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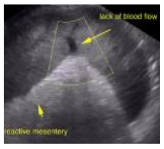
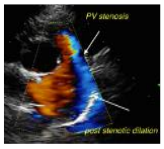
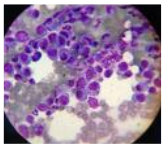
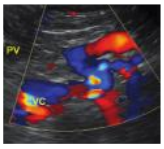

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tabby Sylsberry

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

6.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Cathy Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Corrine Weston

INVOICE

23862

DATE

8/10/23

PRESENTING CLINICAL SIGNS

History: Decreased appetite, lethargy, weight loss, elevated liver and kidney values
Abnormal PE/Chem/CBC/UA Results: Labs from rDVM on 8/4/23: ALKP (146) H, total bilirubin (0.7) H, BUN (50) H, creatinine (2.8) H, SDMA (33) H, CPK (40) L, lymphopenia (420) SG 1.021, protien 1+, occult blood trace Renal tech index posiive UPC (0.3) wnl 8/10 labs Chem 17- BUN (53) H, CREA (2.3) H, ALT 254 (H), ALKP (202) H, GGT (19) H, TBIL (1.0) H EPOC- bicarb (14.2) L, hypocalcemia (1.14) L, hyperchloridemia (129), CREA (2.41) H, K+ (5.9) wnl, LAC (3.95) H, BUN (56) H, HCT 39% T4/SDMA- 2.5 wnl, 41 H U/A- SG 1.018, pH 5, PRO 30, BLD 250, UBG 1

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. 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.

The area of the aortic trifurcation was free of pathology.

The left kidney was normal in size with asymmetrical margination and 1:3 cortex to medulla ratio and moderate loss of corticomedullary border demarcation. A nonobstructive pelvic renolith was noted with mild left kidney pyelectasia. The left kidney measured 3.6 cm.

The right kidney was subnormal in size with asymmetrical margination and marked loss of corticomedullary border demarcation. Subjective maintained 1:3 cortex to medulla ratio was noted. Focal areas of medullary mineral were noted with mild right kidney pyelectasia. The right kidney measured 2.7 cm.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 variably enlarged with asymmetrical capsule contour and generalized moderate nonhomogenous hypoechoic hepatic parenchyma, exhibiting multifocal, variably sized to expansive intraparenchymal nodules. An example of liver nodule measured 2.0 cm in diameter.

The gallbladder was non distended in size with anechoic content and mild gallbladder sediment. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic fluid was noted.

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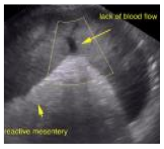
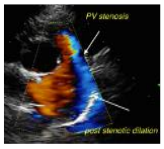
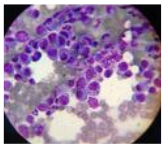
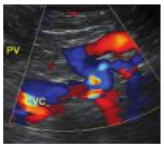

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The small intestine exhibited overall maintained intact wall layering. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A minor segmental intestinal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The small intestinal wall measured 0.22 cm.

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

Pancreas

The left pancreatic limb was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overtly visualized or significant omental lymphadenopathy. A scant to minor volume of perihepatic free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate to marked chronic degenerative renal changes with medullary mineral/renolithiasis and mild bilateral pyelectasia.
- Irregular hepatomegaly, exhibiting nonhomogenous/nodular parenchyma.
- Minor gallbladder sediment
- Mild retained gastric fluid with nonspecific enteritis pattern.
- Heterogenous remodeled pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further assessment, the nonhomogenous, nodular liver is most concerning for infiltrative neoplastic criteria. Nonspecific hepatitis, vacuolar hepatic changes, hyperplasia, hematopoiesis, fibrosis or other benign etiology is possible yet thought less likely.

Further assessment may include, assuming normal clotting status and with vitamin K pretreatment, hepatic FNA cytology, using a 25G needle, for further clarification and potential for oncology consult, if hepatic neoplastic process is confirmed. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered to assess for concurrent or occult intestinal or pancreatic disease as a contributing factor to the clinical signs and weight loss. Screening urine culture and sensitivity may be considered.

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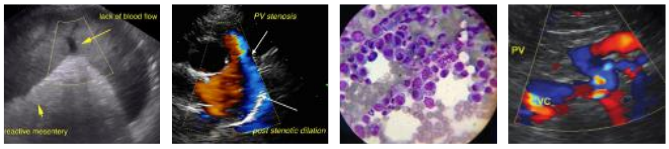

