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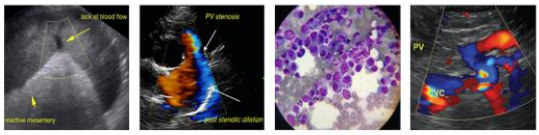

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Maddie Eastwick

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2010

WEIGHT

6.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH (Bath)

REFERRING VET

Dr. Tan

INVOICE

14122

DATE

6/16/22

PRESENTING CLINICAL SIGNS

Chronic weight loss, PU/PD, hematuria, hypercalcemia, 4/6 systolic heart murmur Mirtazapine

Unremarkable CBC, Chemistry Panel - Calcium 12.0, Urinalysis- Specific gravity 1.036, 2+protein, 3+blood, 4+epithelial cells, T4 2.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited mild subnormal size owing to lack of urine distention. Generalized thickened urinary bladder walls exhibiting homogeneous mural echogenicity and without evidence of mineralization were present. The ventroapical urinary bladder wall width measured 0.39 cm. Two dependent calculi measuring approximately 0.5 cm in diameter were present along with suspect moderate nonshadowing to mildly hyperechoic congealed sediment/ mucus. The urethra exhibited mild prominent size yet normal tone to a depth of 1.0 cm. Proximal urethra width measured 0.35 cm.

The area of the iliac trifurcation was free of overt pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor medullary mineral was noted. No evidence of pyelectasia or pyelonephritis was noted in either kidney. The left kidney measured 3.5 cm in length. The right kidney measured 3.9 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 0.45 cm width. 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. The spleen measured 0.75 cm in width at the level of the hilus. No evidence of splenic neoplastic criteria was noted.

Liver/ Gallbladder

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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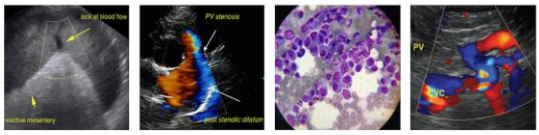

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Gastrointestinal

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 gastric body wall width measured 0.24 cm.

The small intestine exhibited overtly normal wall layering with a maintained 1:3 muscularis/mucosa ratio. No evidence of loss of intestinal wall layering or intestinal masses was noted. The duodenum wall width measured 0.22 cm. The jejunum wall width measured 0.20 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with subjective formed to semi-formed feces in lumen.

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Focal spherical shadowing mineral in the perisplenic omentum and caudal to the left kidney measuring 1.3 cm In diameter was present.

Intermittent mildly prominent mesenteric lymph nodes present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 1.2 cm x 0.5 cm. A small pocket of very scant peri intestinal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Thickened urinary bladder with luminal calculi (estimate 2) and suspect nondependent moderate to congealed mildly echogenic sediment / mucus
- Possible mild urethritis
- Mild nonspecific chronic renal changes with pinpoint medullary mineral
- Mild pancreatitis pattern
- Overtly normal gastrointestinal tract
- Minor intermittent subjectively benign / reactive mesenteric lymphadenopathy
- Focal nonspecific perisplenic omental mineralization - probable Bates Body

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the presence of cystic calculi, the urinary bladder presentation is suggestive of chronic cystitis which may indicate chronic interstitial or potential bacterial cystitis. The possibility of emerging urinary bladder neoplastic criteria cannot be definitively excluded. Urine C/S on a sterile urine sample, as well as cytospin cytology of free catch urine sample for assessment of transitional cells could be considered.

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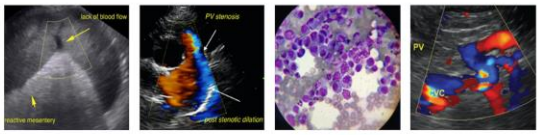

