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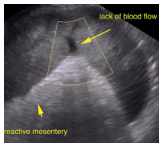

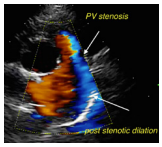

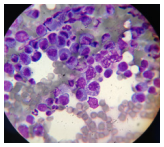
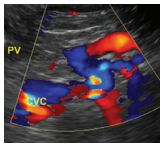

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1-800-838-4268 info@sonopath.com

PATIENT

Munsie Gamab

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16.5 yrs.

WEIGHT

7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tudor Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. John Mucera

INVOICE

10431

DATE

8/18/2023

PRESENTING CLINICAL SIGNS

Poor appetite in the last 3 weeks, few episodes of vomiting, abominal distension, lethargy.

Abnormal PE/Chem/CBC/UA Results: CBC (8/9/23) normal WBC with mild neutrophilia (9,760). Chem (8/9/23) high BUN (38) and SDMA (23.7), normal creatinine (1.7). Low calcium (8.0), high CPK (684). Normal T4 (2.7). Abdominocentesis (8/17/23) - removed 200 CC sanguineous fluid. Fluid analysis and cytology pending.

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 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 renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mildly expansive non homogenous cortical nodules and cysts. Example of left kidney nodules 0.8 cm in diameter. Example of right kidney nodule 1.1 cm in diameter. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.1 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left and right adrenal glands not definitively visualized.

Spleen

The spleen was borderline enlarged maintained symmetrical capsule contour. Mildly heterogenous 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 1.2 cm width level of the mid spleen. No visualized splenic mass or nodules.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement in size, structure, and contour. Subtle non homogenous intraparenchymal nodule mid liver measuring 1.8 cm in diameter. 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. The gallbladder was non distended in size with echogenic, mild nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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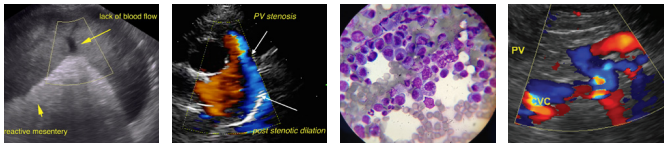

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Gastrointestinal

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 intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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. Mild pancreatic duct dilation noted. No signs of active inflammation or neoplasia.

Free Abdomen

No evidence of medial, iliac, or sub lumbar lymphadenopathy or masses.

Moderate volume peritoneal effusion exhibiting mild effusion echogenic changes suggestive of mild fluid cellularity. Generalized mildly uniformed hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic renal changes with bilateral cortical nodules/cysts.
- Borderline splenomegaly
- Subjective hepatomegaly with intraparenchymal nodule.
- Non-specific enteritis pattern with suspect chronic pancreatitis.
- Moderate volume mildly echogenic peritoneal effusion with generalized mild non uniform hyperechoic omentum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend abdominocentesis, rapid cytospin and rapid slide preparation of the sediment to conserve the integrity of the cells would be recommended in order to optimize the cytological interpretation. Culture of the fluid can also be considered if any suspicion of inflammatory elements is noted. FIP is technically a potential; therefore, FIP titers on the fluid are essential; however, given the age of the patient FIP is less likely. Carcinomatosis, lymphomatosis or similar are the primary differentials. Pending effusion analysis and assuming normal clotting status, screening hepatosplenic FNA cytology using 25ga needle could be considered.

The free fluid has mild echogenic changes to it. Given that no subnormal albumin that would diminish oncotic pressures to the point of causing free fluid as well as no evidence of passive congestion with hepatic vasculature or vena cava and no significant, diffuse hepatic disease is noted as well as no evidence of intestinal perforation or other pathology that would be responsible for effusion of this nature, lymphatic obstruction owing to carcinomatosis and lymphomatosis or similar is of primary concern.

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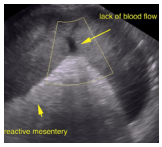

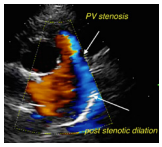

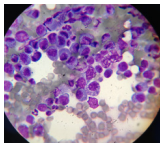
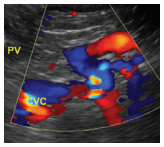

