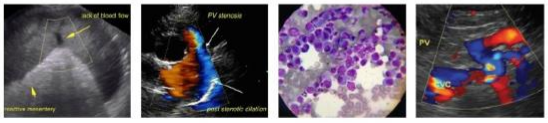


PATIENT

KevinBacon Sammies

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

4.7 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Amber Murphy

INVOICE

21960

DATE

4/12/23

PRESENTING CLINICAL SIGNS

History * Seen on Friday 4/7/23 for lethargy. Patient had fever and increased lung sounds. Patient was eating still. Working diagnosis Moderate cardiomegaly with prominent atrial enlargement without decompensation. Mild hepatomegaly. Small biliary cystic calculus. Small left renal mineralization. Blood Pressure - 130mm Hg Normal ECG

Abnormal PE/Chem/CBC/UA Results: mild NNN anemia with HCT @ 27%; platelets clumped but adequate; 2+ proteinuria, but 3+ hematuria noted; all other values WNL. T4 well within normal limits @ 1.0 ug/dL;

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. Moderate particulate sediment 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.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 4.5 cm in length. Minor nonobstructive medullary mineral/small renolith was present in the left kidney.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm.

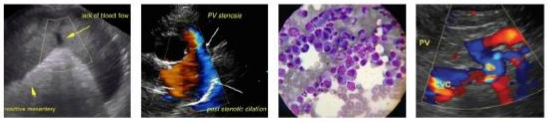
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm.

Spleen

The spleen was normal in size (1.1 cm width at the level of the splenic hilus) with maintained symmetrical capsule contour. Multifocal, small to discrete, hypoechoic nodules were present diffusely throughout the parenchyma without associated capsule impingement or distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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 signs of congestion.



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The gallbladder was non-distended in size with anechoic content and nonobstructive choleliths. Minor common bile duct dilation was noted, measuring 0.35 cm. Minor areas of nonobstructive common bile duct mineral were present. No overt obstructive pathology was noted at the level of the duodenal papilla.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with minor retained pyloric fluid. No evidence of mechanical pyloric outflow obstruction.

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 0.25 cm.

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

Pancreas

The pancreas base and right limb were normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node measured 1.6 cm x 0.41 cm. No omental masses were present.

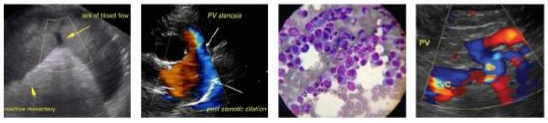
ULTRASONOGRAPHIC FINDINGS

- Moderate urinary bladder sediment
- Chronic renal changes with nonobstructive left kidney mineral/small renolith
- Micronodular spleen
- Nonobstructive gallbladder and common bile duct mineral- possible mild cholangitis
- Structurally unremarkable gastrointestinal tract with minor retained pyloric fluid
- Heterogenous pancreas- age-related variant with potential for low grade/chronic inflammation

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.

The micronodular splenic changes may indicate benign changes such as nodular hyperplasia or hematopoiesis. However, early neoplasia such as lymphoma or mast cell may present in this manner and cannot be excluded. Ultrasound guided FNA with 25-gauge needle following normal coagulation



