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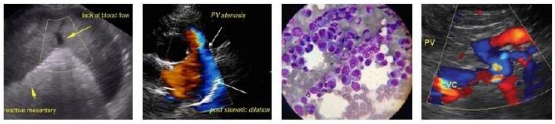

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Boybee Shinozuka

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

16 year old

WEIGHT

15.8 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Ho-Ho-Kus VH

REFERRING VET

Dr. Brittany Scott

INVOICE

146388

DATE

8/17/22

PRESENTING CLINICAL SIGNS

Weight loss, grade 2-3/6 heart murmur with gallop intermittently.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4: WNL.

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 was noted.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

The left adrenal gland exhibited mild enlargement with mild asymmetrical yet intact left adrenal capsule and hypoechoic to mildly nonhomogeneous parenchyma with pinpoint areas of mineralization. The left adrenal gland measured 1.5 cm x 1.0 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 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 changes, neoplastic criteria, or benign parenchyma changes were not noted. The spleen measured 0.85 cm width at the level of the hilus.

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. Solitary yet moderately sized, thinly-walled intraparenchymal cyst was noted In the deep mid liver dorsal to the gallbladder. This cyst contained anechoic fluid, measuring approximately 2.0-2.5 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.

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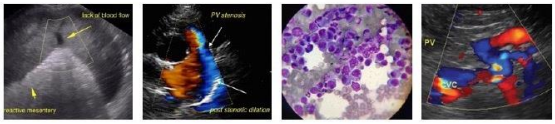

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Gastrointestinal

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 width measured 0.25 cm.

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 duodenum wall measured 0.31 cm width. The jejunum wall measured 0.25 cm width. No overt pathology was noted in the area of the ileocolic junction, although indistinctly visualized.

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

Pancreas

The area of the pancreas base exhibited mild prominent size with mild capsule asymmetry and mild hypoechoic to nonhomogeneous parenchyma compared to adjacent omentum with minor pancreatic duct dilation.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Left adrenomegaly exhibiting pinpoint dystrophic mineralization
- Hepatic remodeling with solitary intraparenchymal cyst
- Overtly normal gastrointestinal tract
- Possible low-grade chronic to chronic active pancreatitis
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlarged left adrenal gland exhibiting pinpoint dystrophic mineralization is nonspecific with potential for patient / age-related variant or benign hyperplasia. Dystrophic adrenal mineralization in cats Is not considered an overt pathological finding. However, concern for emerging left adrenal neoplastic criteria is warranted. Assessment of systemic BP for evidence of hypertension and monitoring of electrolytes, specifically for evidence of hypokalemia going forward, is recommended. If evidence of hypertension or hypokalemia, left adrenalectomy should be considered. Sonographic monitoring of the left adrenal gland would be a more conservative approach.

Further assessment of the weight loss, assuming no evidence of pathology on three-view chest radiographs, may include a GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult small intestinal disease, as well as correlation with potential for low-grade chronic to chronic active pancreatitis.

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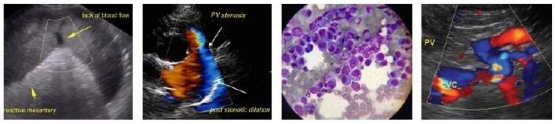

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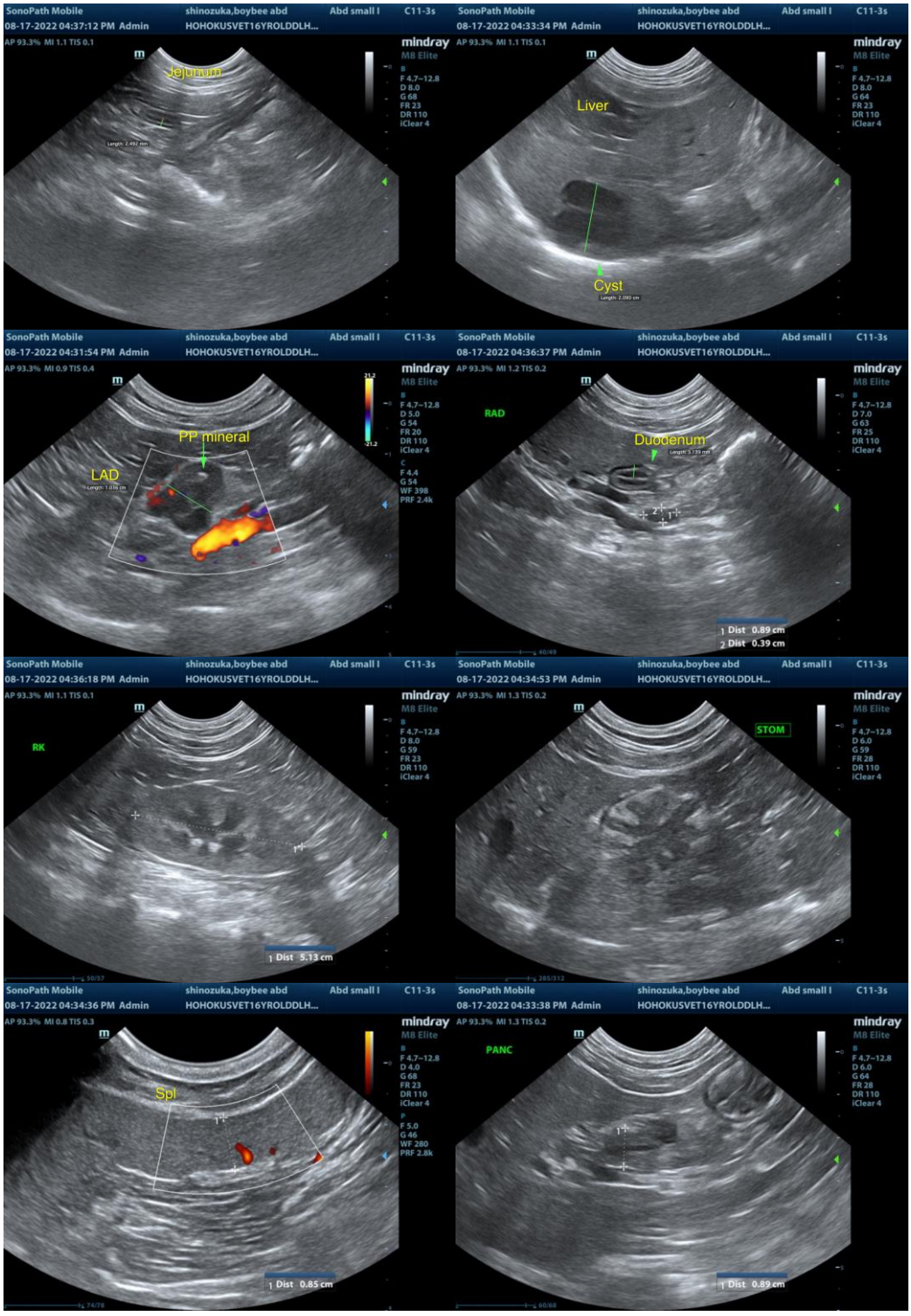

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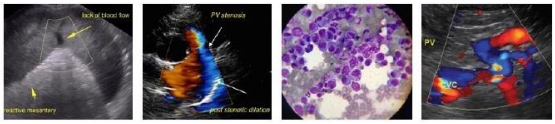

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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