SonoPath
Clinical Sonography & Telecytology
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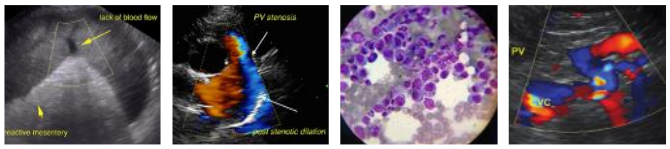


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

CouCou Wang

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

5

WEIGHT

7.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Sharkaway

INVOICE

13414ag

DATE

04/04/2023

PRESENTING CLINICAL SIGNS

Vomiting blood multiple times Mild anorexia Soft mid-abdominal lesion felt on palpation

Abnormal PE/Chem/CBC/UA Results: Blood work–elevated GGT, non-regenerative anemia, PCV 21 Radiograph–suspected cranial thorax mass, mildly enlarged liver

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 and mildly indistinct corticomedullary definition was present. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Pinpoint left kidney hyperechoic corticomedullary foci were present which may indicate areas of corticomedullary mineralization. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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. The spleen measured 0.79 cm in width at the level of the hilus.

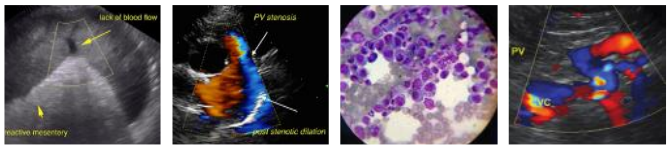
Liver/Gallbladder

The liver exhibited mild to moderate enlargement with the ventrocaudal liver extending past the level of the gastric axis. Generalized mild non-homogenous parenchyma was present. Normal hepatic vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of gallbladder or peripheral gallbladder inflammation was present. 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 contained mild to moderate non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.23 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.22 cm width.



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

Pancreas

The left limb of the pancreas was mildly prominent in size with minor asymmetrical capsule contour and subtle non-homogenous hypoechoic parenchyma.

Free Abdomen

No omental masses or overt lymphadenopathy was present. Intermittent scant pocket of peritoneal free fluid was noted adjacent to intestinal loops and between liver lobes.

ULTRASONOGRAPHIC FINDINGS

- Enlarged non-homogenous liver.
- Sonographically unremarkable gallbladder/CBD.
- Pinpoint renal mineralization.
- Intact GI wall layering with gastric and segmental intestinal ingesta.
- Mildly prominent non-homogenous left pancreas-possible low grade chronic to chronic active pancreatitis.
- Intermittent scant pocket of peritoneal free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment.

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Given reported anorexia in this patient, the presence of gastric hypomotility or metabolic stasis. This may indicate underlying non-structural inflammatory bowel with potential concurrent low grade pancreatitis +/- triaditis if evidence of GI signs or weight loss is present. No overt evidence of intra-abdominal masses. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Ideally sonographic reassessment of the GI tract following documented NPO is recommended.

Empirically as needed GI support, canned hydrolyzed diet trial and as needed gastroprotectants with assessment of GI and clinical response would be reasonable.

A CBC pathology review +/- retroviral status given the anemia is suggested.

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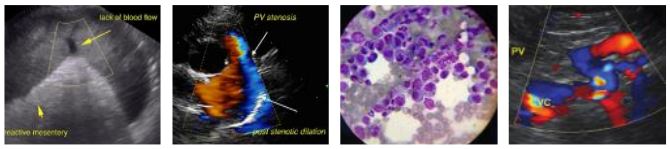