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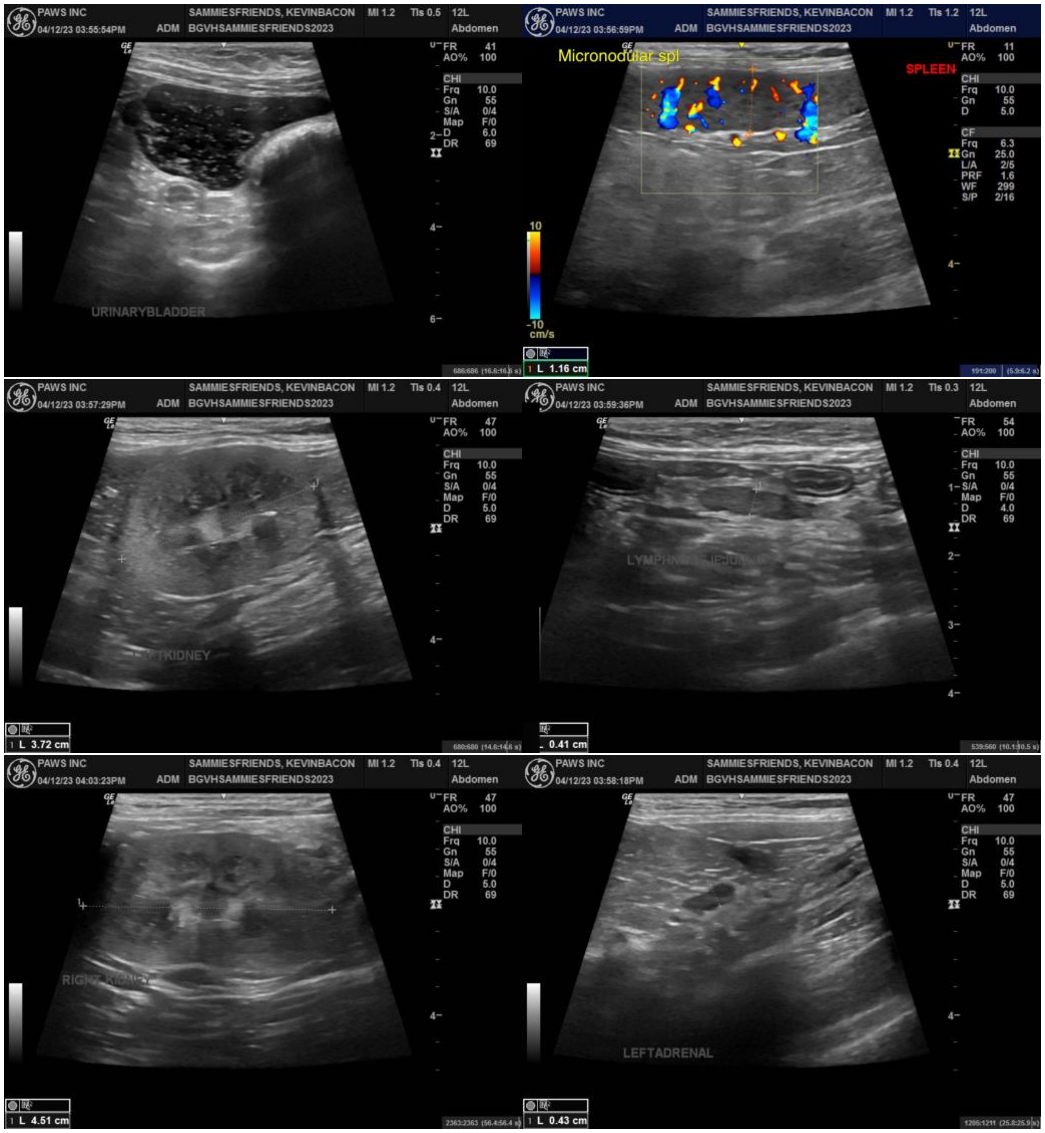
panel would be ideal for further assessment especially if evidence if weight loss. Otherwise, sonographic monitoring with initial recheck in 3-4 weeks is recommended.

Hepatosupportive medications may be considered if evidence of cholestasis. No evidence of posthepatic obstruction yet sonographic reassessment of the common bile duct is suggested if evidence of progressive cholestasis. Spec fPL is warranted for further clarification is possible low grade pancreatitis.



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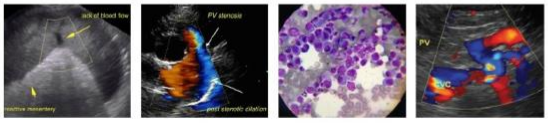

