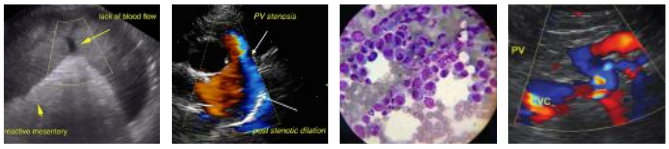
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Tika Easby

SPECIES

Feline

BREED

DSH

SEX

Spayed

AGE

17 years

WEIGHT

3.57 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins PH

REFERRING VET

Dr. Latoya Brown

INVOICE

16240

DATE

2/21/23

PRESENTING CLINICAL SIGNS

Tika is a 17y spayed DSH cat that presented with the complaint of weakness, stumbling/falling. O said she started stumbling today, front leg seems to be swelling. E/D normal, energy normal, no V/D. never been to the vet before.

Abnormal PE/Chem/CBC/UA Results: CBC: WNL CHEM: GLU 13.81 mmol/L (HIGH), Na 166 mmol/L (HIGH) fPL: Normal Rads: possible renomegaly on R-LAT view, irregular loops of intestine (LAT, VD views) - nepolasia vs. fecal material?

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. Primarily anechoic urine was present in the lumen. Mild to moderate, accumulated, nonmineralized sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. No urinary bladder tumors were 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. Discrete pinpoint areas of medullary mineral were noted. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

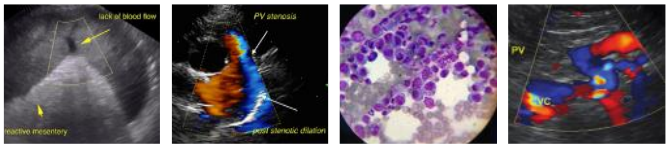
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.26 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width.

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. 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. 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 0.66 cm width at the level of the hilus.

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



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signs of congestion. A solitary, mildly irregular to expansive nonhomogeneous cystic intraparenchymal macro nodule to small mass measuring 3.0 cm in diameter was present in the mid-liver lobes adjacent to the gallbladder. Intermittent thinly walled intraparenchymal cyst containing anechoic fluid was present with an example measuring 0.84 cm in diameter. 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 visualized gastric walls were sonographically normal. The lumen of the stomach contained mild to moderate ingesta exhibiting subtle progressive distal acoustic shadowing along with luminal gas. No evidence of mechanical pyloric outflow obstruction was noted.

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 0.25 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.31 cm width.

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

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 peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Accumulated urinary bladder sediment
- Mild chronic renal changes
- Pancreatic remodeling
- Nonspecific yet suspect benign nonhomogeneous to cystic liver macronodule to small mass - suspect cystic biliary adenoma, concurrent intermittent small hepatic cysts
- Gastric ingesta / gas, sonographically unremarkable small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minor potential for neoplastic criteria associated with the cystic liver macronodule to small mass, i.e., cystic biliary adenocarcinoma is possible yet thought less likely.

Urinalysis +/- C/S if evidence of inflammatory cells is recommended.

A definitive cause of the patient's clinical signs of weakness and stumbling was not obvious within the abdominal cavity. No evidence of adrenal neoplastic criteria was noted. Given the lack of reported hypokalemia, an adrenal component to the patient's weakness is considered unlikely. Assessment for a nonabdominal disease which may include three-view thoracic radiographs as well as thorough neurological and muscular-skeletal examination is recommended.

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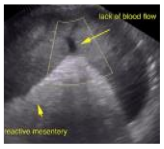

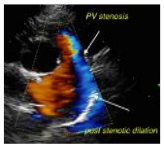

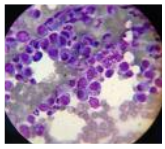
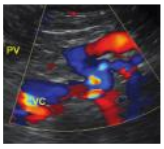

