SonoPath
Clinical Sonography & Telecytology
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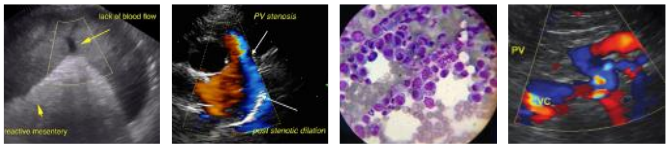


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Seti Houston

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

17 years

WEIGHT

5.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Highland VH

REFERRING VET

Rachel Poet DVM

INVOICE

16705

DATE

4/26/23

PRESENTING CLINICAL SIGNS

Patient has long history of MCT (cutaneous, peri-auricular) that was previously resected, however recurred and has been stable for years. Intermittent use of Depo-Medrol has been helpful in maintaining reduced size. Current presenting complaint is for intermittent vomiting. January of this year had several episodes, with intermittent constipation. Blood work mostly unremarkable at that time. Significant vomiting ~ 1 week ago (large volume of undigested food) and radiographs with barium study performed. Slightly delayed emptying of the esophagus and upper GI, however no indication of FB/obstruction. Possible mild SI thickening appreciated radiographically. Patient improved with both self-limiting means and mild supportive care. Indoor/outdoor lifestyle No reported urinary tract issues No current meds, however Gabapentin PO and Alfaxalone IM used for AUS due to profoundly poor patient compliance

Abnormal PE/Chem/CBC/UA Results: PE: Geriatric changes (LS OU), mild dental tartar, however no evidence of weight loss, no palpable abdominal issues. 4/19/23: LAT/VD ABDOMINAL RADS AND BARIUM STUDY: Slightly delayed emptying of the esophagus and upper GI, however no indication of FB/obstruction. Possible mild SI thickening appreciated radiographically. 1/23/23 CBC: -- RBC: 6.53 M/uL (6.54-12.2) -- HCT: 29.5% (30.3-52.3) -- PMN: 10.92 K/uL (2.3-16.29) -- Remainder WNL CHEM: -- BG: 228 mg/dL (71-159) -- BUN: 47 mg/dL (16-36) -- GLOB: 5.2 g/dL (2.8-5.1) T4: 1.1 ug/dL (0.8-4.7) No UA at the time

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone containing anechoic urine with no evidence of calculi. Probable small homogeneous apical urinary bladder polyp extending subtly into the urinary bladder lumen was noted measuring 0.36 cm. Potential for accumulated particulate to hyperechoic sediment is possible, although the probable polyp appeared to be persistent and stationary. The urethra exhibited normal structure and tone to a depth of 2.0 cm. No evidence of urinary bladder tumors was noted.

The area of the aortic trifurcation was free of pathology.

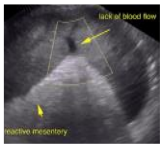
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.6 cm in length.

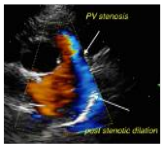
Adrenal Glands

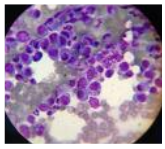
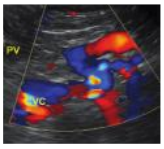
The bilateral adrenal glands were normal in size, position, and shape. The left adrenal gland measured 0.48 cm width. The right adrenal gland measured 0.37 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic





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vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen was normal in size and contour. The spleen measured 0.98 cm width at the level of the hilus.

Liver/ Gallbladder

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. A solitary, nondisruptive, mild nonuniform, hyperechoic intraparenchymal nodule was noted dorsal to the gallbladder measuring 1.0 cm in diameter. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio.. Mild nonshadowing antrum / pyloric ingesta / chyme was noted. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted. The pylorus wall width measured 0.24 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 duodenum wall measured 0.23 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.39 cm width.

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

Pancreas

The left pancreatic limb exhibited mild prominent size with mild asymmetrical contour and nonhomogeneous, mild hypoechoic parenchyma. No evidence of peripancreatic hyperechoic omentum was noted.