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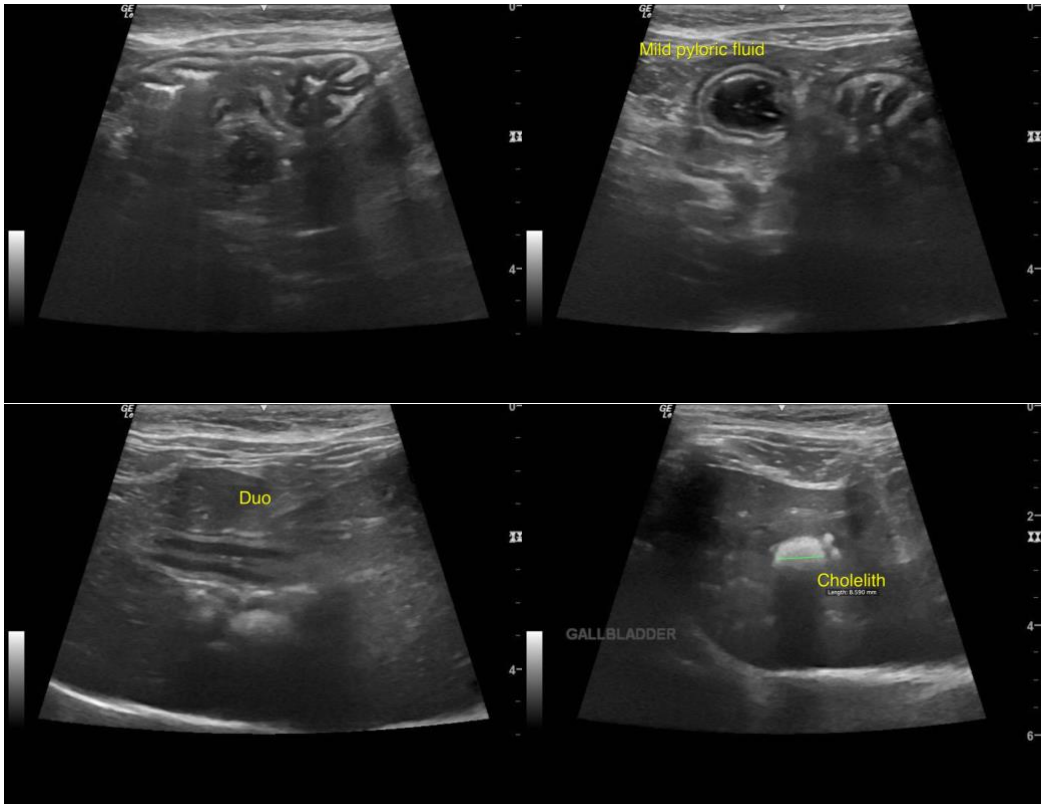

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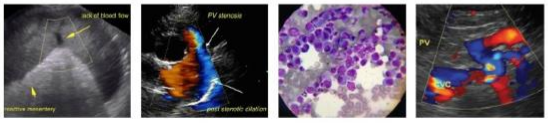

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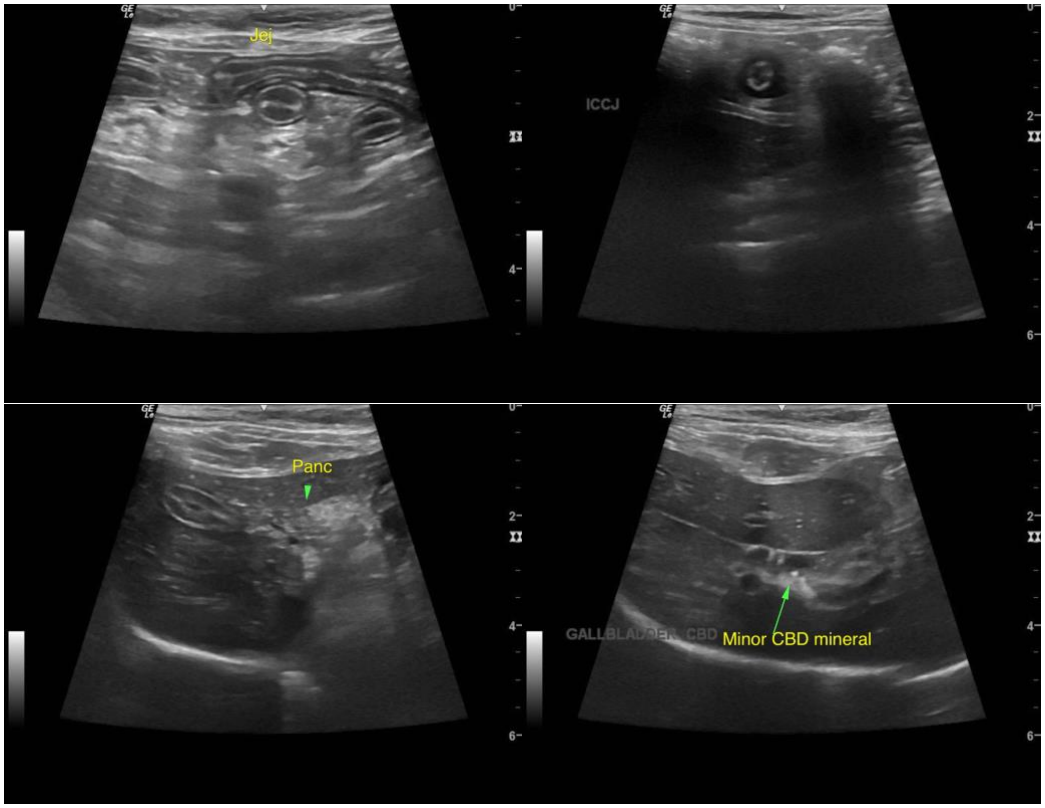

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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