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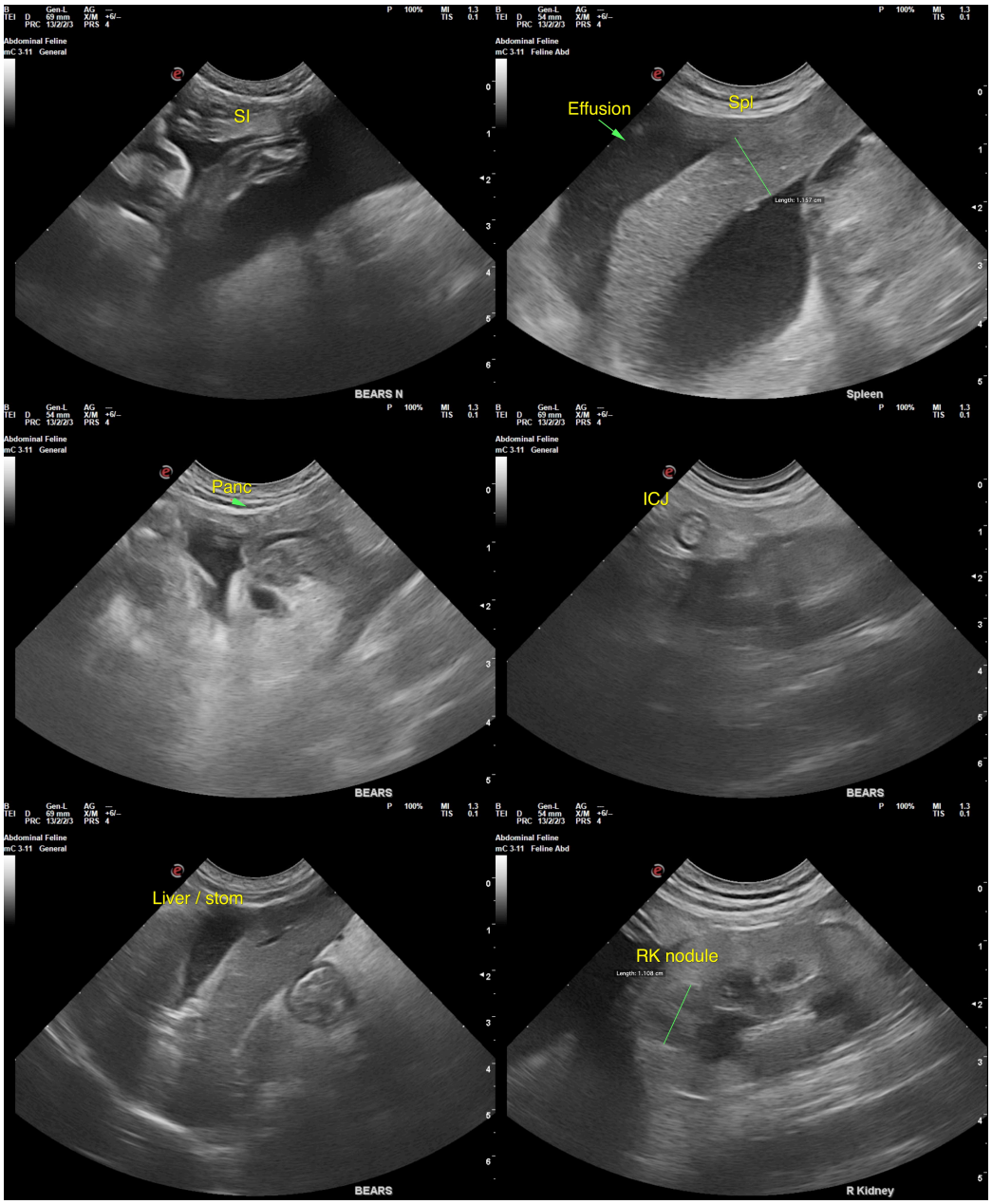

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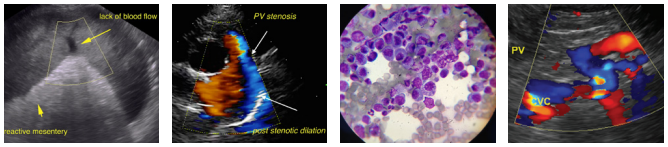

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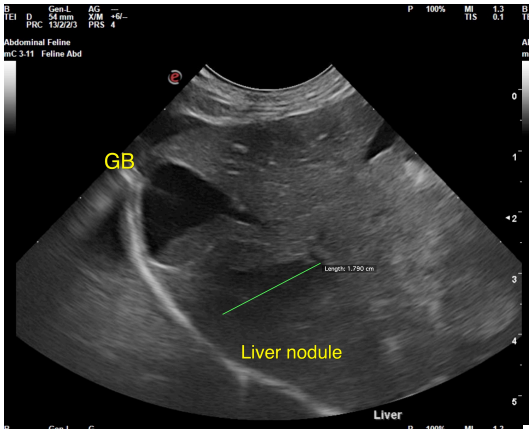

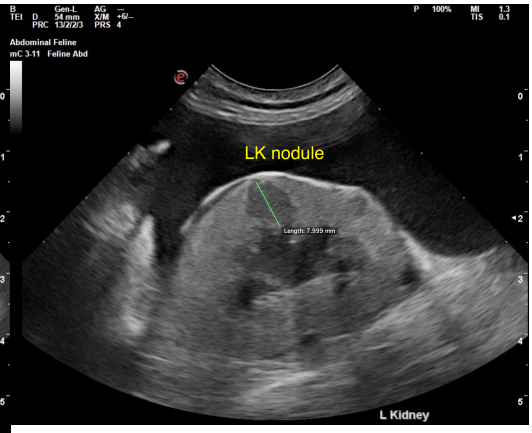

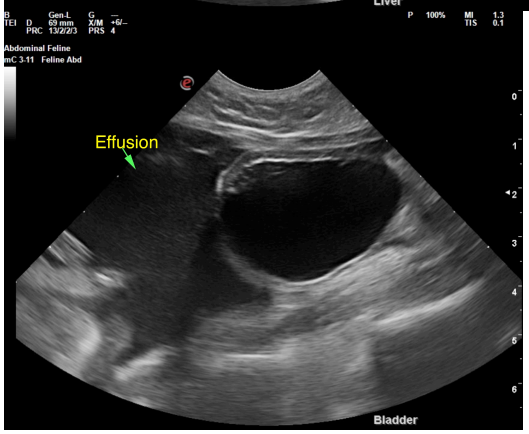

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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