



PATIENT PRESENTING CLINICAL SIGNS

Skip Hoven History of cystitis and heart murmur, period of muscle loss in 2020, ultrasound showed urinary bladder sediment and splenic myelolipomas, vomiting, straining in litter box, weight loss Buprenex, prazosin, convenia

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The urinary bladder was normal in size and tone with mildly prominent ventroapical urinary bladder wall, given the degree of urine distention, was present. The ventroapical urinary bladder wall width measured 0.28 cm. No evidence of neoplastic criteria was noted. The bladder contained primarily anechoic urine with mild dependent to nondependent particulate sediment. The urethra was normal in structure and tone to a depth of 2.0 cm.

SEX

MN

The area of the aortic trifurcation was free of pathology.

AGE

2011

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.1 cm in length. The right kidney measured 4.5 cm in length.

WEIGHT

6.19kg

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

The spleen was normal in size and contour with subtle splenic parenchyma heterogeneity. No overt evidence of neoplastic criteria or previously noted myelolipomas. The spleen measured 0.71 cm width.

HOSPITAL NAME

Liver/ Gallbladder

Abby Road VH

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Gerenser

Gastrointestinal

INVOICE

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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 width measured 0.25 cm.

DATE

5/25/22



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 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 width measured 0.21 cm. The ileocolic wall width measured 0.30 cm.

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

Feline
Pancreas

The visualized left pancreatic limb exhibited normal size and contour with subtle primarily uniform hypoechoic parenchyma compared to adjacent peripancreatic omentum.

DSH
Free Abdomen

Regional hyperechoic omentum was noted around the urinary bladder with unspecified hypoechoic tissue to omentum noted ventrocaudal abdomen and appearing to be ventral to the level of the urinary bladder. This hypoechoic tissue measured 4.3 cm x 1.1 cm. Very scant pockets of associated peritoneal free fluid were present. No evidence of intraabdominal lymphadenopathy was noted.

AGE
Heart

2011 Brief echocardiogram revealed evidence of mild left atrial enlargement which did not appear to be significant. Subjective potential for increased LV thickness was noted, although not definitive. Scant to mild pericardial free fluid was present.

WEIGHT
 6.19kg

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment, possible minor cystitis
- Nonspecific chronic renal changes
- Overtly normal gastrointestinal tract
- Possible low-grade to mild pancreatitis
- Unspecified hypoechoic omentum / tissue ventral caudal abdomen at the level of the urinary bladder, associated regional hyperechoic to pericystic omentum- acute ventrocaudal abdomen omental inflammation, emerging unspecified neoplasia, or other
- Scant to mild pericardial effusion and subjective mild LA enlargement on brief subjective echocardiogram

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity +/- baseline UPC for further renal staging is recommended on sterile urine sample. Fructosamine level may be considered if persistent hyperglycemia or clinical concern for diabetes.

Potential for low-grade to mild pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec fPL, if not done, is suggested.

Sonographic monitoring +/- ultrasound-guided FNA of the unspecified hypoechoic tissue vs. omentum in the ventrocaudal abdomen could be considered, while sonographic monitoring of this area would be a more conservative approach. Full echocardiographic workup is recommended. CBC



