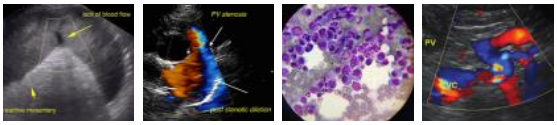


PATIENT

Kirby Capps

SPECIES

Feline

BREED

Russian Blue

SEX

Neutered Male

AGE

10 years

WEIGHT

8.61 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Sutherlin Veterinary Hospital

REFERRING VET

Dr. Herrera

INVOICE

10110ag

DATE

03/02/2022

PRESENTING CLINICAL SIGNS

History: suspect interstitial cystitis episode last month, but progressive weight loss concerning. acute onset weight loss (new patient to us)
Abnormal PE/Chem/CBC/UA Results: Hyperthyroid from previous vet clinic had radioactive iodine done over a year ago. 8-2020 renal panel= WNL (previous vet) no current labwork

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normal in overall size and tone. A uniform mass/lesion appearing to involve and occupy the mid to caudal dorsal wall measuring approximately 2.6 cm x 1.0 cm was noted. The mass exhibited isoechoic uniform parenchyma compared to adjacent noninvolved urinary bladder wall. The mass appeared to mildly extend to the urinary bladder lumen with primarily symmetrical contour. The potential for indistinct pinpoint hyperechoic foci within the mass which may indicate pinpoint areas of emerging mineralization. The 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.

Normal renal size with asymmetrical margination was present in both kidneys. 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. Bilateral focal areas of suspected emerging nonobstructive medullary mineral were present. The renal medullary volume was subjectively reduced. The left kidney measured 3.5 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

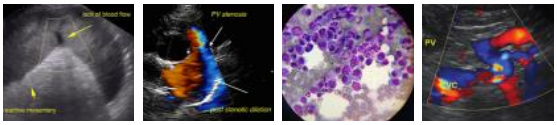
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole.

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.

Liver

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



PATIENT

Kirby Capps

SPECIES

Feline

BREED

Russian Blue

SEX

Neutered Male

AGE

10 years

WEIGHT

8.61 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Sutherlin Veterinary Hospital

REFERRING VET

Dr. Herrera

INVOICE

10110ag

DATE

03/02/2022

signs of congestion. The gallbladder was non-distended in size with thin walls and mild gallbladder debris. 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 was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm.

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 0.20 cm. The ileocolic wall measured 0.28 cm.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation and regional mild peripancreatic reactive mesentery. No overt evidence of neoplasia.

Free Abdomen

Focally enlarged regional colic lymph nodes adjacent to the ileocolic junction were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.0 cm x 0.8 cm. Subtle evidence of perilymphatic reactive mesentery was noted. No peritoneal free fluid was observed.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder dorsal wall mass lesion-cystitis, neoplasia (smooth muscle tumor, TCC, lymphoma or other possible), other.
- Moderate bilateral chronic renal changes.
- Pancreatitis.
- Overtly normal gastrointestinal tract.
- Hypoechoic to prominent colic lymph nodes-lymphoid hyperplasia or reactive lymphadenitis suspected. Minor potential for emerging neoplastic lymphadenopathy though less likely yet cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

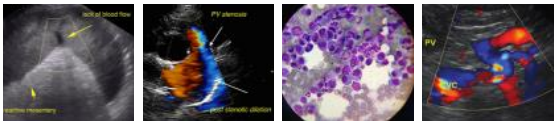
Sampling of the urinary bladder wall mass would be required for definitive diagnosis. Sonographic monitoring +/- NSAID therapy assuming the patient is a candidate would be a more conservative approach. Potential for structurally insignificant gastrointestinal disease could be present, a GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further assessment.

Ultrasound guided FNA of the enlarged colic lymph node could be considered for screening cytology. Correlation with full lab work up as well as three view chest radiographs to rule out occult thoracic pathology as potential cause for the weight loss is recommended.

SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND

IMAGING PERFORMED BY

AnimalSoundsNW.com 541-357-9423

PATIENT

Kirby Capps

SPECIES

Feline

BREED

Russian Blue

SEX

Neutered Male

AGE

10 years

WEIGHT

8.61 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Sutherlin Veterinary Hospital

