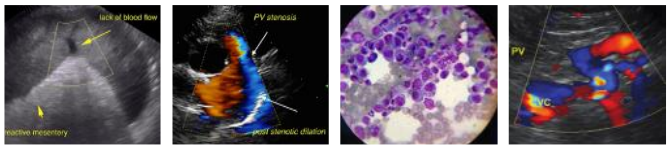
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Isaac Flickinger

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9yr

WEIGHT

5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Hayley Heindel CVT

HOSPITAL NAME

Mason Dixon Animal ER

REFERRING VET

Dr. de Cordon

INVOICE

13237ag

DATE

03/21/2023

PRESENTING CLINICAL SIGNS

painful, lethargic, anorexia, vocalizing

Abnormal PE/Chem/CBC/UA Results: Creat 2.2 Phos 6.4 TP 4.6 bloody abdominal fluid temp 97 muddy MM

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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Non-specific subtle medullary rim sign was present in the right kidney. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 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 0.24 cm width. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited mild subnormal size with 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 0.54 cm in width at the level of the hilus.

Liver/Gallbladder

The liver was subjectively borderline to mildly enlarged with normal structure and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. A solitary non-homogenous isoechoic mid intraparenchymal mass was present measuring ~ 3.0 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was indistinctly visualized without evidence of distention.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic ingesta exhibiting subtle areas of progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

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.

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

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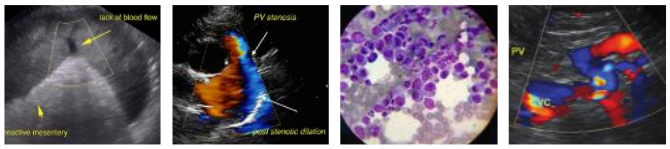

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Pancreas

The pancreas exhibited subtle prominent size with areas of capsule asymmetry and areas of mildly hypoechoic parenchyma.

Free Abdomen

Generalized non-uniform hyperechoic omentum with mild volume peritoneal effusion was present. The effusion was primarily anechoic with mild echogenic changes which may suggest some degree of fluid cellularity.

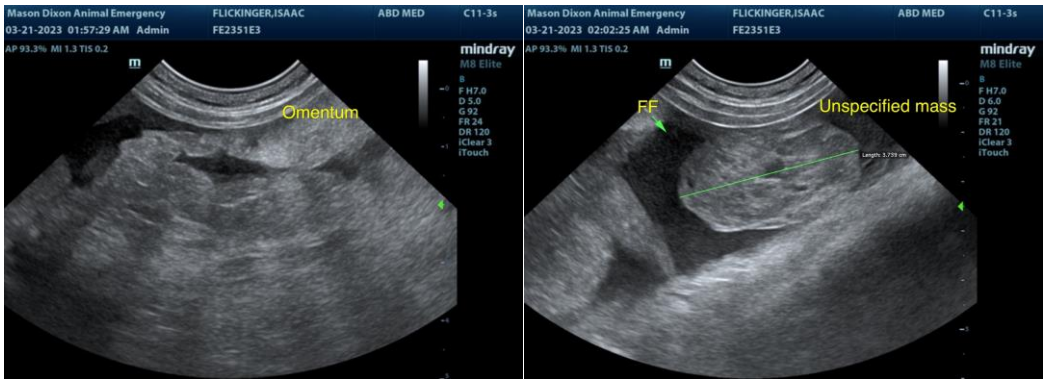
An ill-defined non-homogenous mid to caudal intra-abdominal nodular mass was present measuring ~ 3.5-4.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes with non-specific right kidney medullary rim sign.
- Non-homogenous intraparenchymal liver mass.
- Overtly normal GI tract with gastric ingesta.
- Heterogenous to hypoechoic mildly prominent pancreas.
- Non-uniform omentum with ill-defined nodular/non-homogenous mid to caudal abdominal mass, moderate volume peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend abdominocentesis, rapid cytospin and rapid slide preparation of the sediment to conserve the integrity of the cells would be recommended in order to optimize the cytological interpretation. Culture of the fluid can also be considered if any suspicion of inflammatory elements is noted. If accessible and assuming normal clotting status a hepatic mass and ill-defined mid to caudal abdominal mass FNA for screening cytology could be considered for further assessment. Sonographically the pancreas was not consistent with significant active pancreatitis or neoplastic criteria as a primary clinical consideration. Carcinomatosis, lymphomatosis or similar may be a primary concern. Technically FIP is possible yet considered less likely given the age of the patient. Extremely guarded prognosis pending additional diagnostics.