Free Abdomen

Intermittent isoechoic, benign / reactive mesenteric lymph nodes were present. No evidence of omental masses or peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Probable small apical urinary bladder polyp
- Chronic renal changes
- Nonspecific yet subjective benign nondisruptive hepatic nodule - suspect benign hyperplasia or small lipogranuloma
- Structurally unremarkable gastrointestinal tract with mild nonshadowing antrum / pylorus ingesta / chyme
- Chronic / chronic active pancreatitis pattern

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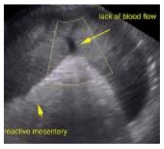

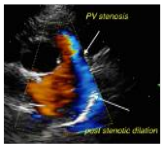

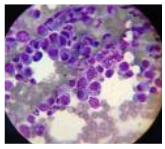
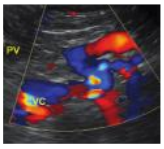

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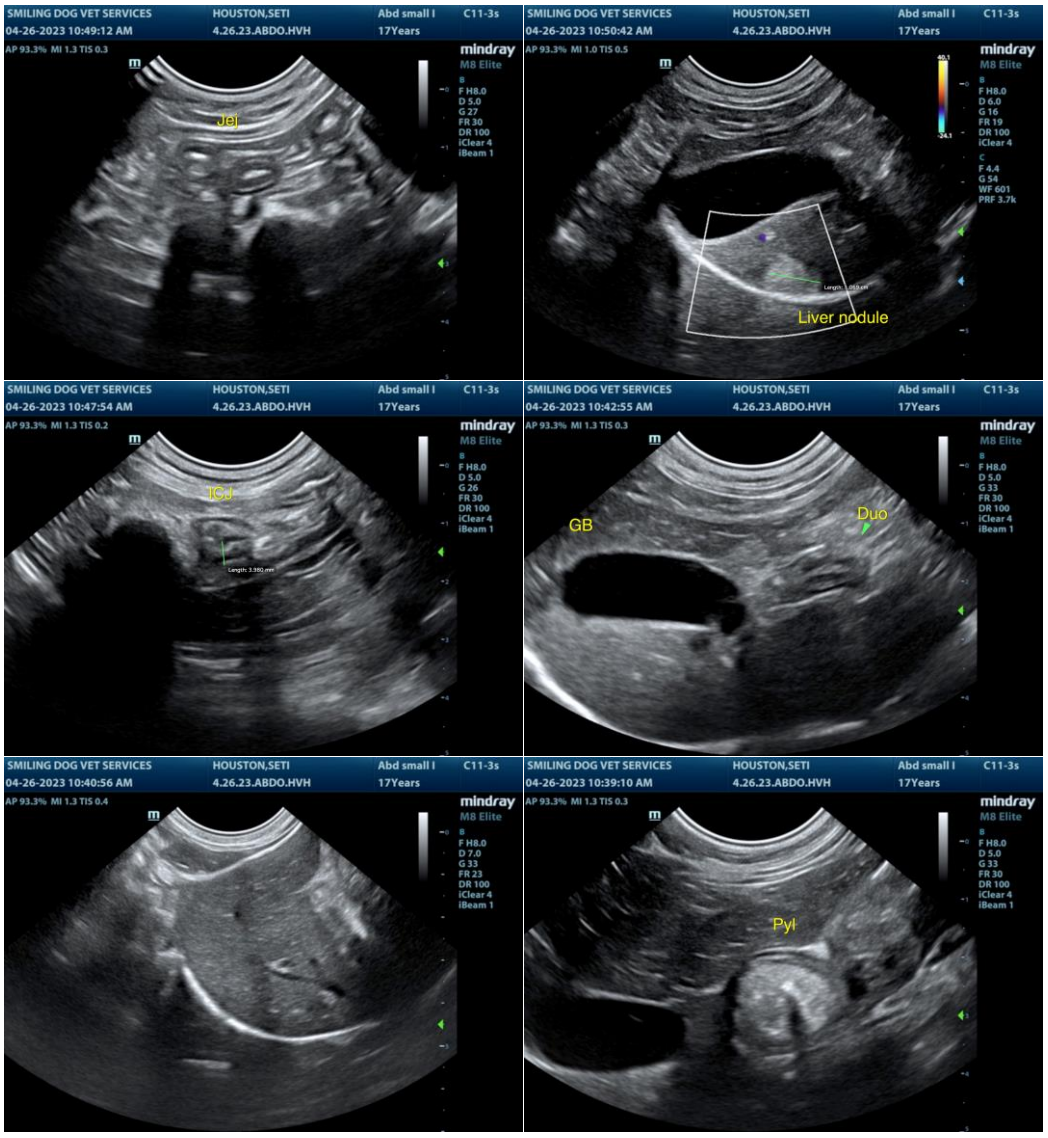
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work up including screening C/S and baseline UPC, if clinically indicated, is suggested. No evidence of intrabdominal neoplastic or metastatic criteria. A GI panel to include PLI/TLI/ Cobalamin/Folate to assess for occult gastrointestinal disease and further clarification of the pancreas is suggested. Some degree of possible metabolic or functional gastric stasis is possible if documented NPO. Smaller more frequent feedings of a canned novel protein or hydrolyzed diet with as-needed gastroprotectants may prove beneficial.



