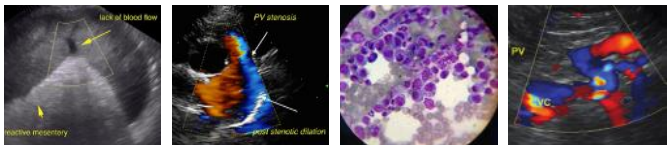
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Mashmellow Frischman

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

1y

WEIGHT

8.07

INTERPRETED BY

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

IMAGING PERFORMED BY

Schneck

HOSPITAL NAME

Willamette Veterinary Hospital

REFERRING VET

Dr. Schneck

INVOICE

11079ag

DATE

07/10/2022

PRESENTING CLINICAL SIGNS

Pt hasn't eaten in 2 days, leth, yowling as in pain __

Marshammalow is a 1 year old NM cat who presents for 1-2 days of anorexia, adypsia, vocalizing all around the house. Using the litter box less; defecation and less frequent and more concentrated urine. Vocalizing around the house but not in the litter box. No known underlying diseases or toxins. T 101.2

Abnormal PE/Chem/CBC/UA Results

CBC: HCT 58.6%, Retic 1.3 (L),

Chem 17: ALT 157 (H), GGT 6 (H)

Electrolytes: K 3.3 (L)

FIV/FelV = neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding.

The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

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 0.65 cm in width at the level of the hilus.

Liver

The liver was mildly enlarged with normal structure and contour. Uniform mildly hyperechoic parenchyma was present compared to the spleen and falciform fat. 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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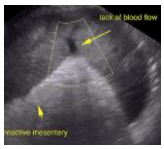

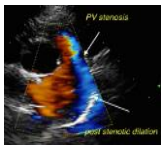

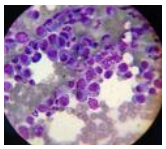
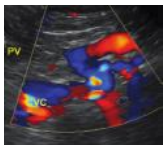

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Gastrointestinal

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 measured 0.25 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 small intestinal wall measured 0.22 cm in width.

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

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 was evident.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific renal medullary rim sign - likely incidental, no signs of renal pathology / nephritis / neoplasia
- Mild hepatomegaly with uniform hyperechoic parenchyma - inflammatory hepatopathy given mild ALT elevation, emerging lipidosis, non obstructive cholestasis, other hepatopathy possible. Occult runs cell neoplasia cant be excluded but thought unlikely
- Normal GB
- Normal GI / pancreas
- Normal UB

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the p clinical signs was not obvious ie no obvious path as a source of pain. The area of iliac trifurcation was free of pathology including no overt thrombus. FNA of the liver assuming normal clotting status and using 25 ga needle warranted. Urine C/S and baseline UPC for further staging could be considered although quiet UB sediment. Thorough musculoskeletal exam for evidence of extra-abdominal source of discomfort suggested if not done.

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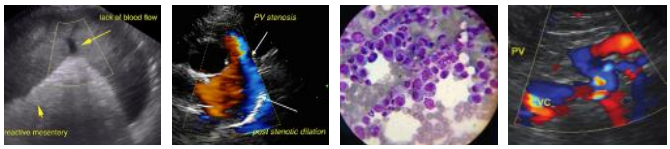

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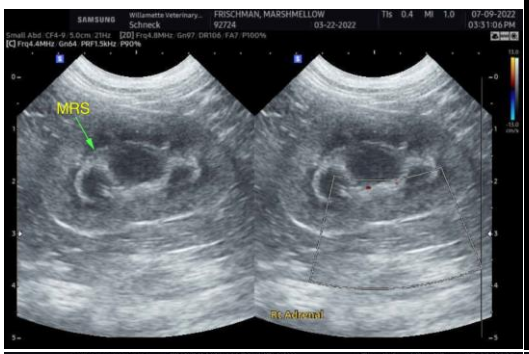

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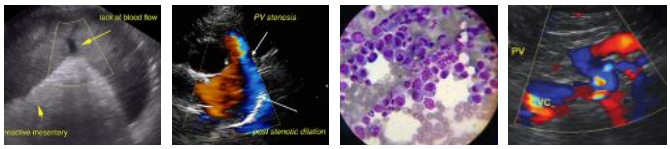

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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