SonoPath
Clinical Sonography & Telecytology
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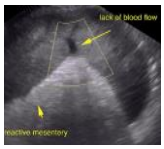
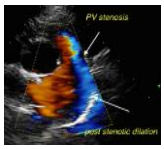
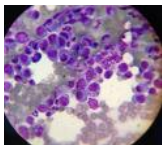
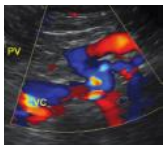




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Thor Perez

SPECIES
Feline

BREED
Feline

SEX
NM

AGE
13 years

WEIGHT
7.86 lb

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

IMAGING PERFORMED BY
Michaleen

HOSPITAL NAME
DPC Veterinary Hospital

REFERRING VET
Dr. Rivera

INVOICE
10582ag

DATE
05/13/2022

PRESENTING CLINICAL SIGNS

History: Pet is here for acting lethargic the last couple days. Owner states pet is hiding. did not eat yesterday. Pet seems to grown when picked up. Pet has not had any vet care over the last 4 years. 3 VIEW CHEST RADS ARE ON THE WAY

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal) CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear AU. OU: mild crusting discharge. No nasal discharge. No cough on tracheal palpation. Oral cavity: Moderate dental tartar Musculoskeletal: BCS = 4/9. Ambulatory x 4. Mild to moderate generalized muscle wasting Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated. R kidney small Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: QAR Hydration: ~5%dehydration Fecal: Not performed today Diagnostic Testing Needed: Feline complete wellness, Thoracic radiographs, AUS Declined Diagnostics/Treatments: None Findings: 1) CBC: RBC 0.77 (6.54-12.20), HCT 4.5 (30.3-52.3), HGB 2.4 (9.8-16.2), RETIC 57.1 (3.0-50.0), EOS 0.11 (0.17-1.57), PLT 108 (151-600) 2) CHEM: SDMA 16 (0-14), BUN 37 (16-36) 3) TT4: WNL 4) FeLV/FIV/HW snap test: Negative 5) UA (cysto): SG 1.030, PRO 30mg/dL, WBC <1/hpf, RBC < 1/hpf no bacteria or crystals present 6) Thoracic radiographs (met check): No obvious pulmonary nodules. Final consult pending

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 mild nondependent particulate 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. The echogenicity of the cortex was mildly enhanced with mild cortical hypertrophy. No evidence of pyelectasia was noted. The left kidney measured 3.9 cm in length. The right kidney measured 3.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

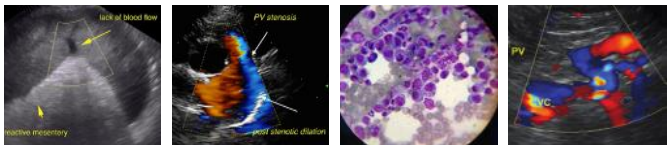
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm. The right adrenal gland was not definitively visualized.

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 0.78 cm in width at the level of the hilus.

Liver

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 isoechoic to nonhomogeneous mid intraparenchymal nodule



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measuring 1.6 cm in diameter was present. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic luminal content. The common bile duct was dilated and tortuous without overt post hepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained ingesta exhibiting areas of progressive distal acoustic shadowing. The gastric body wall measured 0.30 cm in width.

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 jejunum wall measured 0.20 cm in width. The ileocolic wall measured 0.27 cm in width.

Normal visible colon wall layers were present with apparent formed feces 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Nonspecific chronic renal changes
- Minor hepatic parenchymal remodeling with solitary non specific intraparenchymal nodule-suspect lipogranuloma or nodular hyperplasia. Neoplastic criteria is considered less likely.
- Mild non obstructive CBD dilation
- Overtly normal GI tract with mild gastric ingesta
- Subtle heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant abdominal visceral pathology. The presence of gastric ingesta is of unclear significance, potentially indicative of unknown post prandial presentation however some degree of gastric hypomotility or nonobstructive delayed gastric emptying could be considered given reported NPO. Minor potential for hairball density in the stomach is possible. Structurally insignificant GI disease or low grade to chronic pancreatitis cannot be excluded. If evidence of weight loss or cranial abdominal/subxiphoid discomfort on palpation a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. An obvious cause of the patient's anemia was not evident, a CBC pathology review could be considered. Sonographic monitoring of the liver nodule +/- ultrasound guided FNA could be considered.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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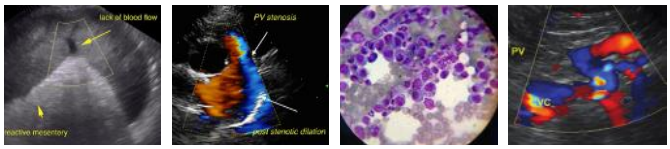

