SonoPath
Clinical Sonography & Telecytology
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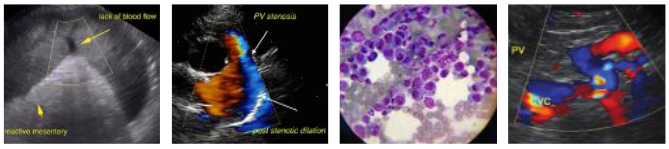


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Grandpa Grajo

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

8.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Glen Rock VH

REFERRING VET

Dr. Scott Stekler

INVOICE

16784

DATE

5/10/23

PRESENTING CLINICAL SIGNS

Patient presents for profound weakness, anorexia, and hypothermia. In-hospital on IVFs. Abnormal PE/Chem/CBC/UA Results: Chem: BUN >180, Phos. 13.3, creat. 7.3, Na + > 180.

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 changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

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. Minor bilateral pyelectasia was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.25 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

The spleen exhibited normal to mildly subnormal size exhibiting potential volume contraction with symmetrical capsule contour. The spleen presented subtle parenchyma heterogeneity. No splenic masses or nodules were noted.

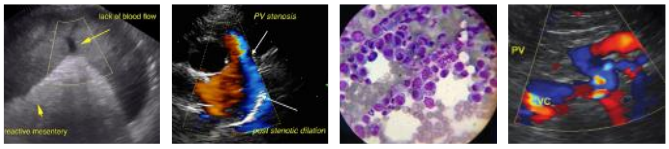
Liver/ Gallbladder

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. A solitary, nonhomogeneous to cystic intraparenchymal mass was noted in the ventral caudal liver measuring 4.6 cm in diameter. 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

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 small intestine exhibited segmental prominent yet intact midabdominal jejunal wall layering with segmental homogenous jejunal mural mass measuring approximately 4.0 cm in length x 1.5 cm width. Intact yet thickened adjacent jejunum wall measured up to 0.37 cm. The duodenum wall measured 0.34 cm width. The ileocolic wall measured 0.32 cm width.



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

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.

Free Abdomen

No evidence of peritoneal effusion was present. No overt significant omental lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

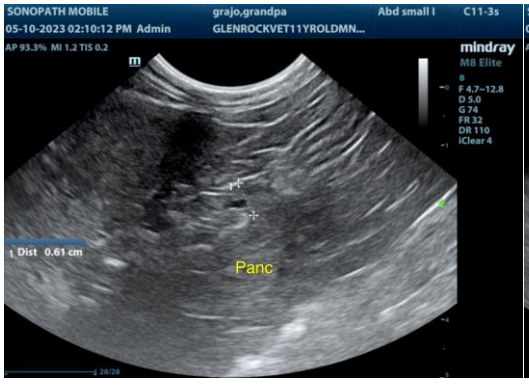
- Chronic renal changes with minor bilateral pyelectasia
- Cystic liver mass - suspect biliary cyst adenoma
- Segmentally thickened jejunum with segmental jejunum mural mass - inflammatory, neoplastic or granulomatous etiologies possible
- Minor heterogeneous pancreas

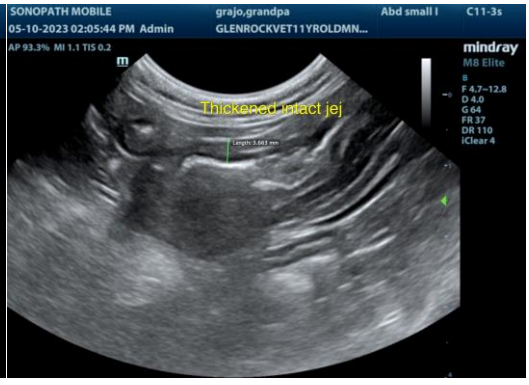
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation of severe azotemia with full urinalysis Including screening C/S and baseline UPC level, if evidence of proteinuria, is suggested if not done.

If the patient is stable enough for sedation and assuming normal clottings status, FNA cytology of the jejunal mural mass could be considered for an initial assessment. Intestinal biopsies are likely required for a definitive diagnosis.

Assessment of renal response to diuresis protocol with recommended gradual correction of hypernatremia, monitoring of urine output and body weight is recommended. An extremely guarded prognosis, given the degree of azotemia and the potential for chronic renal failure in conjunction with intestinal mural mass, is indicated.