REFERRING VET

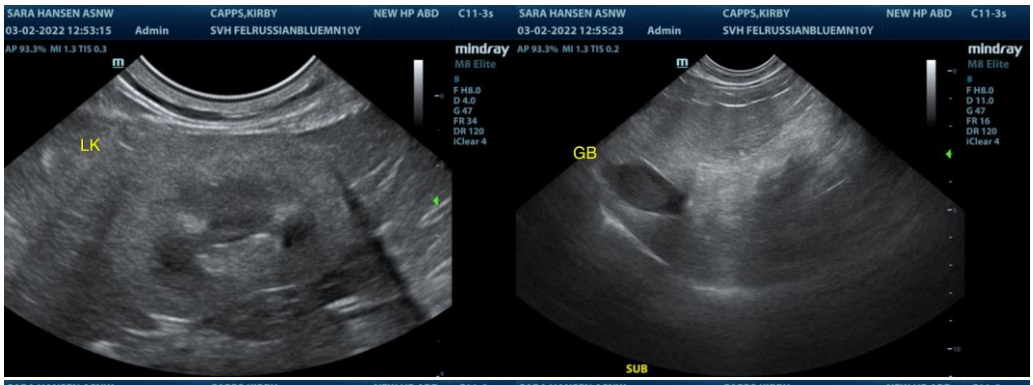
Dr. Herrera

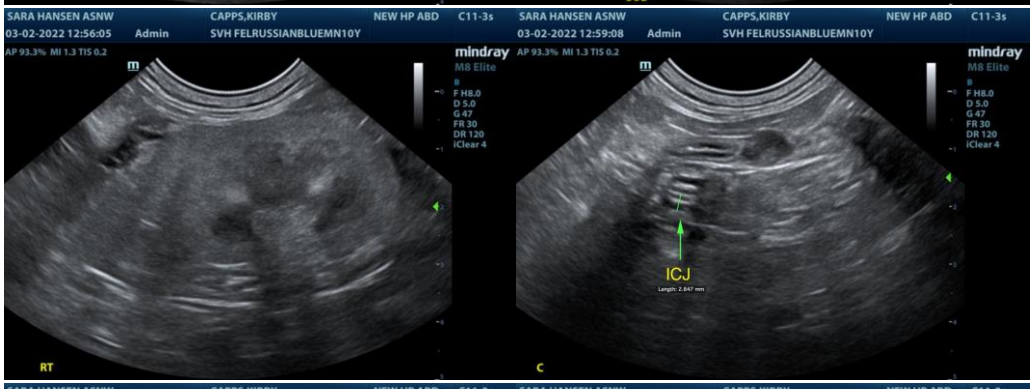
INVOICE

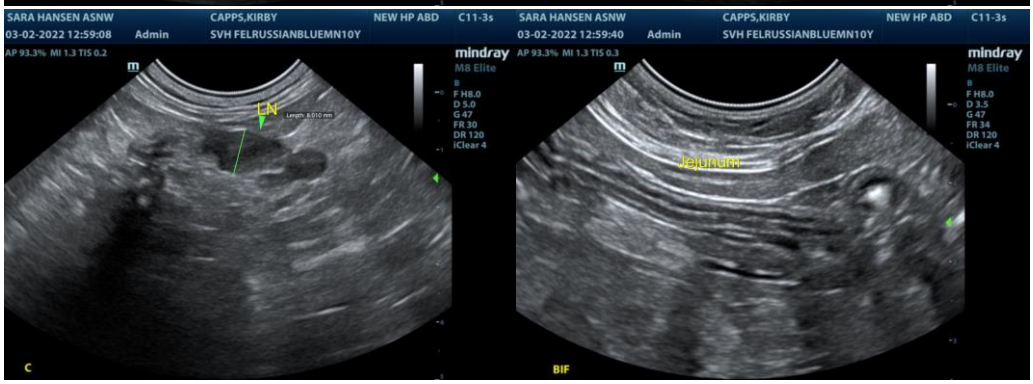
10110ag

DATE

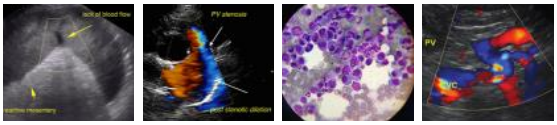
03/02/2022







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



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Kirby Capps

SPECIES

Feline

BREED

Russian Blue

SEX

Neutered Male

AGE

10 years

WEIGHT

8.61 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Sutherlin Veterinary Hospital

REFERRING VET

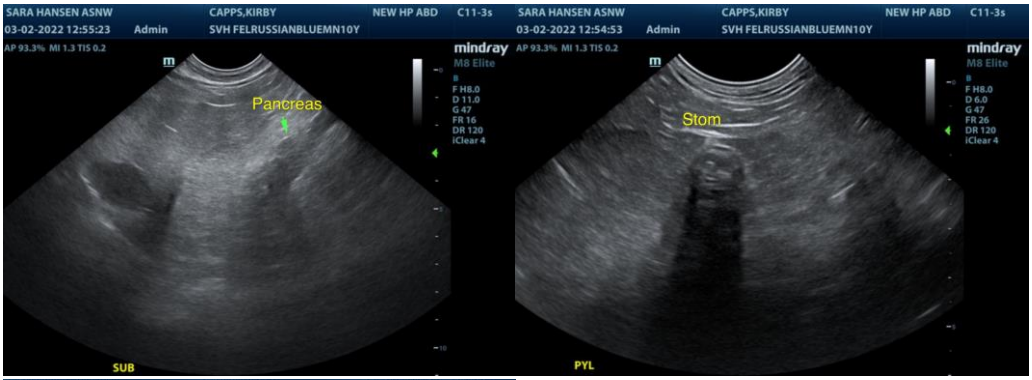
Dr. Herrera

INVOICE

10110ag

DATE

03/02/2022



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