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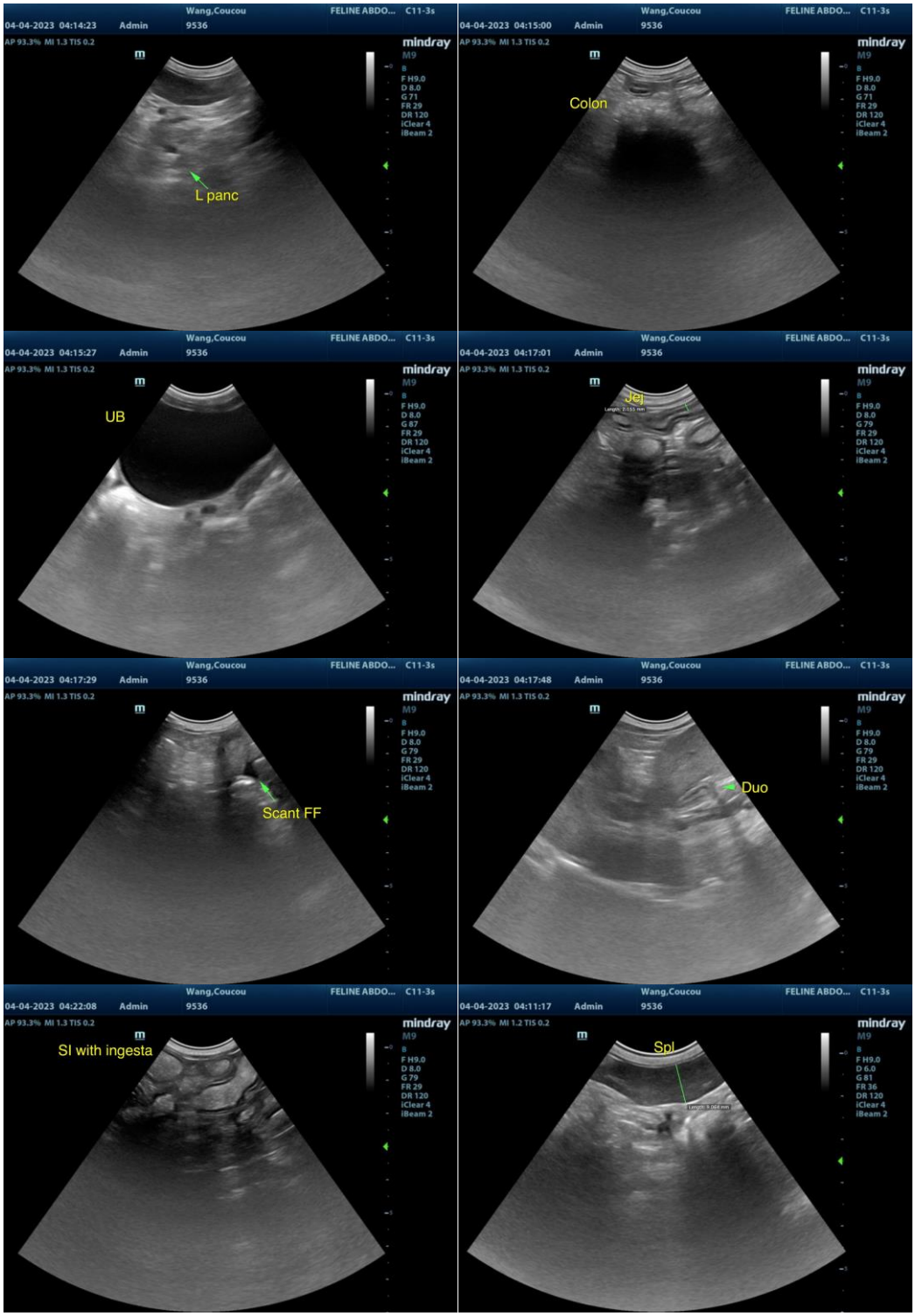

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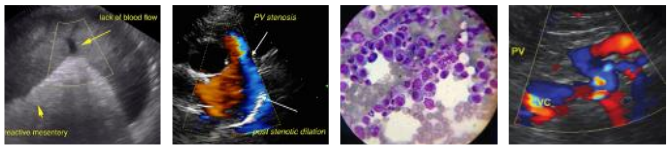

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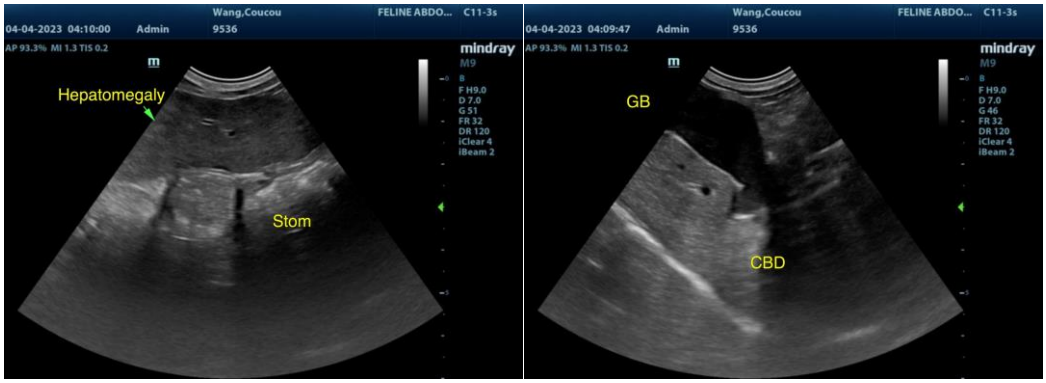

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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