



PATIENT PRESENTING CLINICAL SIGNS

Peg Leg Klotz History: Hyporexia. Glu 192, Amylase 1556. Radiographs - possible cranial (liver) mass, enlarged spleen, right kidney not seen. *Sedated with dexdomitor

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED

Domestic Shorthair

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

SEX

Neutered Male

Normal size and contour were present in the left kidney. 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 was present. Focal areas of nonobstructive medullary mineral noted. The left kidney measured 4.5 cm in length.

AGE

11 Years

The right kidney was subnormal in size with asymmetrical contour, reduced medullary volume and marked loss of corticomedullary border demarcation. The right kidney measured 1.8 cm.

WEIGHT

12.10 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm.

INTERPRETED BY

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.25 cm width.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Spleen

The spleen exhibited borderline to mild enlargement (1.1 cm in width) with primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, non-expansive, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal parenchyma. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. An example of a splenic nodule measured 0.47 cm in width.

HOSPITAL NAME

Mashpee VH

Liver

REFERRING VET

Dr. Mark Oldham, DVM

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. Mild hepatic vasculature dilation was present, likely owing to sedation.

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The gallbladder was non-distended in size with anechoic content. Mild dilation of the cystic biliary duct was noted, which is nonspecific. No evidence of posthepatic obstruction.

DATE

2/28/22

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained non-shadowing chyme was present. The gastric body wall measured 0.20 cm.



PATIENT

Peg Leg Klotz

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 jejunum wall measured 0.18 cm. The ileocolic wall measured 0.25 cm.

SPECIES

Feline

Normal visible colon wall layers were present with subjective formed to semi-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.

BREED

Domestic Shorthair

Free Abdomen

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Neutered Male

No omental masses, lymphadenopathy or effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

11 Years

- Borderline to mild splenomegaly, exhibiting nonspecific yet likely benign hyperechoic parenchymal nodules- nodules suggestive of benign myelolipomas or nodular hyperplasia, hematopoiesis, incidental splenitis, lymphoid hyperplasia possible.
- Left kidney mild chronic renal changes with focal nonobstructive medullary mineral
- Right kidney, subnormal size, exhibiting marked chronic degenerative changes
- Mild retained gastric chyme- nonspecific, potential for mild gastric stasis, if documented NPO
- Overtly normal small bowel and pancreas

WEIGHT

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DABVP (Canine and
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for early splenic neoplasia considered a less likely differential diagnosis. If evidence of weight loss and assuming normal clotting status, ultrasound guided FNA of the spleen with a 25-gauge needle could be considered for screening cytology, primarily to ensure only benign changes are present.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Potential for low-grade to chronic pancreatitis or structurally insignificant enteropathy cannot be definitively excluded. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Low-grade to chronic pancreatitis would be suspected if evidence of cranial abdominal subxiphoid discomfort on palpation. No evidence of intraabdominal masses.

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Empirically, continued as needed gastrointestinal support and conservative therapy for potential low-grade inflammatory gastroenteropathy or pancreatitis would be reasonable.

