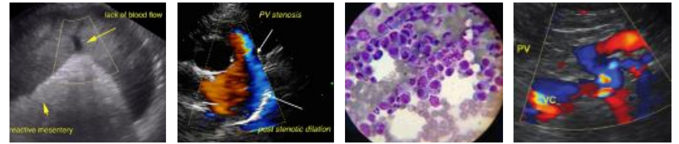


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Tiberius Kerr

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13

WEIGHT

5.68kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Laura De Cordon

HOSPITAL NAME

Mason Dixon Animal Emergency Hospital

REFERRING VET

Laura De Cordon

INVOICE

11124ag

DATE

07/13/2022

PRESENTING CLINICAL SIGNS

Vomited Friday. Monday lethargic, NE, vomited.

H/O urolithiasis - dissolved with therapy

H/O hyperthyroid

On methimazole

July 1 minichem WNL

July 12 BW:

Ca >20

Azotemia BUN 159 Creat 2.7

Tbil 0.8

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 dependent mineral. 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 were present in the right kidney. The left kidney was mildly prominent in size compared to the right. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. Nonuniformly increased cortex and medullary echogenicity was present. No evidence of pelvic dilation. Pinpoint areas of medullary mineral were present. 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 4.9 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

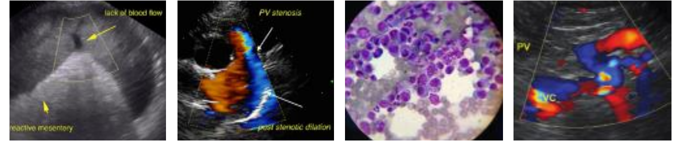
Adrenal Glands

The left and right adrenal glands were mildly prominent in size which is a nonspecific finding potentially indicating patient variant or stress hyperplasia. The left adrenal gland was uniform in contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width. The right adrenal gland was uniform in contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width.

Spleen

The spleen exhibited mild parenchyma heterogeneity with mild decreased echogenicity. 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. The spleen measured 0.88 cm in width at the level of the hilus.

Liver



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The liver was mildly enlarged in size with normal structure and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. A solitary cystic intraparenchymal lesion was present in the deep mid liver measuring 2.1 cm in diameter. 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.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.24 cm width. Mild gastric distension with primarily anechoic fluid was present.

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.

Normal visible colon wall layers were present with apparent 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.

Free Abdomen

Small pockets of scant peritoneal free fluid were present. Mild generalized hyperechoic mesentery was observed.

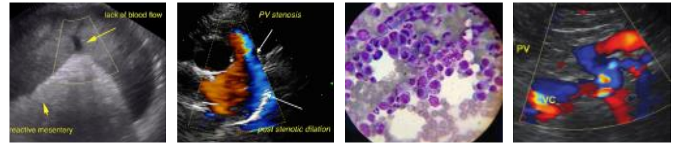
Intermittent enlarged, hypoechoic mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with borderline abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured 1.6 cm length and 1.92 cm width.

ULTRASONOGRAPHIC FINDINGS

- Mild dependent urinary bladder mineral
- Bilateral nonspecific chronic nephropathy with medullary rim sign
- Mild gastritis/gastroenteritis pattern with non-obstructive gastric hypomotility
- Subtle heterogeneous pancreas
- Normal splenic size/contour exhibiting hypoechoic parenchyma
- Subjective mild hepatomegaly with intraparenchymal cystic lesion-complex solitary hepatic cyst vs adjacent hepatic cysts, cystic biliary adenoma or other
- Intermittent mildly prominent hypoechoic mesenteric lymph nodes-hyperplasia, reactive lymphadenitis or early neoplastic lymphadenopathy possible
- Scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the degree of azotemia the hypercalcemia may be owing to chronic nephropathy however potential for early intra abdominal neoplastic process i.e. lymphomatosis or similar cannot be excluded. A screening hepatosplenic FNA using 25g needle and assuming normal clotting status is warranted given the hypercalcemia. Further assessment may include three view chest radiographs as well as hypercalcemia panel (Ca++, PTH, PTHRP).



