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Clinical Sonography & Telecytology
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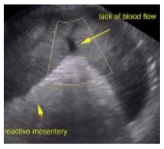

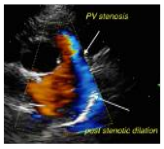

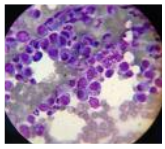
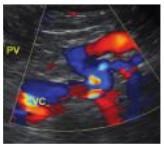

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Thing 1 Westerfield

SPECIES

Feline

BREED

DSH

SEX

Female (S)

AGE

15 years

WEIGHT

6.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

Buffalo VC

REFERRING VET

Dr. Shaw

INVOICE

14018

DATE

6/3/22

PRESENTING CLINICAL SIGNS

New patient to us today. History of UTI-put on multiple rounds of abic therapy, hungry all the time but losing weight. Once weighed 15#. No vomit or diarrhea. Otherwise acts all normal
Abnormal PE/Chem/CBC/UA Results: CBC-HCT =30.4, WBC=41.19, Neuts=38.4, MONO=0.67, SDMA=18, CREAT=11.8, tt4=1.3, ALB=2.3. Uranalysis= Rods, Cocci, RBC, WBC, squamous cells present

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate, dependent to nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural criteria were noted.

The area of the aortic trifurcation was free of pathology.

The left and right kidneys were not definitively visualized.

Adrenal Glands

The bilateral adrenal glands were not definitively visualized.

Spleen

The spleen was not definitively visualized potentially owing to volume contraction or displacement secondary to peritoneal free fluid.

Liver/ Gallbladder

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary intraparenchymal atypical to complicated cyst vs. cystic nodule was noted in the midventral liver containing anechoic fluid. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 visualized segments of small intestine exhibited overtly Intact wall layering with potential for segmental altered muscularis / mucosa ratio, yet no overt evidence of loss of intestinal wall layering or obvious intestinal masses was noted. Segmental mild nonobstructive ileus pattern was present. The duodenum wall width measured 0.35 cm. The jejunum wall width measured 0.21 cm.

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

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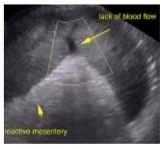

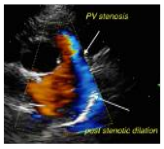

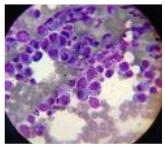
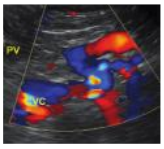

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Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

Moderate volume peritoneal free fluid exhibiting echogenic changes consistent with cellular component was present. Regional to generalized nonuniform to nodular mesentery was present. No obvious mesenteric mass was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate urinary bladder sediment - cellular debris / protein crystalline debris or mucus possible
- Hepatic parenchymal remodeling with solitary intraparenchymal atypical to multichambered cyst vs. cystic nodule - subjectively benign
- Possible chronic enteropathy
- Moderate volume peritoneal free fluid exhibiting echogenic changes consistent with cellular component
- Regional to generalized nonuniform to nodular mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that no subnormal albumin levels that would diminish oncotic pressure to the point of causing free fluid, as well as no evidence of passive congestion of the liver or evidence of significant hepatic parenchymal pathology, primary concern for carcinomatosis, lymphomatosis, or similar is warranted. The possibility of nonspecific chronic enteropathy as a contributing factor to the patient's weight loss is also possible.

Further assessment may Include abdominocentesis for effusion analysis, cytospin cytology with rapid slide preparation to conserve the integrity of the cells +/- effusion C/S if evidence of inflammatory cells is present. A GI panel to include PLI/TLI/Cobalamin/Folate and (If not done), three view chest radiographs to assess for occult pathology as a contributing factor to the patient weight loss are recommended. However, given a nonobvious cause of the cellular peritoneal free fluid including no obvious evidence of Intraabdominal masses, lymphatic obstruction owing to carcinomatosis, lymphomatosis, or similar is of primary concern.

