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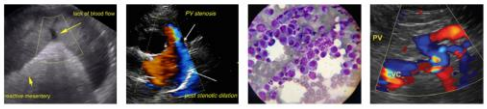
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
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PATIENT
Molly Taylor

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
20 years

WEIGHT
8.2 lbs.

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

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wood River AH

REFERRING VET
LEah Fischer, DVM

INVOICE
14020

DATE
6/3/22

PRESENTING CLINICAL SIGNS

Recheck echo and AUS. History HCM with marked LAE noted on prior echocardiogram 7/19/21 (Maggie Machen Lamy, DVM, DACVIM-Cardiology). S/P radioactive iodine early 2021 for hyperthyroidism. She should be on clopidogrel and Pimoendan but owner is unable to give - causes vomiting despite trying compounded combination options (chew treat, transdermal, etc). Presented this week for acute onset dyspnea that quickly resolved. Full body rads unremarkable. Gallop rhythm noted. History kidney disease. Previous AUS 7/19/21 (R. McKenzie Daniel, DVM, DABVP): renal changes, heterogeneous pancreas, hepatic remodeling. Having bi-cavity ultrasound exams. BP: 110 mmHg.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 previously noted particulate urinary bladder sediment.

The area of the aortic trifurcation was free of 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild right kidney pyelectasia was present. The left kidney measured 2.9 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

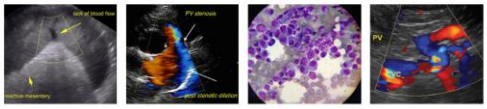
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

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/ Gallbladder

The liver presented mildly enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. Static parenchymal remodeling was present. The hepatic vasculature was mildly dilated in appearance, most notable around the hepatic vein / caudal vena cava junction, without evidence of thrombosis.



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The gallbladder was non-distended in size with no evidence of gallbladder wall edema. Primarily anechoic content with mild, nonorganized, nonmineralized, luminal debris was present. 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 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.

Normal visible colon wall layers were present with semi-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. This is likely consistent with age-related pancreatic changes and considered incidental.

Free Abdomen

Mild volume anechoic free fluid was noted in the cranial abdomen around the liver, as well as in the caudal abdomen around the urinary bladder. No overt lymphadenopathy was noted. The omentum was of uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hepatic parenchymal remodeling with mild congestive pattern
- Bilateral moderate chronic renal changes with minor right kidney pyelectasia
- Mild volume anechoic peritoneal free fluid around the liver and urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild hepatic congestion pattern along with concurrent anechoic mild volume peritoneal free fluid, although not definitive, is suggestive of hepatic congestion and secondary ascites owing to right-sided cardiac disease. Correlation with echocardiographic assessment is recommended. If cardiac disease is ruled out as a cause of the hepatic congestion and mild volume ascites, fluid analysis +/- screening hepatic FNA could be considered for screening cytology, assuming normal clotting status.

Subjectively, the overall kidneys appeared to be static in appearance compared to the previous ultrasound. Monitoring of systemic blood pressure is recommended.

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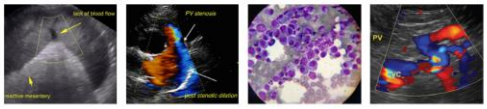

