic Triad Disease may be a potential in this patient.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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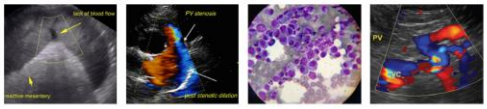

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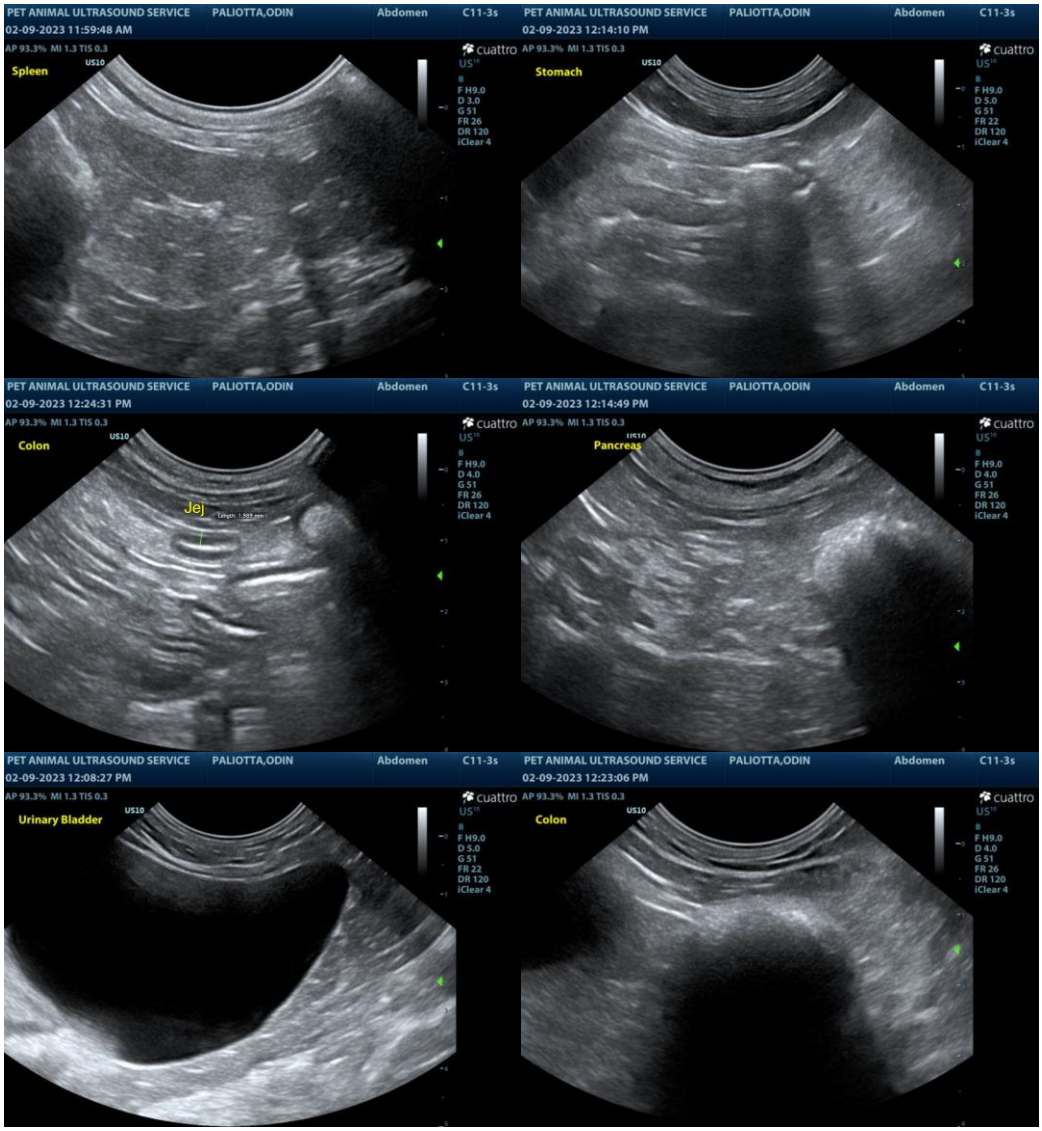

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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