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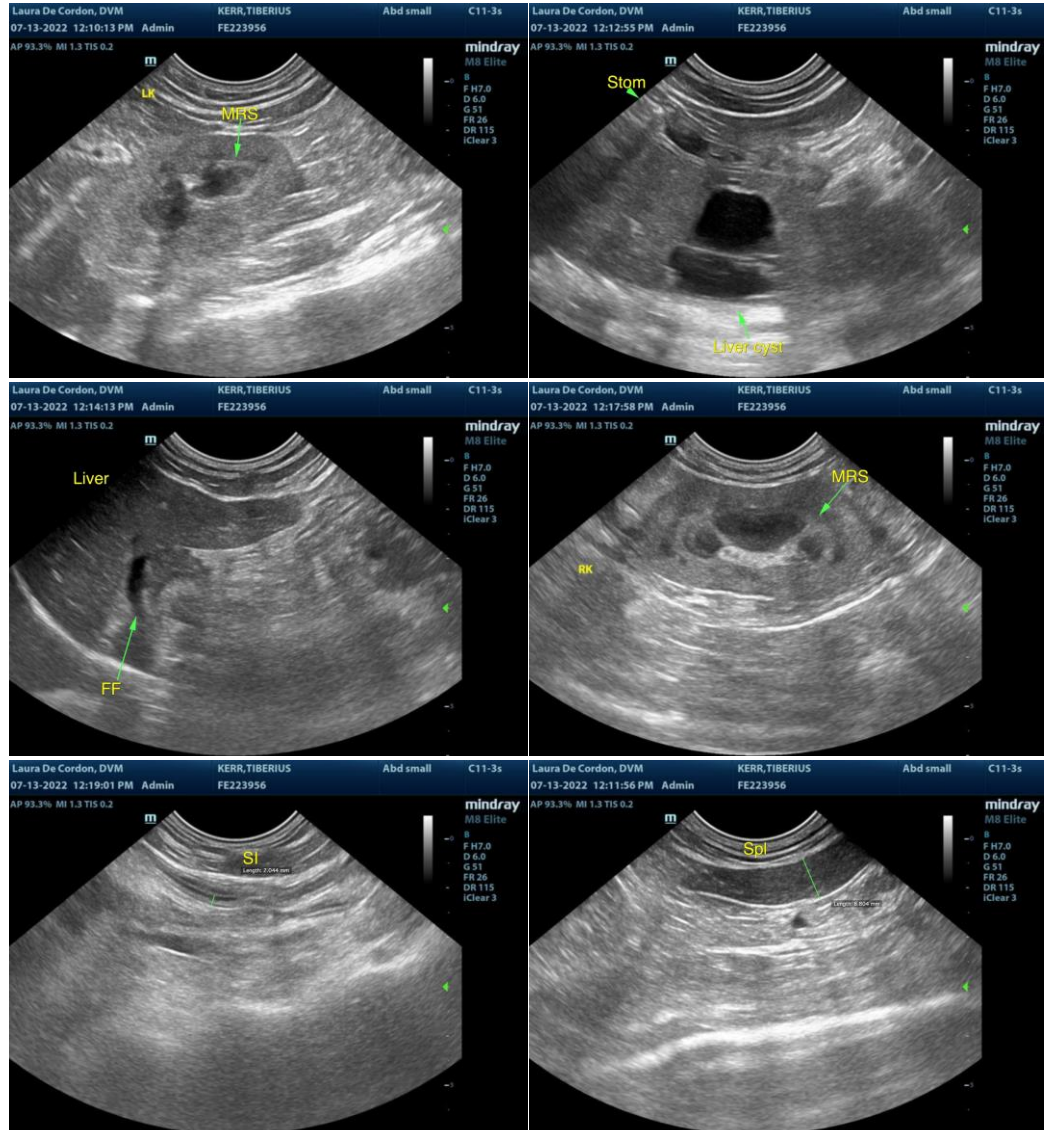
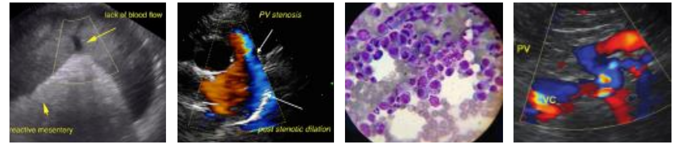
Given the size of the mesenteric lymph nodes an ultrasound guided lymphatic FNA is likely inaccessible however sonographic monitoring of the nodes for evidence of progression would be reasonable.

Pending additional diagnostics, as needed GI support would be reasonable. A spec fPL could be considered to assess for evidence of concurrent low grade pancreatitis.





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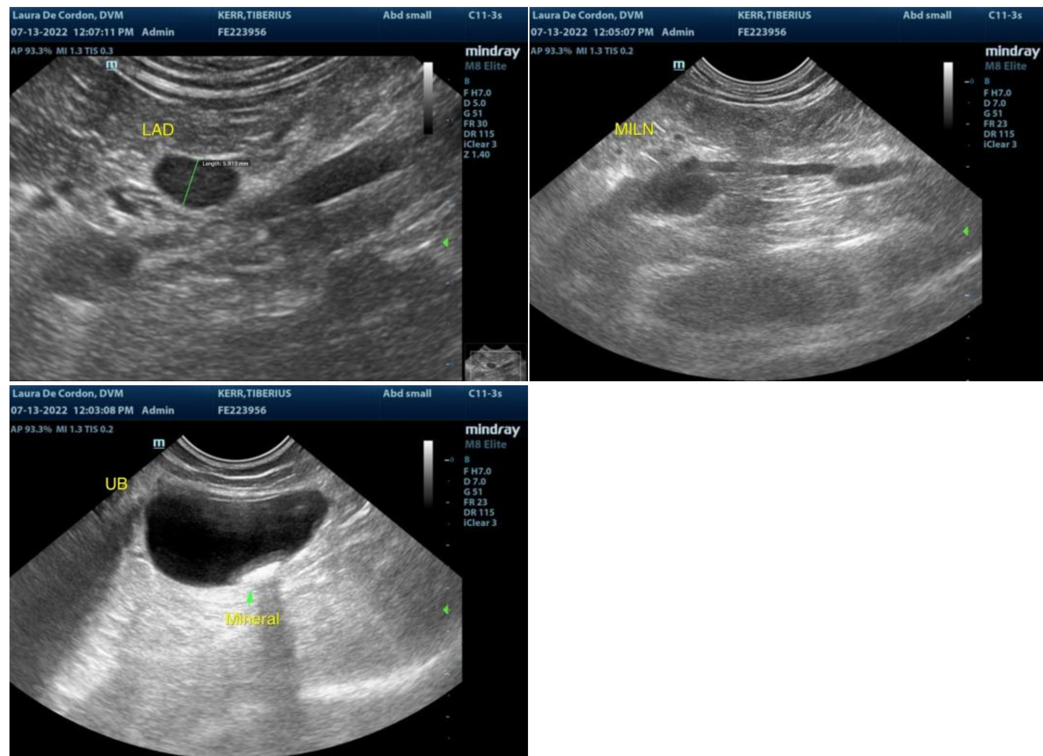

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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