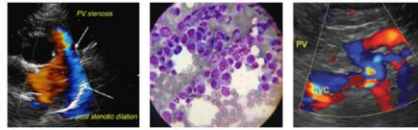


IMAGING PERFORMED BYSVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com**PATIENT**

Maslow Gray

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

20 years

WEIGHT

6 lbs 8 oz

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

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DATE

4/5/22

PRESENTING CLINICAL SIGNS

Weight loss and inappetence. Occasional loose stools. History of CKD.
 Abnormal PE/Chem/CBC/UA Results: BUN 50 CREA 2.1 USG 1.016

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 was noted.

The area of the aortic trifurcation was free of pathology.

The bilateral kidneys exhibited subtle cortical hypertrophy and mild reduced medullary volume with pinpoint medullary mineral and mild bilateral pyelectasia. The left kidney measured 3.4 cm in length. The right kidney presented subnormal in size measuring 2.1 cm in length.

Adrenal Glands

The left adrenal gland was mildly prominent in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width, this may be an age related or patient variant or stress hyperplasia and is not overtly indicative of neoplastic criteria. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

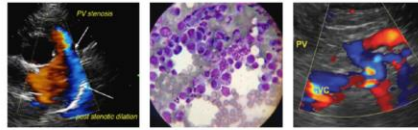
Spleen

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.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. An expansive non-homogeneous to cystic mass appearing to arise from the caudal aspect of the mid to right liver extending into the cranial abdomen to the level of the gastric axis measuring 7 cm x 5 cm was present. 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall measured 0.25 cm in width.

SPECIES

Feline

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. A focal area of moderate jejunal mural hypertrophy and loss of associated wall layering was observed. The duodenum wall measured 0.28 cm in width. The jejunum wall measured 0.30 cm up to 0.62 cm wall width in the focal area of jejunal mural hypertrophy.

BREED

DSH

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

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Pancreas

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

AGE

20 years

Free Abdomen

Multiple enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of reactive perilymphatic and peri intestinal inflamed mesentery was evident. An example of lymph node size was 1.5 cm x 0.7 cm. An intermittent small pocket of scant peri intestinal free fluid was noted.

WEIGHT

6 lbs 8 oz

ULTRASONOGRAPHIC FINDINGS**INTERPRETED BY**R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

- Moderate to marked chronic degenerative renal changes with mild pyelectasia.
- Expansive nonhomogeneous to cystic liver mass-cystic biliary adenoma, cystic biliary adenocarcinoma or other.
- Diffuse enteropathy with focal jejunal mural hypertrophy and loss of discernible wall layering.
- Concurrent jejunocolic lymphadenopathy.
- Associated perilymphatic and peri intestinal reactive mesentery and scant peri intestinal free fluid.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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The appearance of the small intestine is consistent with infiltrative enteropathy with general considerations including inflammatory (IBD/eosinophilic enteritis) or neoplastic (lymphoma, mast cell neoplasia) or other enteropathy. Associated lymphoid hyperplasia, reactive lymphadenitis or early neoplastic lymphadenopathy are possible. Although not definitive, higher potential for neoplastic infiltrative enteropathy may be indicated. Full thickness intestinal, lymphatic and hepatic mass biopsies would be required for definitive diagnosis. Alternatively, FNA of the hepatic mass and accessible jejunocolic lymph nodes may be considered for screening cytology.

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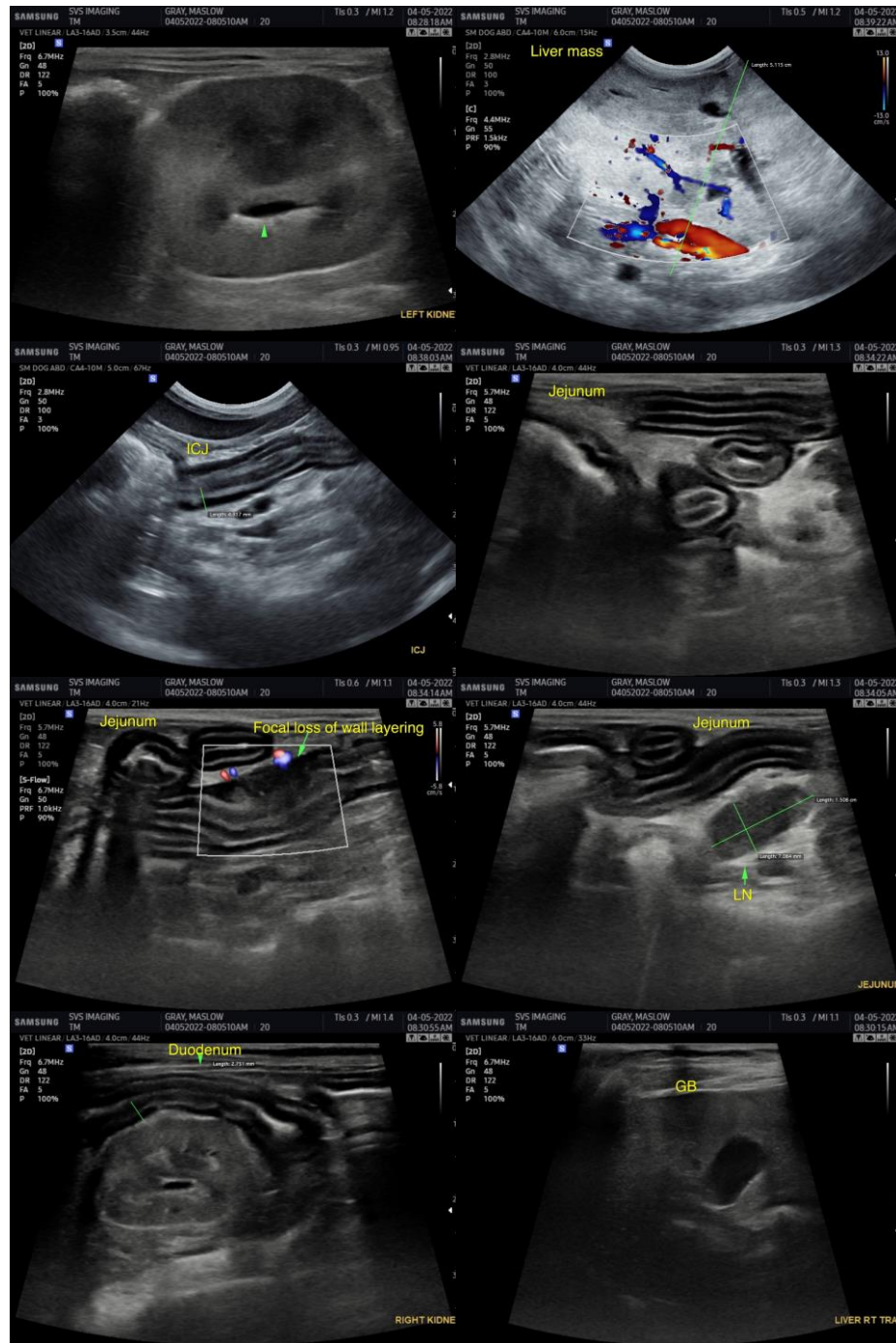
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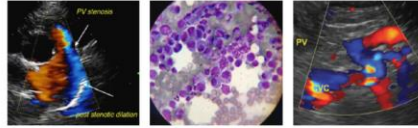
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Empirically IBD protocol which may include as needed GI support, hydrolyzed diet, cobalamin supplementation and prednisolone at lowest effective dose to control clinical signs with assessment of clinical response would be reasonable.



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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

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(Canine and Feline)

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