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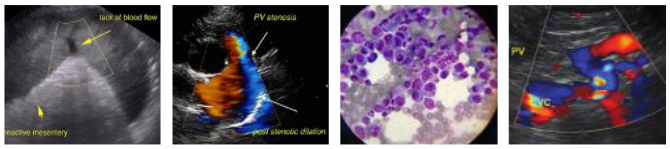

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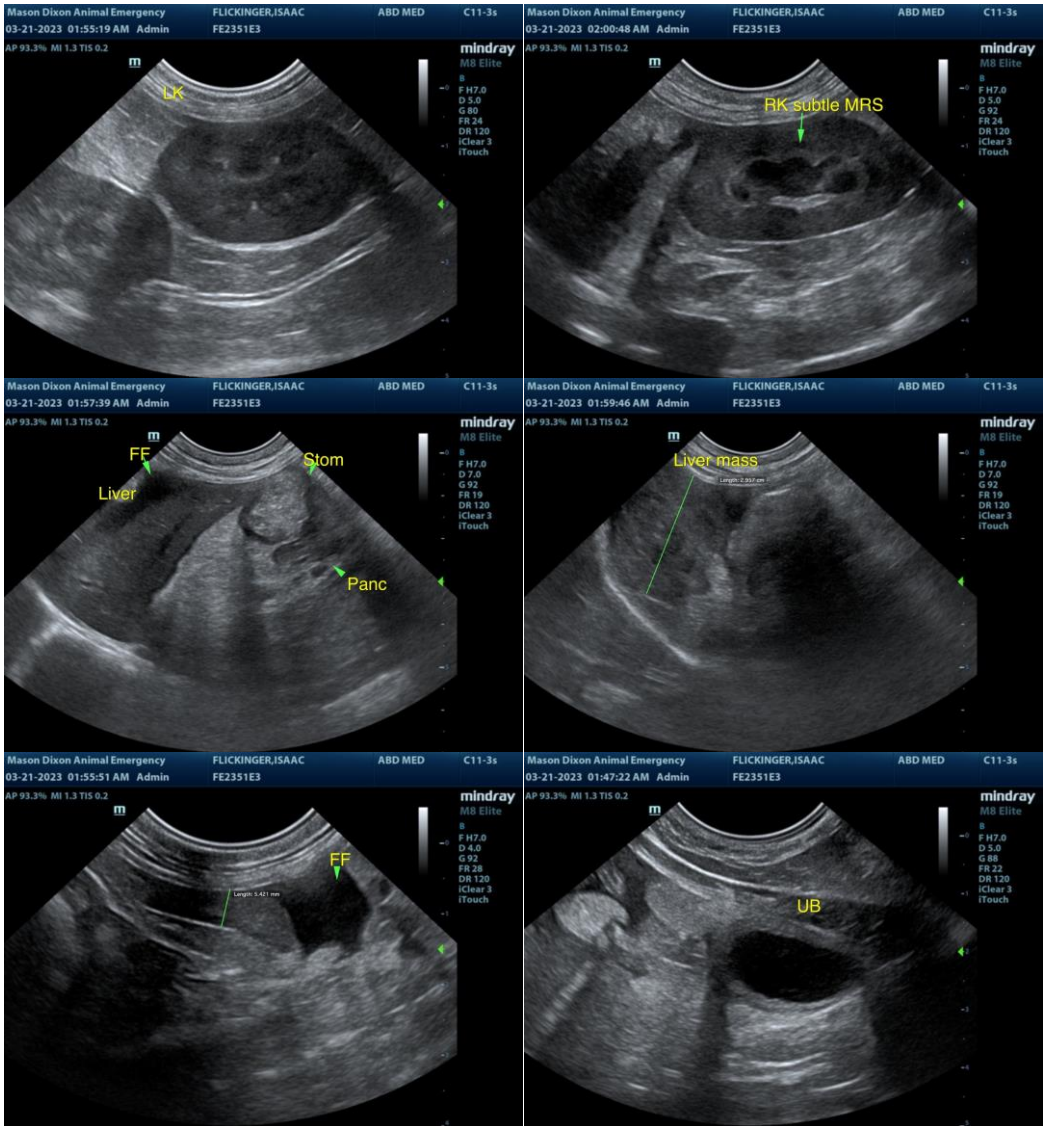

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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