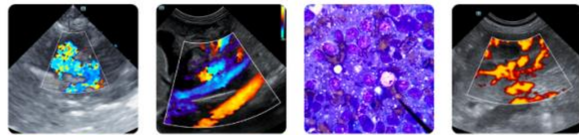


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Octavia Tilton

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years 10 Months

WEIGHT

11.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Melinda Persson

INVOICE

14813

DATE

04/02/26

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea in mid-February. Mostly seemed to have resolved with supportive care but now is bringing up a hairball every day for the past week. Chronic, gradual weight loss. Early stage 2 renal disease

Abnormal PE/Chem/CBC/UA Results: February labs: BUN 37 CR 2.1 PSL 43 (8-26) - chronically elevated in the 40's T4 1.0 (three weeks earlier at wellness check it was 2.1) UA in September normal except USG of 1.017

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. 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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and variably echogenic to hyperechoic medullar and asymmetrical margination was present in the kidneys. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Cortical infarcts and mild right kidney pyelectasia was present. The left kidney measured 3.6 cm in length. The right kidney measured 2.8 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.37 cm width. The right adrenal gland measured 0.34 cm width.

Spleen

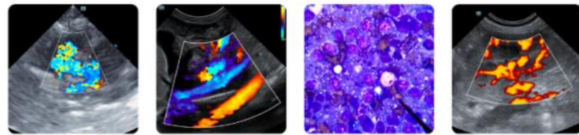
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small intermittent hyperechoic nodules were present. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal 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. The spleen measured 0.33 cm.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained gastric fluid with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layers with mildly thickened walls and altered 1:3 muscularis / mucosa ratio owing to propensity for mildly thickened muscularis layer. The small intestine wall measured 0.31 cm wall width. The ileocolic wall measured 0.46 cm wall width.

Normal visible colon wall layers were present with semi formed to soft fecal matter.

Pancreas

The left pancreatic limb was normal in size with mild capsule asymmetry and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. A distal left pancreatic limb cyst was present medial to the spleen measuring 1.3 cm in diameter. The pancreas base and right pancreatic limb were mildly enlarged in size with capsule asymmetry exhibiting nonhomogenous hypoechoic to cystic parenchyma. Surrounding peripancreatic mild hyperechoic omentum. The area of the pancreas base measured approximately 2.0 cm in diameter.

Free Abdomen

No obvious significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

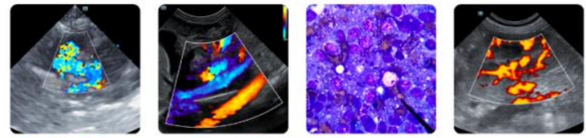
- Chronic enteropathy.
- Suspect mixed pattern chronic to chronic active pancreatitis with pancreatic cysts.
- Chronic renal changes exhibiting cortical infarcts and mild right kidney pyelectasia.
- Gallbladder debris with mild nonobstructive common bile duct dilation.
- Benign spleen with small hyperechoic nodules- suggestive of probable benign myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD or other inflammatory enteropathy in conjunction with mixed pattern chronic to chronic active pancreatitis and triaditis are suspected. Potential for emerging to occult small intestinal round cell neoplasia such as lymphoma or potential emerging pancreatic mass in the area of the pancreas base is not definitively excluded.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming normal clotting status and using a 25-gauge needle, pancreatic FNA cytology in an area of enlarged pancreas base and right pancreatic limb could be considered for further clarification +/- screening hepatic FNA cytology to assess for non-obvious inflammation given short half-life of hepatic enzymes in cats.

Gastrointestinal support and empirical therapy for chronic IBD/triaditis would be reasonable. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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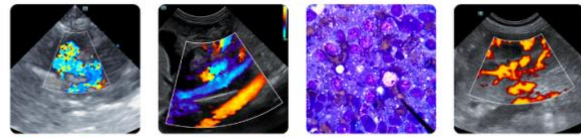

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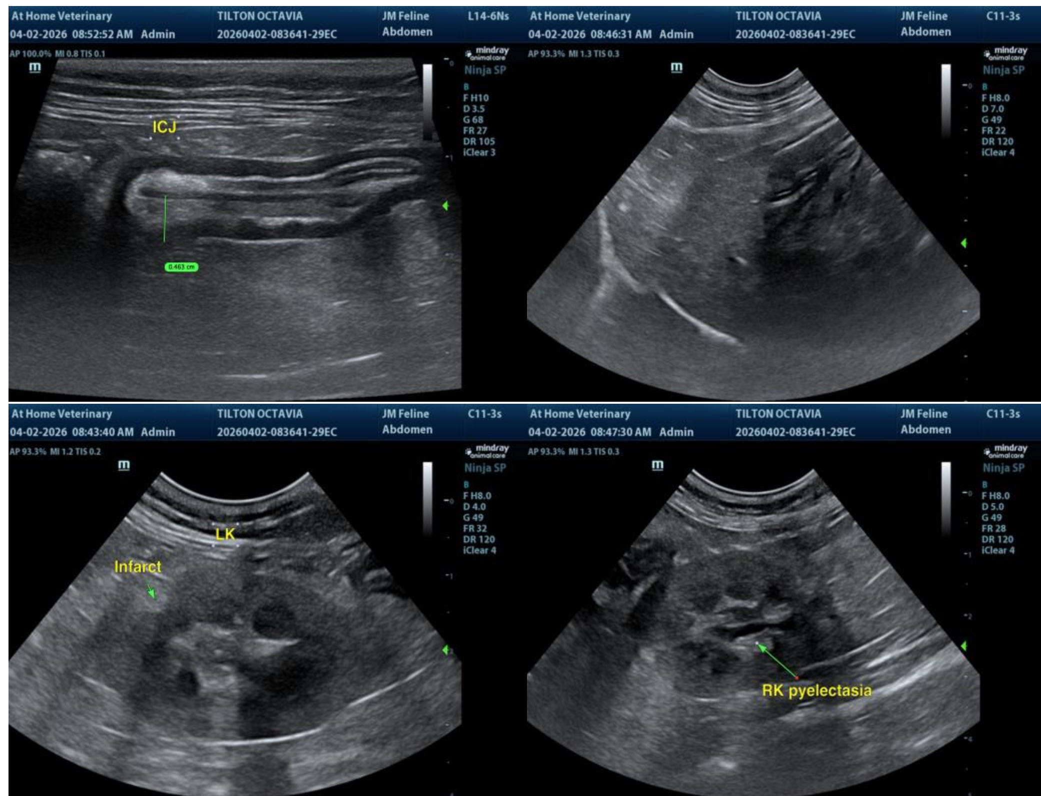

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com