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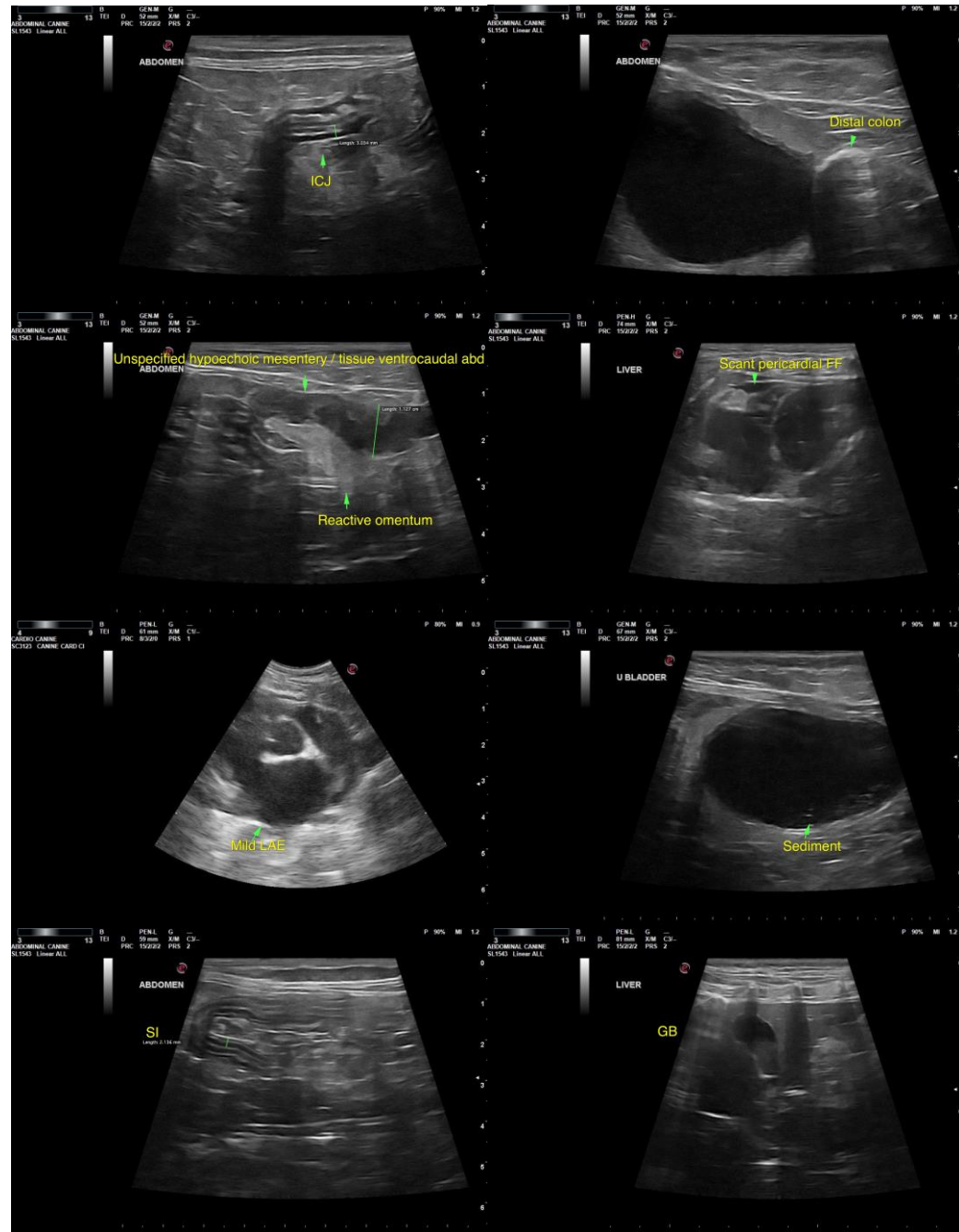
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pathology review +/- recheck retroviral status or infectious disease serology if clinically indicated is warranted.

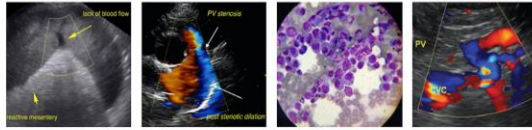


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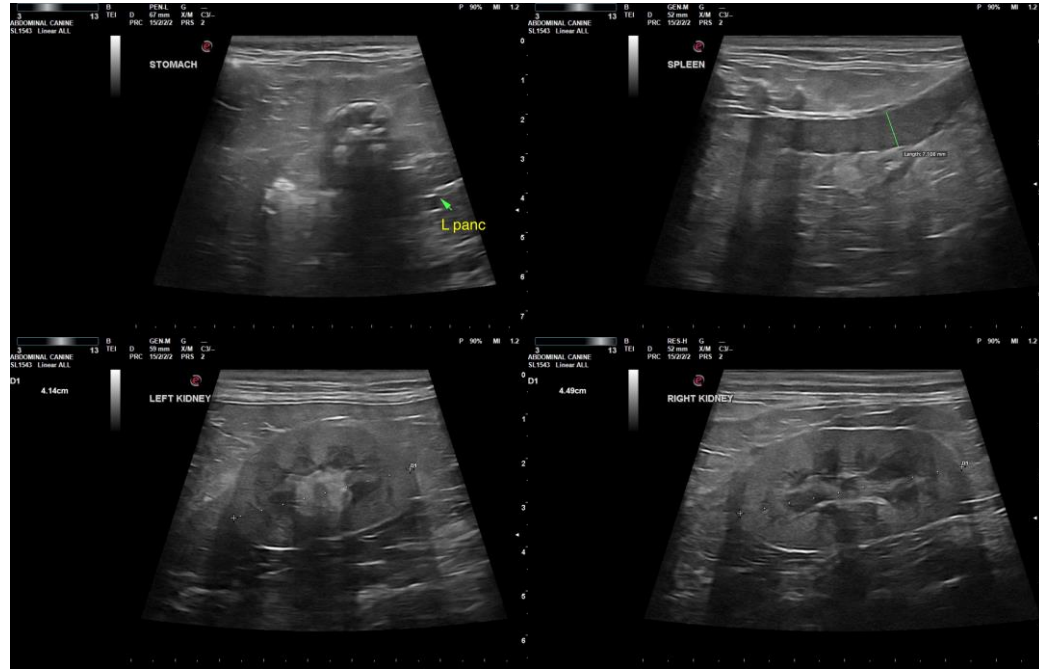
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AGE

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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.

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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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