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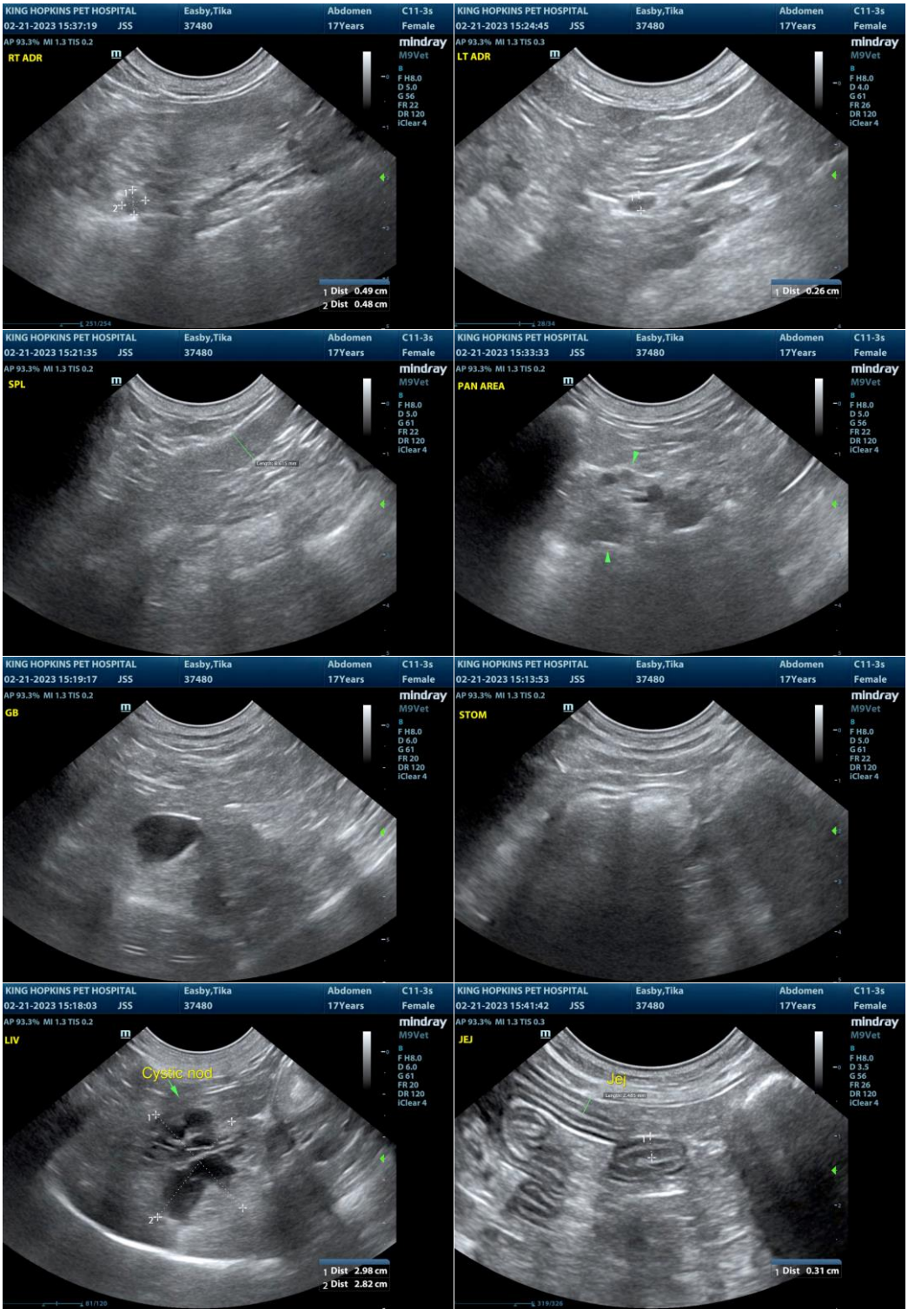

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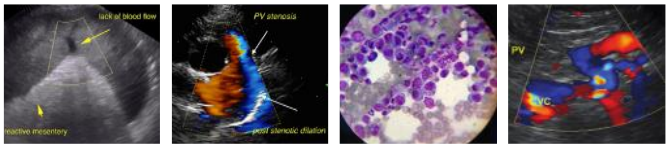

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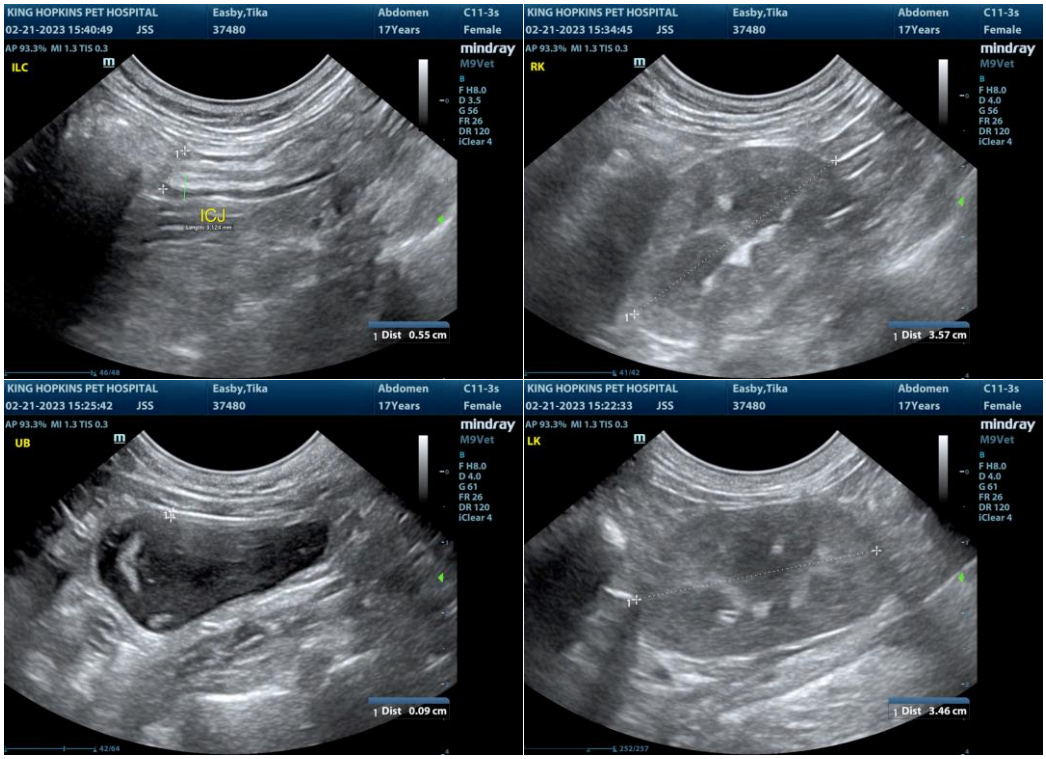

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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