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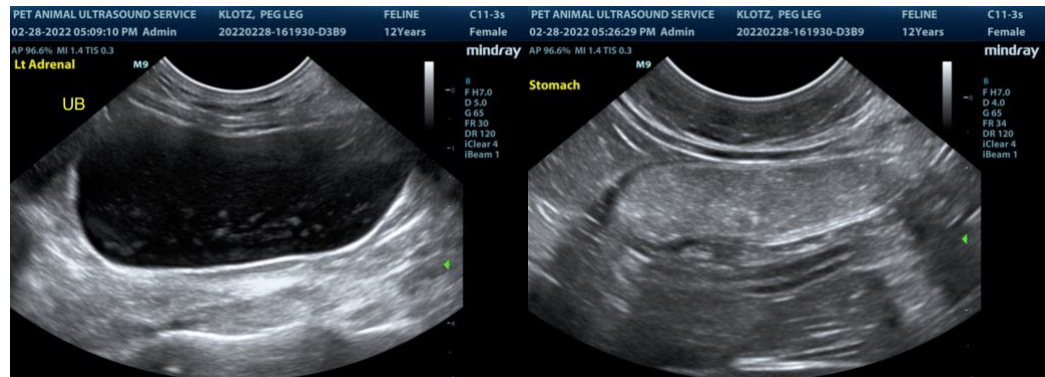
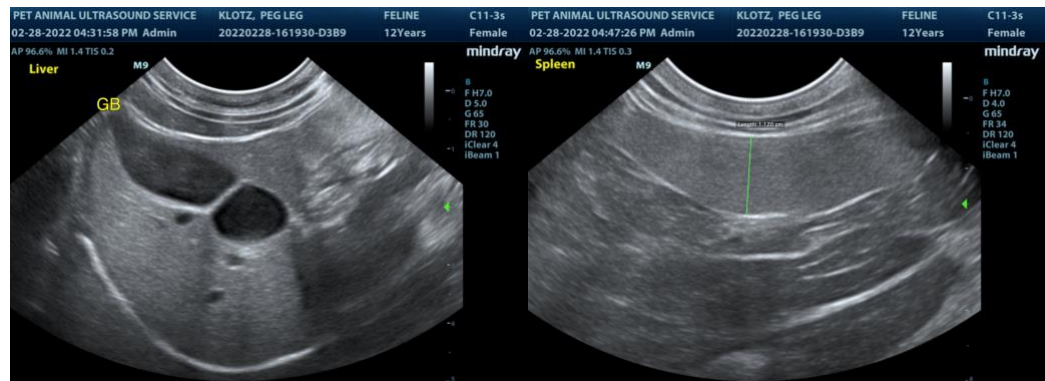
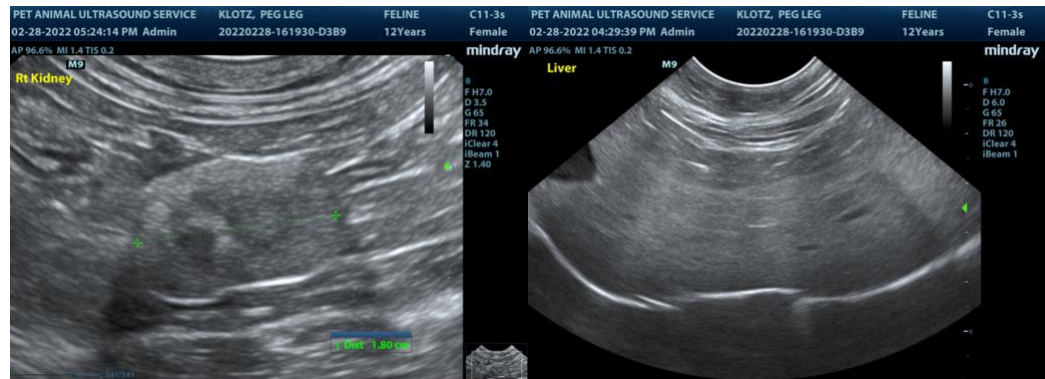
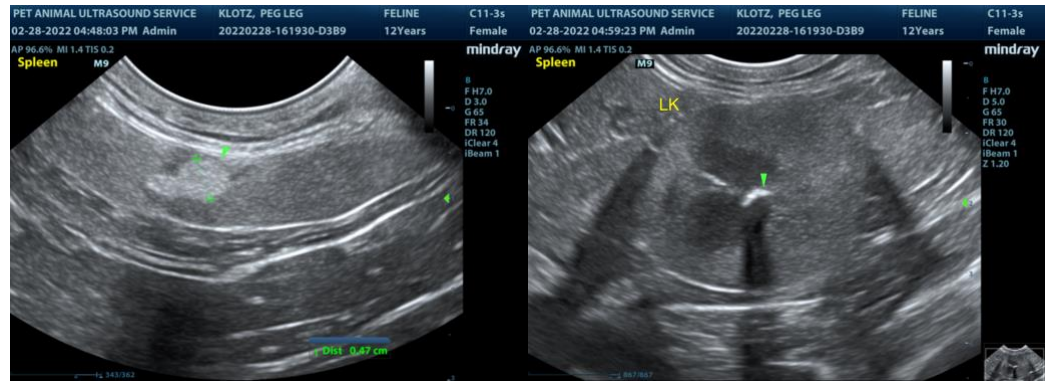
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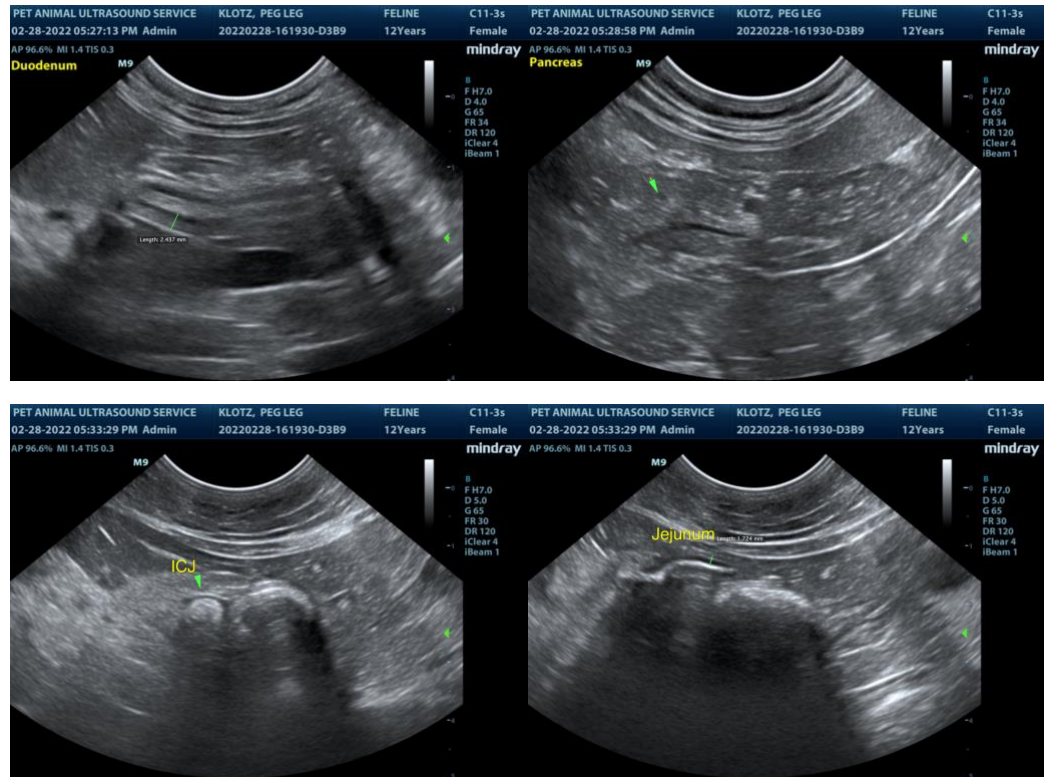
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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