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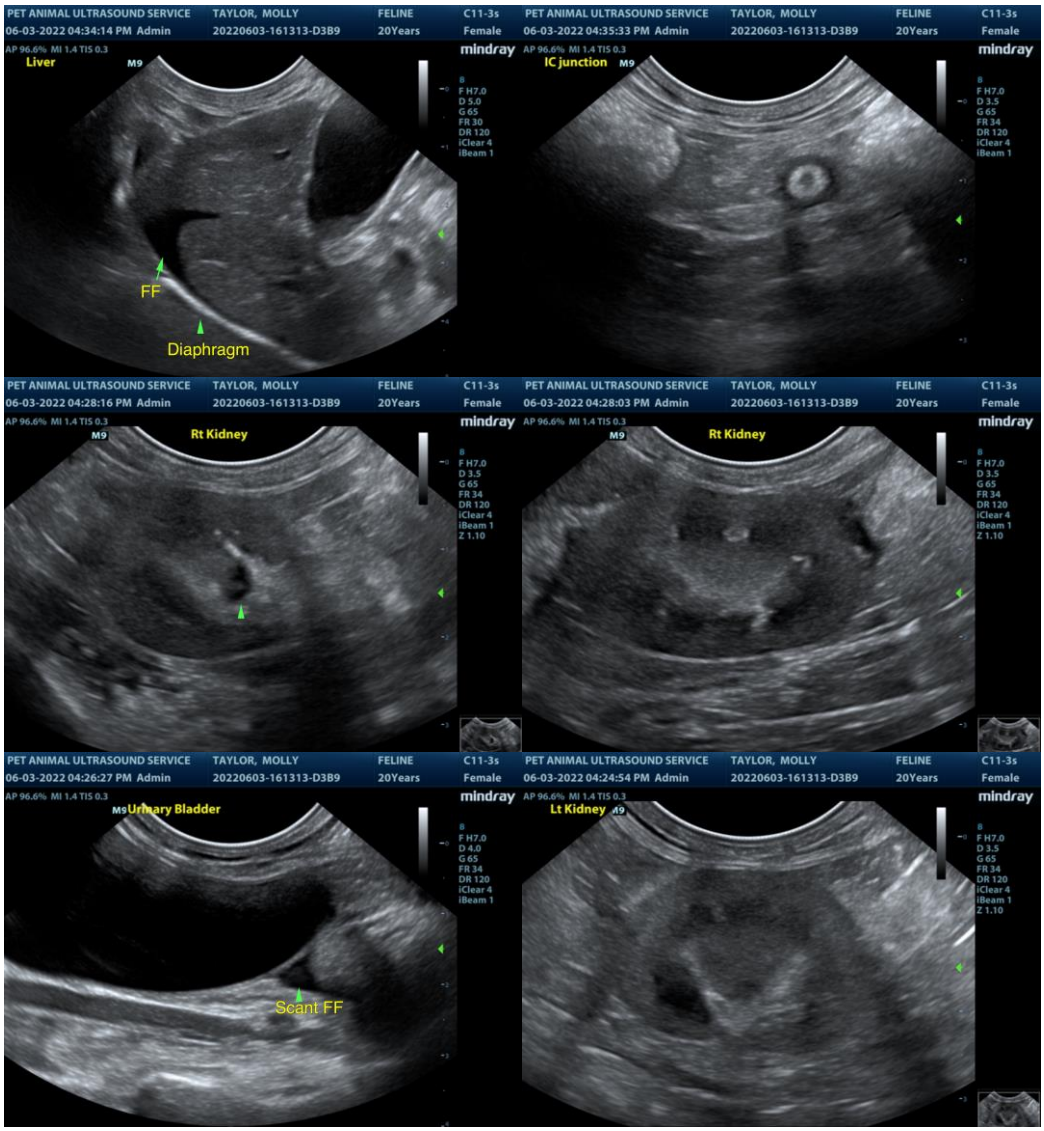

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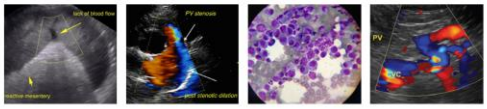

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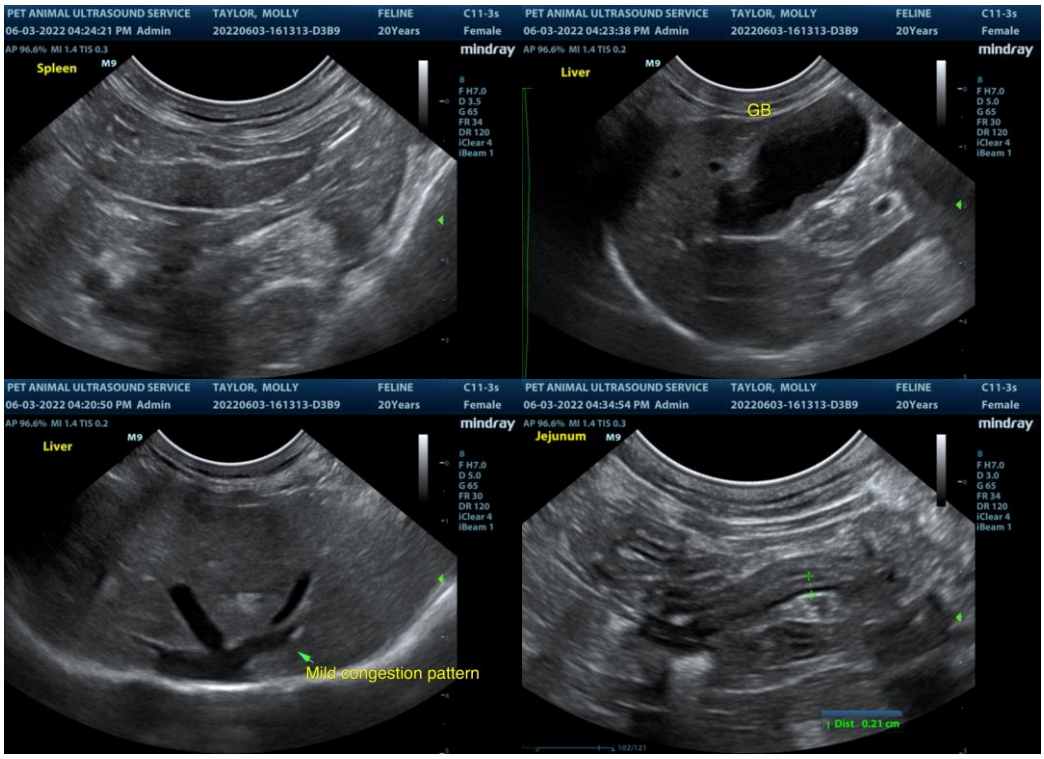

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com