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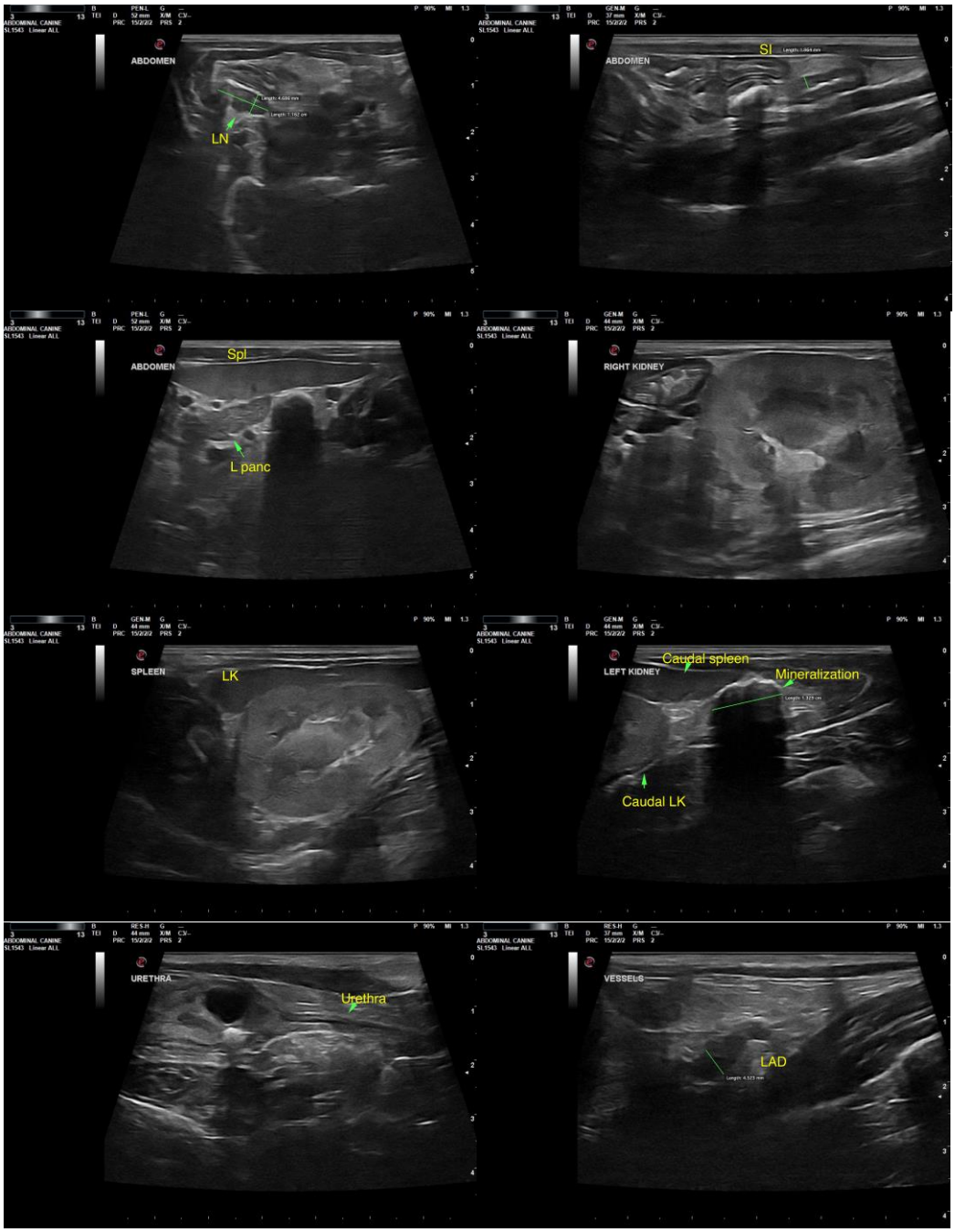
The weight loss in this patient may be potentially owing to mild pancreatitis or possibly structurally insignificant enteropathy. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are suggested to rule out occult thoracic pathology as contributing factor to the patient's weight loss.

Pending additional diagnostics, cystotomy with urinary bladder and full-thickness intestinal biopsies for histopathology +/- urinary bladder tissue culture and sensitivity could be considered.



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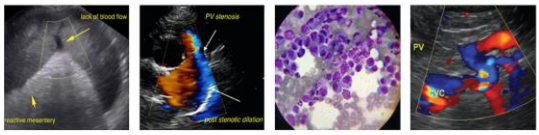

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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