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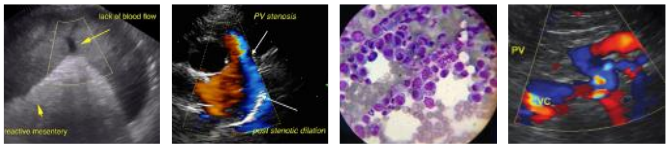

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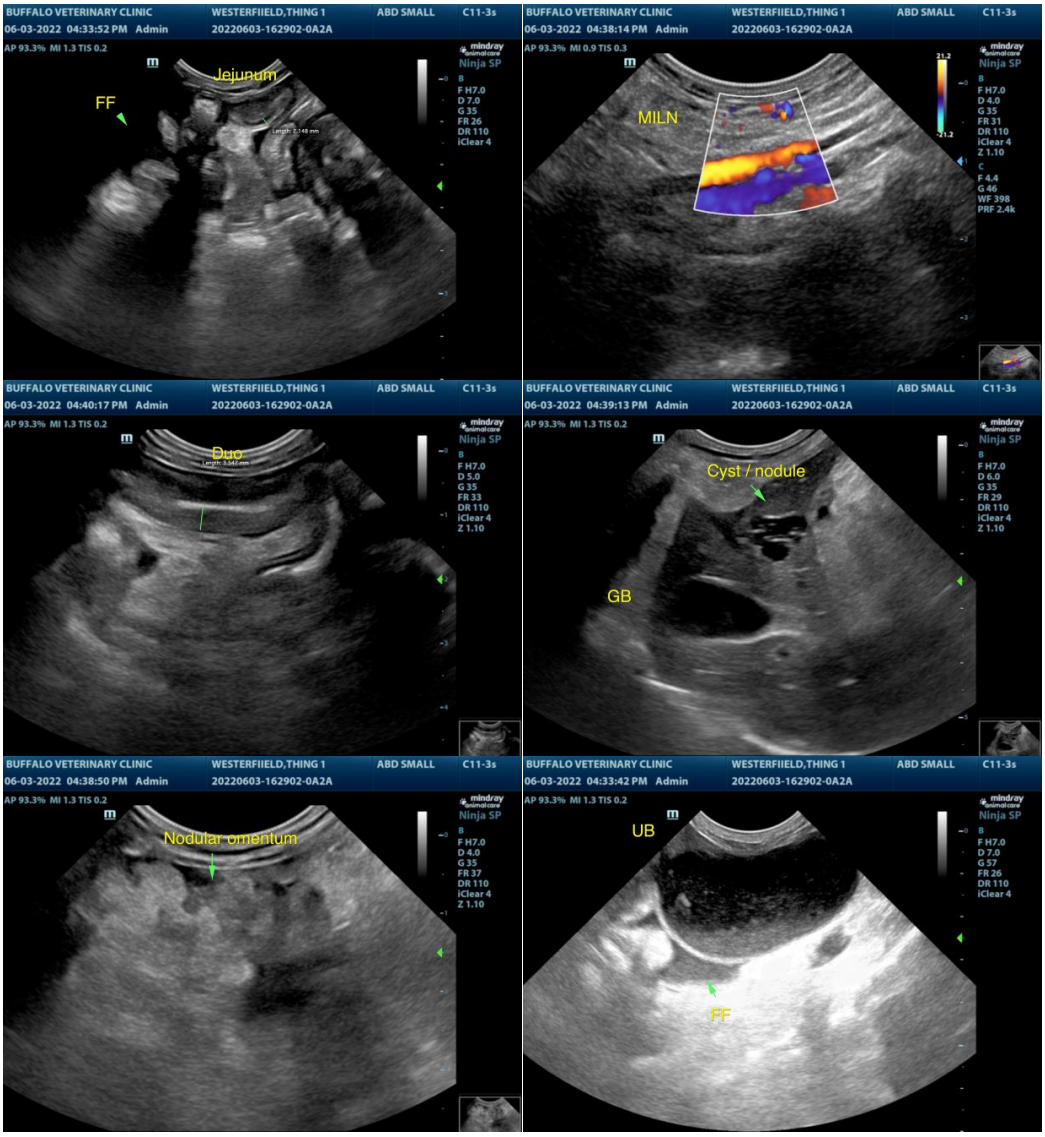

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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