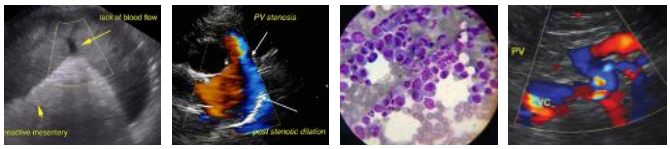
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Sylvia Pitts

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
13

WEIGHT
9.5

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

IMAGING PERFORMED BY
Dr. Sharkaway

HOSPITAL NAME
Kew Gardens Animal Hospital

REFERRING VET
Dr. Sharkaway

INVOICE
10967ag

DATE
06/25/2022

PRESENTING CLINICAL SIGNS

History: MODERATE TO SEVERE ANOREXIA PU/PD WEIGHT LOSS THE LIVER APPEARS TO BE THICKER IN PALPATION VS FATTY TISSUE HISTORY OF PLEURAL EFFUSION, RESPONDED WELL TO FUROSEMIDE ECHOCARDIOGRAM- WNL

Abnormal PE/Chem/CBC/UA Results: BW WAS DONE BACK IN FEBRUARY - WNL RADIOGRAPH- MILD PLEURAL EFFUSION

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 was 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. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was indistinctly visualized yet without overt pathology and measured 0.40 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.

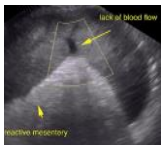
Liver

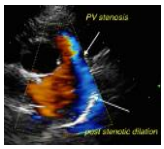
The liver was subjectively normal in size and contour. The liver parenchyma exhibited generalized mildly nonhomogeneous to echogenic echogenicity. No masses or nodules were noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild luminal debris. The common bile duct was dilated and tortuous without overt post hepatic obstruction measuring 0.31 cm.

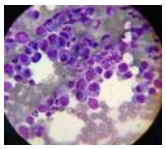
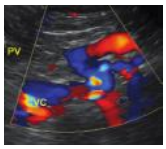
Gastrointestinal

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 measured 0.24 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.





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

Pancreas

The left limb of the pancreas exhibited subjective normal size and symmetrical capsule contour. Subtle hypoechoic uniform parenchyma compared to the adjacent omental fat was present.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Bilateral chronic renal changes
- Mild nonhomogeneous to echogenic liver
- Minor gallbladder debris with mild nonobstructive proximal CBD dilation
- Overtly normal GI tract
- Possible left pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. If no evidence of inflammatory cells, further renal staging to include baseline UPC is recommended.

Potential for low grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec fPL or full GI panel to include PLI/TLI/Cobalamin/Folate is recommended to rule out concurrent GI disease.

The mild CBD dilation is nonspecific, it may indicate age related chronic CBD dilation or may indicate past or current cholangitis which at times may cause low grade lethargy and anorexia. Correlation with recheck full CBC chemistry panel and UA is suggested.

Assuming normal clotting status and using a 25g needle a hepatic FNA could be considered if clinically indicated.

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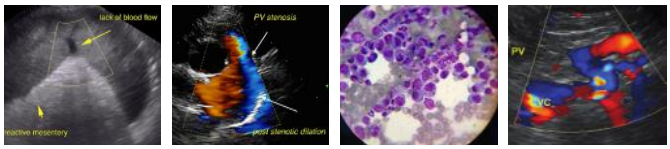

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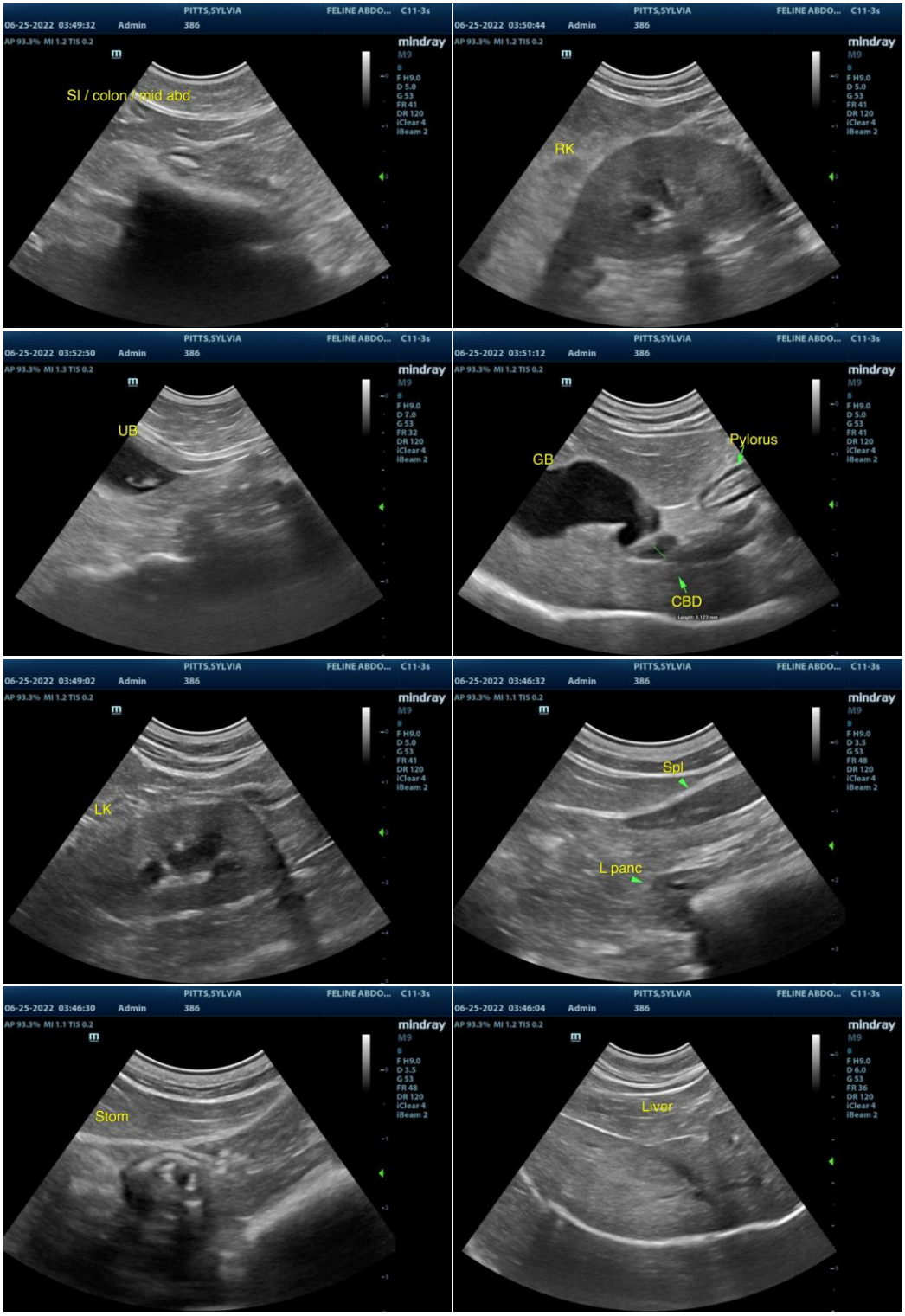

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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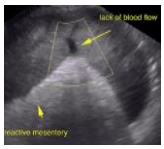

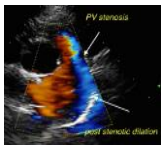

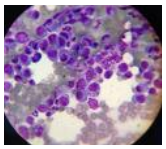
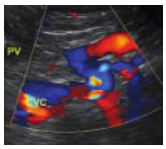

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com