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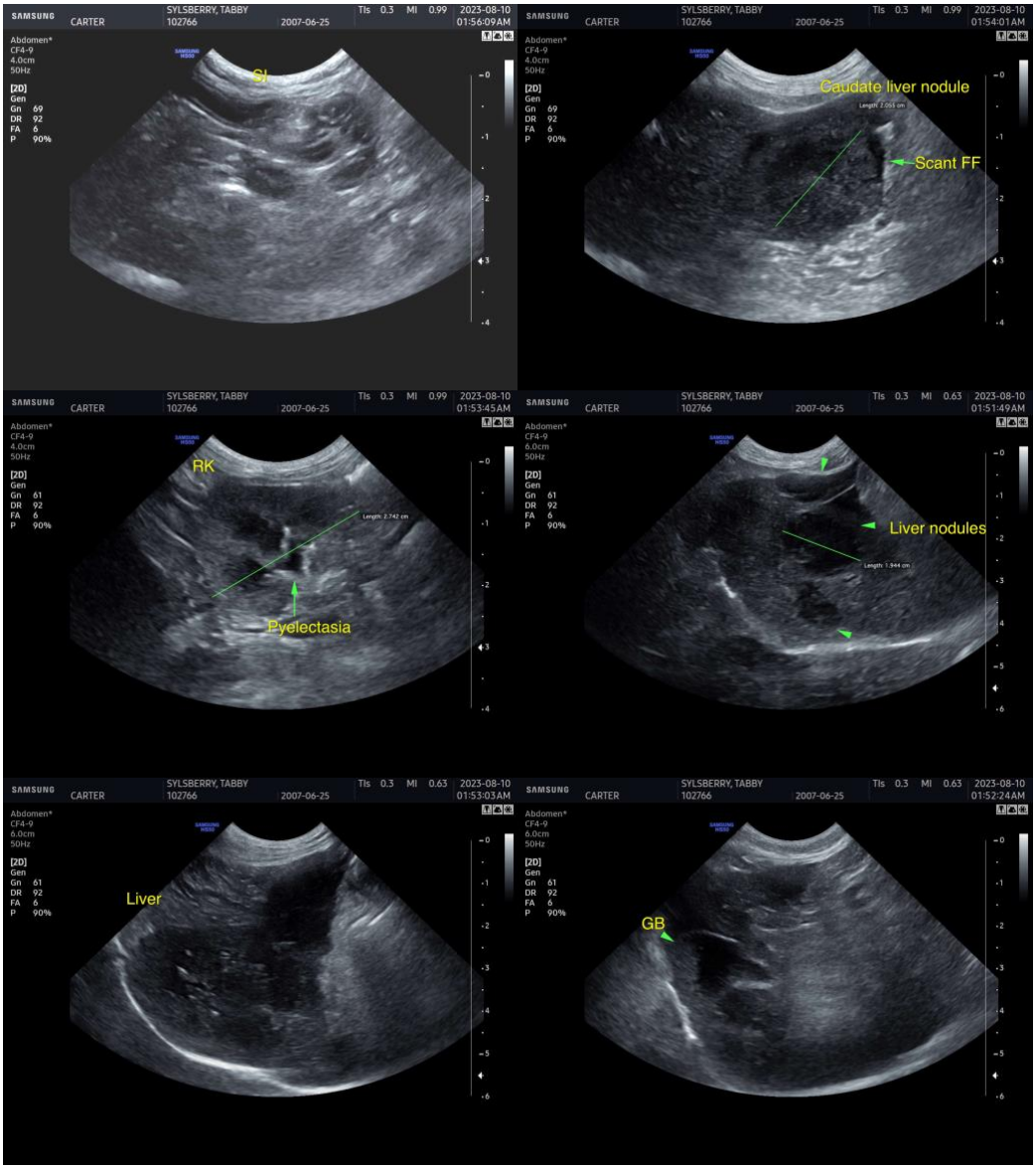

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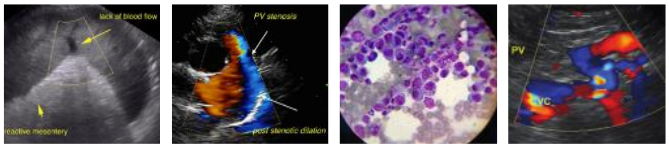

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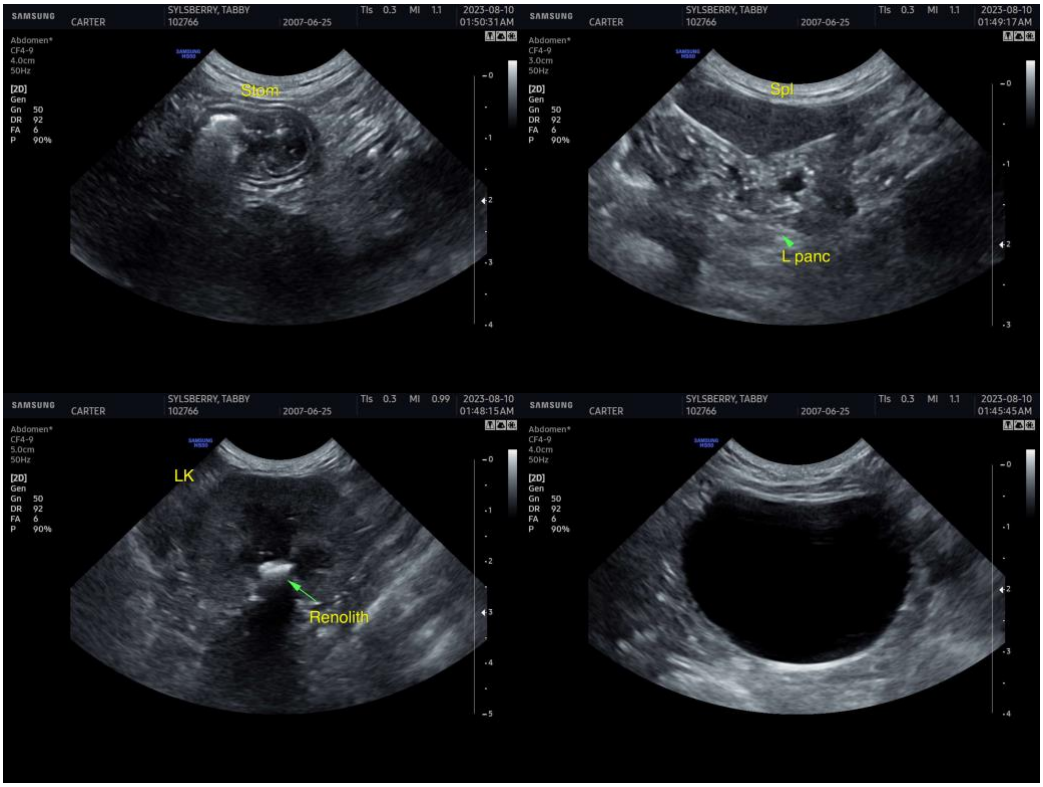

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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