SonoPath
Clinical Sonography & Telecytology
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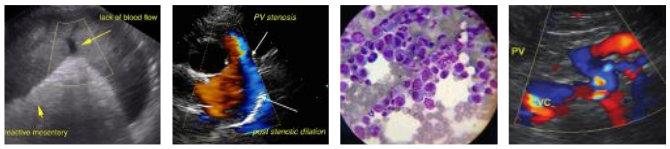


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mischa Sergienko

SPECIES

Feline

BREED

British Shorthair

SEX

MN

AGE

12yr

WEIGHT

7.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Alpine 24/7

INVOICE

13173ag

DATE

03/14/2023

PRESENTING CLINICAL SIGNS

Lethargic. Not wanting to eat or drink. No V/D. ADR. No energy.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Bilateral borderline prominent kidney size with symmetrical margination was present. 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. Pinpoint medullary mineral was present. The renal medullary volume was subjectively reduced. The left kidney measured 4.6 cm in length. The right kidney measured 4.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.28 cm width. The right adrenal gland was not definitively visualized with no overt pathology.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical 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, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.93 cm in width at the level of the hilus.

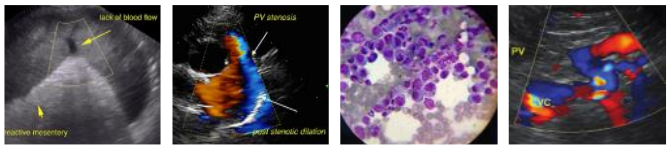
Liver/Gallbladder

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and moderate non-organized hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. No evidence of post hepatic obstruction. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic ingesta with subtle progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.25 cm in width.

The visualized small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor segmental ingesta/chyme with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.23 cm width. The ileocolic wall measured 0.36 cm width.



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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

No omental masses or overt lymphadenopathy was present.

Scant pocket of perisplenic free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment.
- Borderline renomegaly with non-specific chronic changes.
- Overtly normal GI tract with mild gastric ingesta.
- Normal pancreas.
- Non-distended gallbladder with luminal debris.
- Normal spleen with scant perisplenic free fluid.

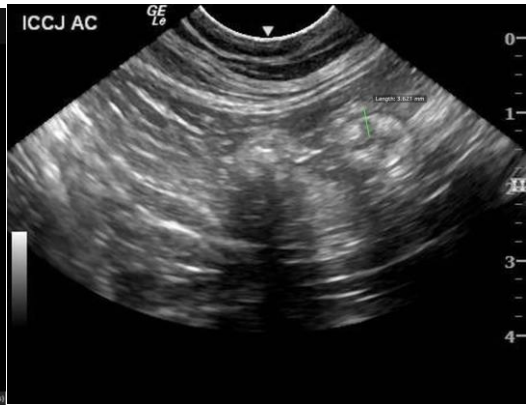
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

No evidence of overt intra-abdominal neoplastic criteria. The scant perisplenic is non-specific and may indicate incidental physiologic fluid given no evidence of splenic pathology assuming normal ALB levels and without evidence of lymphatic obstruction.

The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, occult parasitism, inflammatory bowel disease without evidence of mural changes or other. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

The gallbladder debris is of unclear clinical significance yet in cats may be associated with cholestasis or hepatobiliary inflammation. Empirically as needed GI support would be appropriate.



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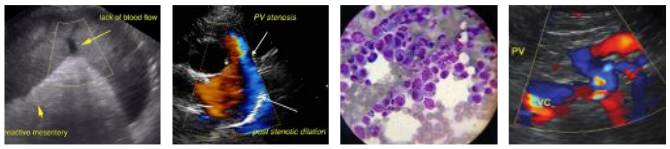