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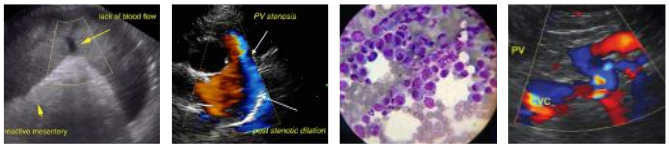

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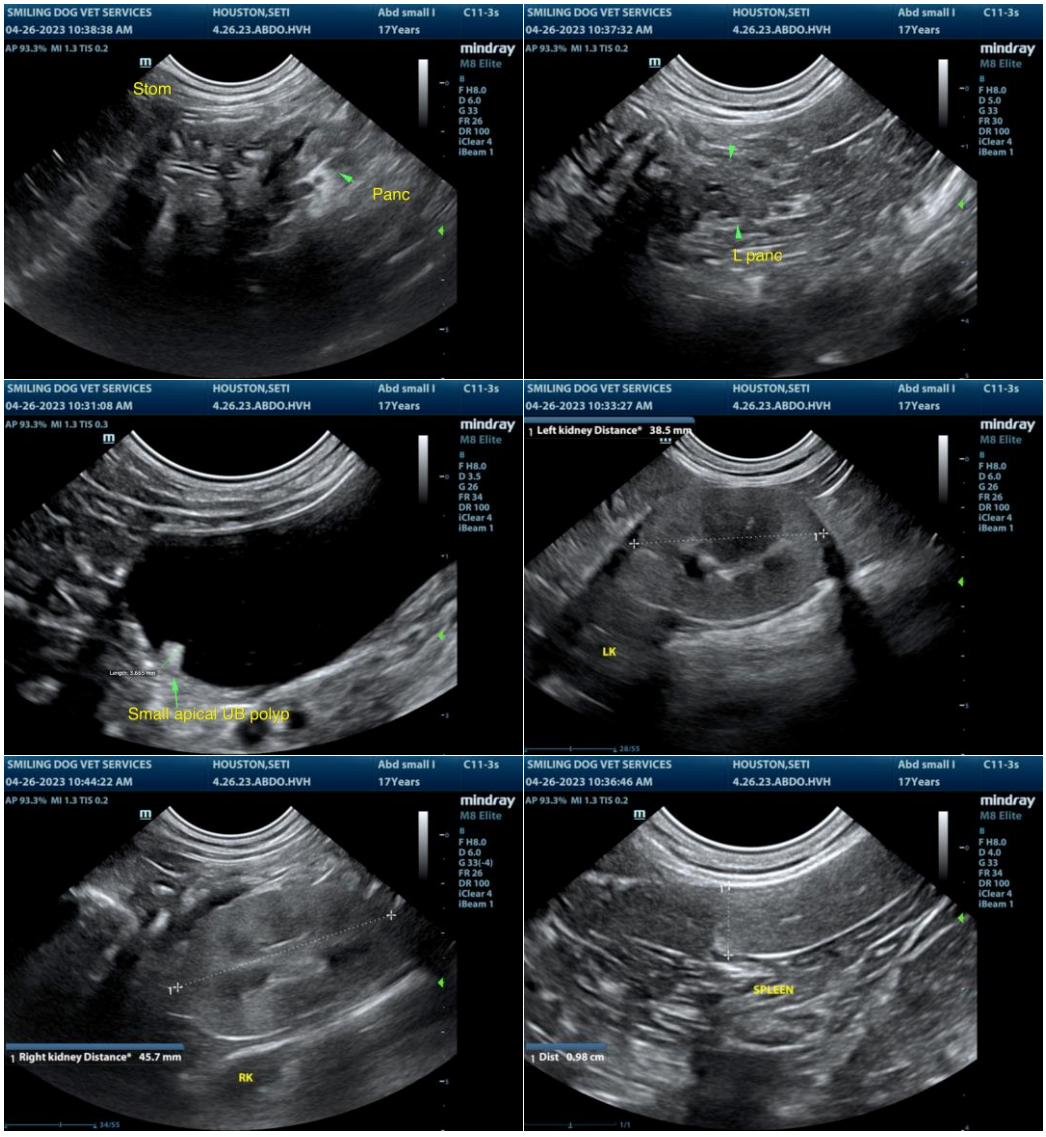

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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