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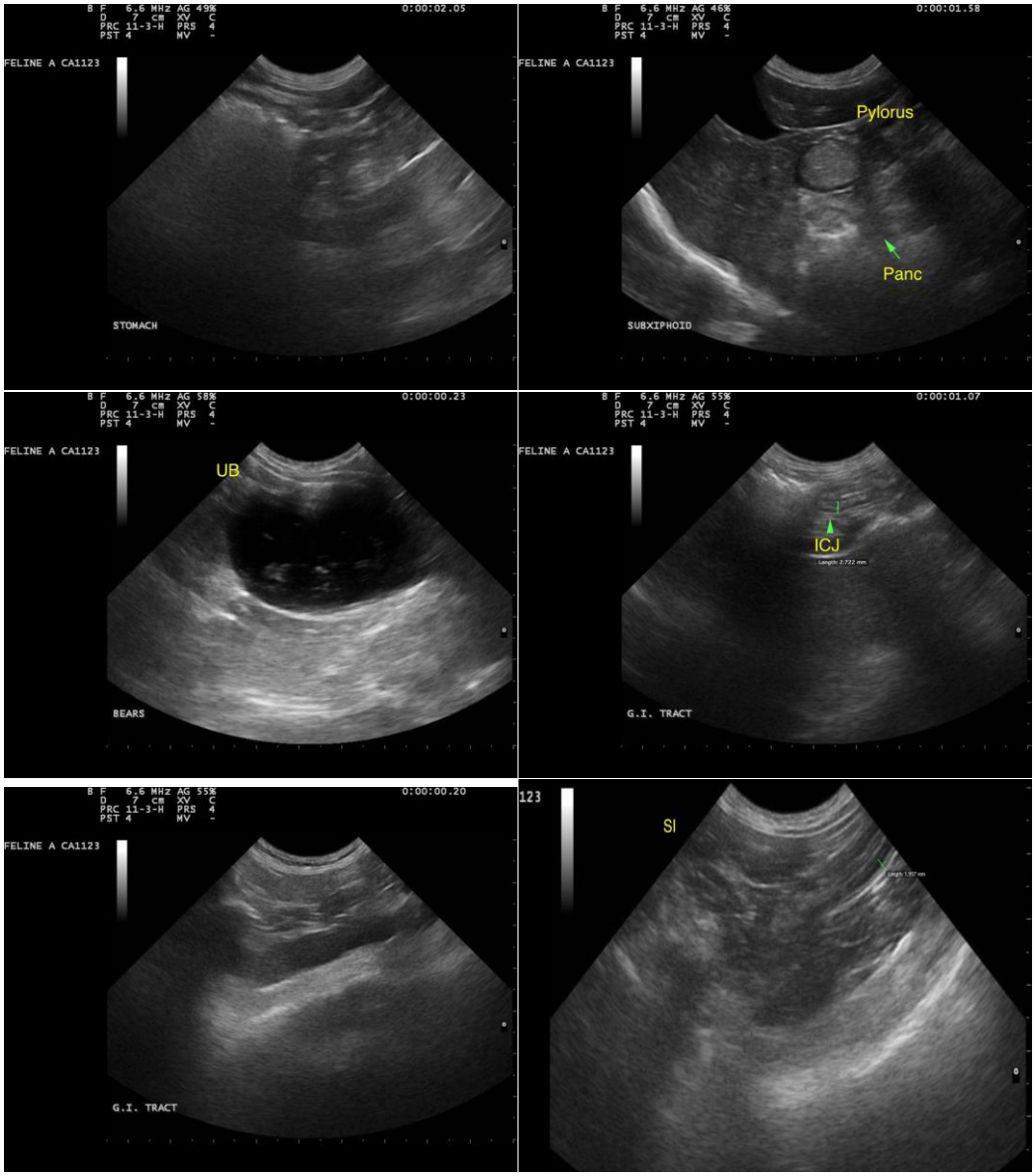
This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.



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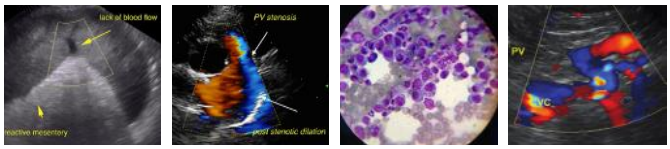

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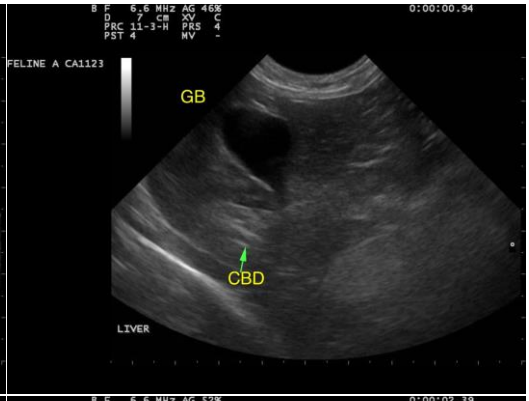

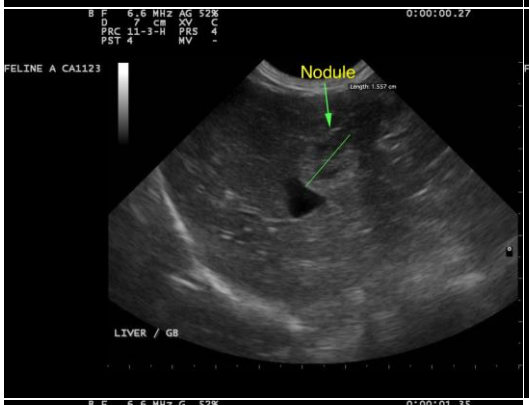

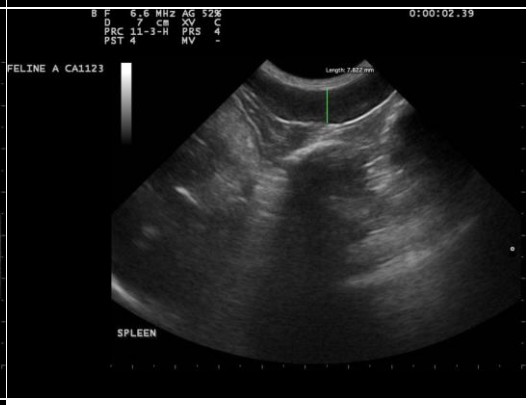

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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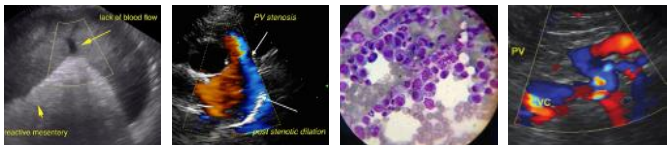

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