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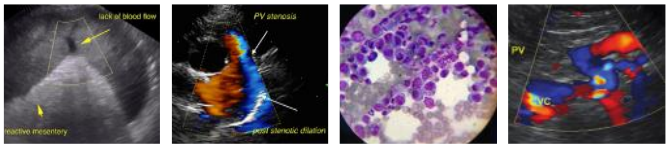

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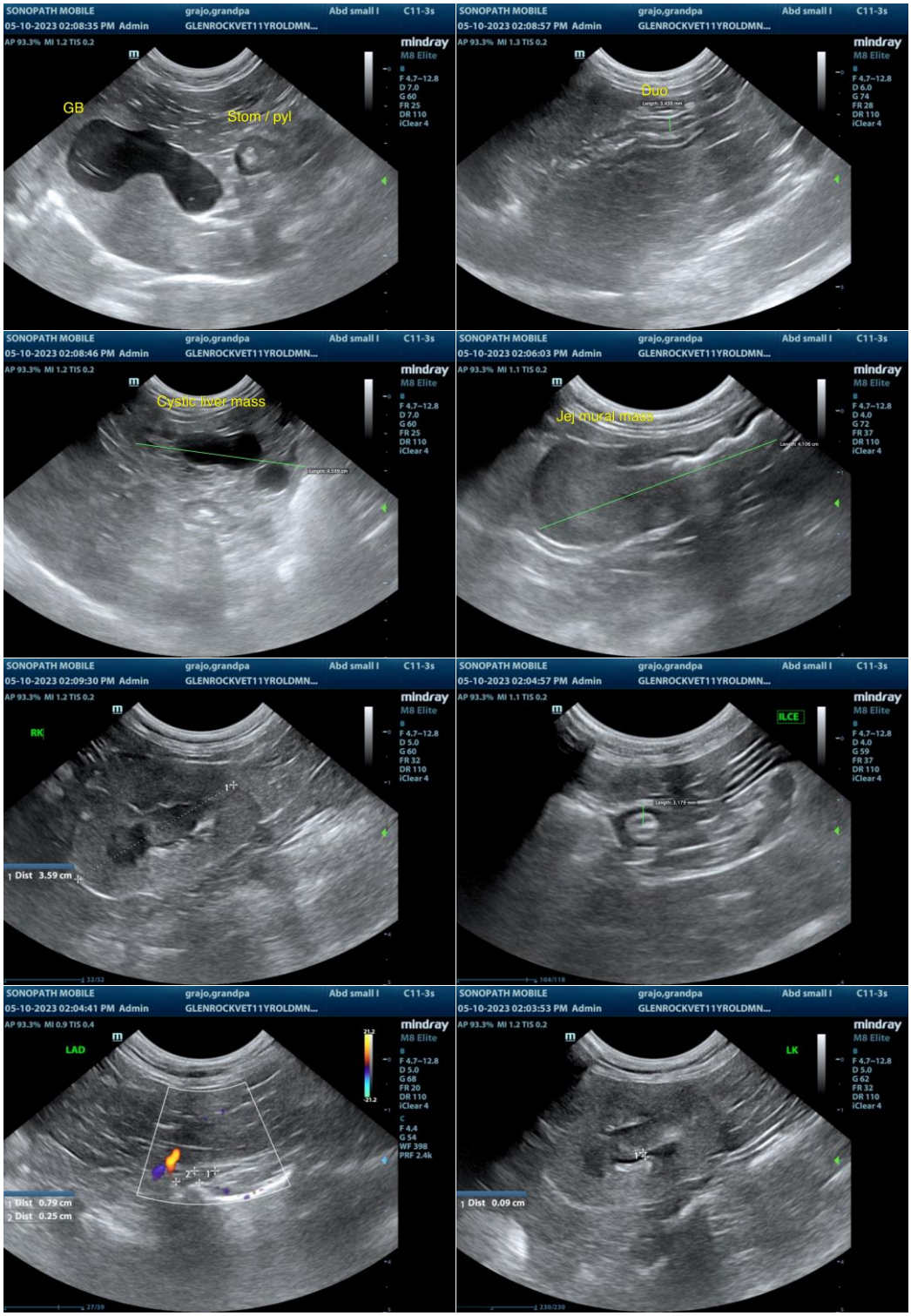

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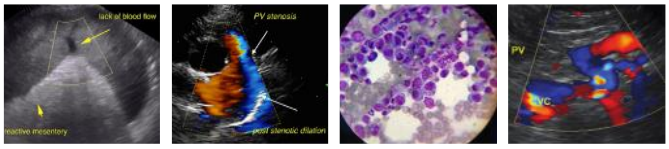

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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