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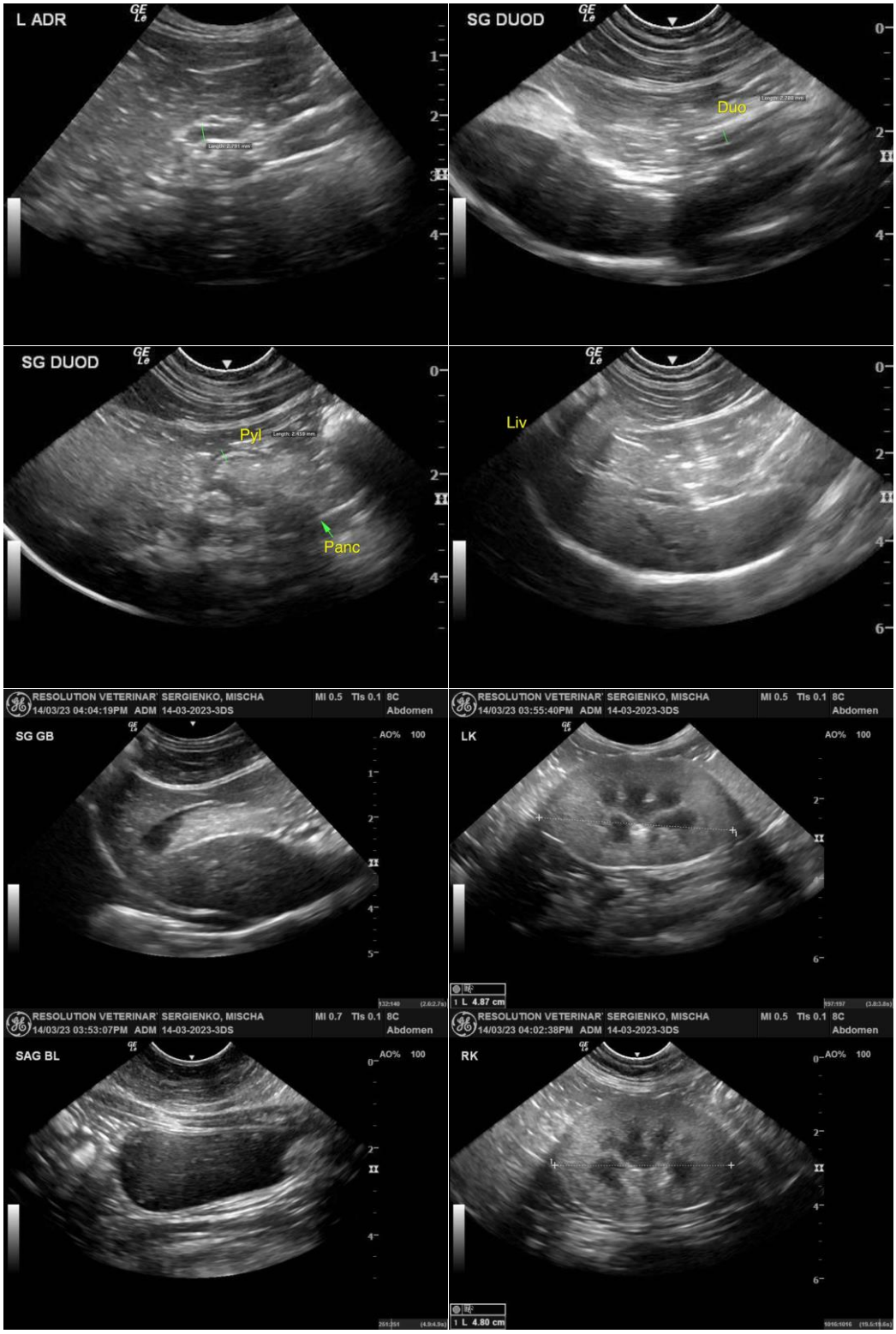

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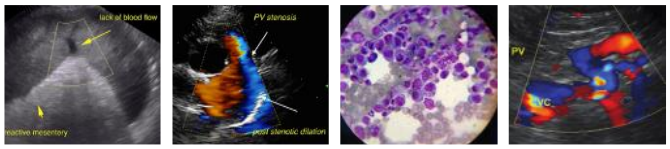

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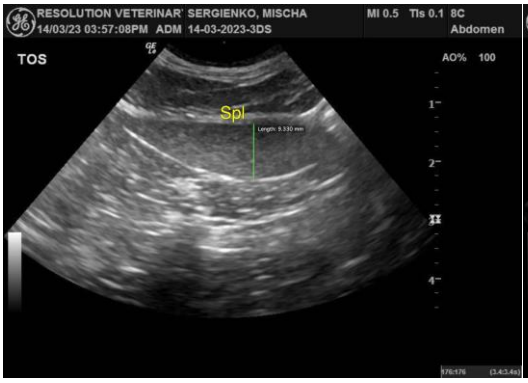

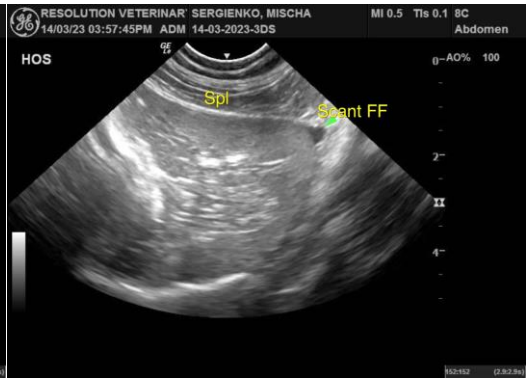

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com