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Clinical Sonography & Telecytology
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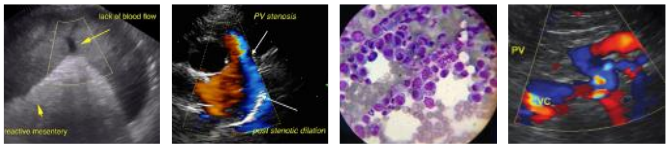

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Peanut Payne

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

4 yrs

WEIGHT

9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers VMD

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Meghan Myers VMD

INVOICE

14780

DATE

8/31/22

PRESENTING CLINICAL SIGNS

patient presented for 1 week duration of decreased appetite, lethargy, pollakiuria, occ. vomiting. On exam pet was icteric, mildly dehydrated. No toxin history, indoor only cat, temp 102.1 Pet started on fluids, cerenia, metronidazole, clavamox and ursodial and buprenex pending ultrasound results Abnormal PE/Chem/CBC/UA Results: cbc- mild anemia - hct: 26.4% increased bilirubin at 2.8 - alt, alkp and ggt all normal u/a: bilirubin crystals, cocci present (cysto sample)

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 including no evidence of overt medial Iliac or sublumbar lymphadenopathy.

Normal size and margination were 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. Suspect small cranial cortical infarction was noted in the left kidney. 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 3.7 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. Pinpoint area of dystrophic mineralization was noted in the left adrenal gland which is an Incidental finding and not considered pathological. No overt pathology was noted In the area of the right adrenal gland.

Spleen

The spleen was borderline enlarged measuring 1.0 cm width at the level of the hilus. The spleen maintained symmetrical capsule contour with subtle generalized splenic parenchyma heterogeneity with no masses or nodules noted. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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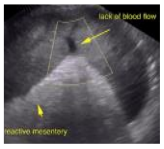

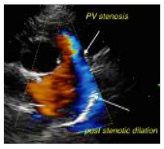

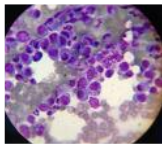
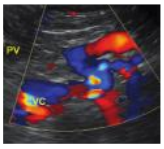

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained antrum and pyloric nonshadowing chyme was present no signs of obstruction or foreign material.

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. No evidence of mechanical / metabolic ileus pattern was noted.

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 were evident.

Free Abdomen

No omental masses or evidence of omental lymphadenopathy were noted. Intermittent very scant pocket of free fluid was noted around the caudal liver margins and in between intestinal loops.

ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific renal medullary rim sign
- Subjective mild hepatomegaly
- Borderline splenomegaly exhibiting subtle parenchyma heterogeneity
- Sonographically unremarkable gastrointestinal tract with mild pyloric chyme
- Intermittent small pocket of scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Even though no evidence of hepatic enzyme elevations, potential for underlying hepatopathy, given the short half-life of hepatic enzymes in cats, may be present.

The borderline splenomegaly is nonspecific, potentially indicative of benign or secondary reactive hyperplasia, hematopoiesis, or Incidental splenitis, given the anemia. Further assessment of both the liver and spleen may include, assuming normal clotting status, ultrasound-guided hepatosplenic FNA for screening cytology primarily to ensure only benign changes are present and assess for potential hepatosplenic inflammation. Recheck FeLV FIV status is suggested.

Further assessment of anemia may include CBC pathology review +/- infectious disease serology if clinically indicated. Assessment for evidence of autoagglutination is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered to assess for occult intestinal or pancreatic pathology as a contributing factor to the GI signs. Three-view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor, if not done. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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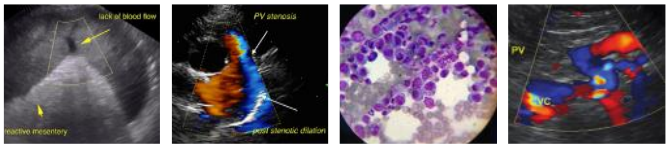

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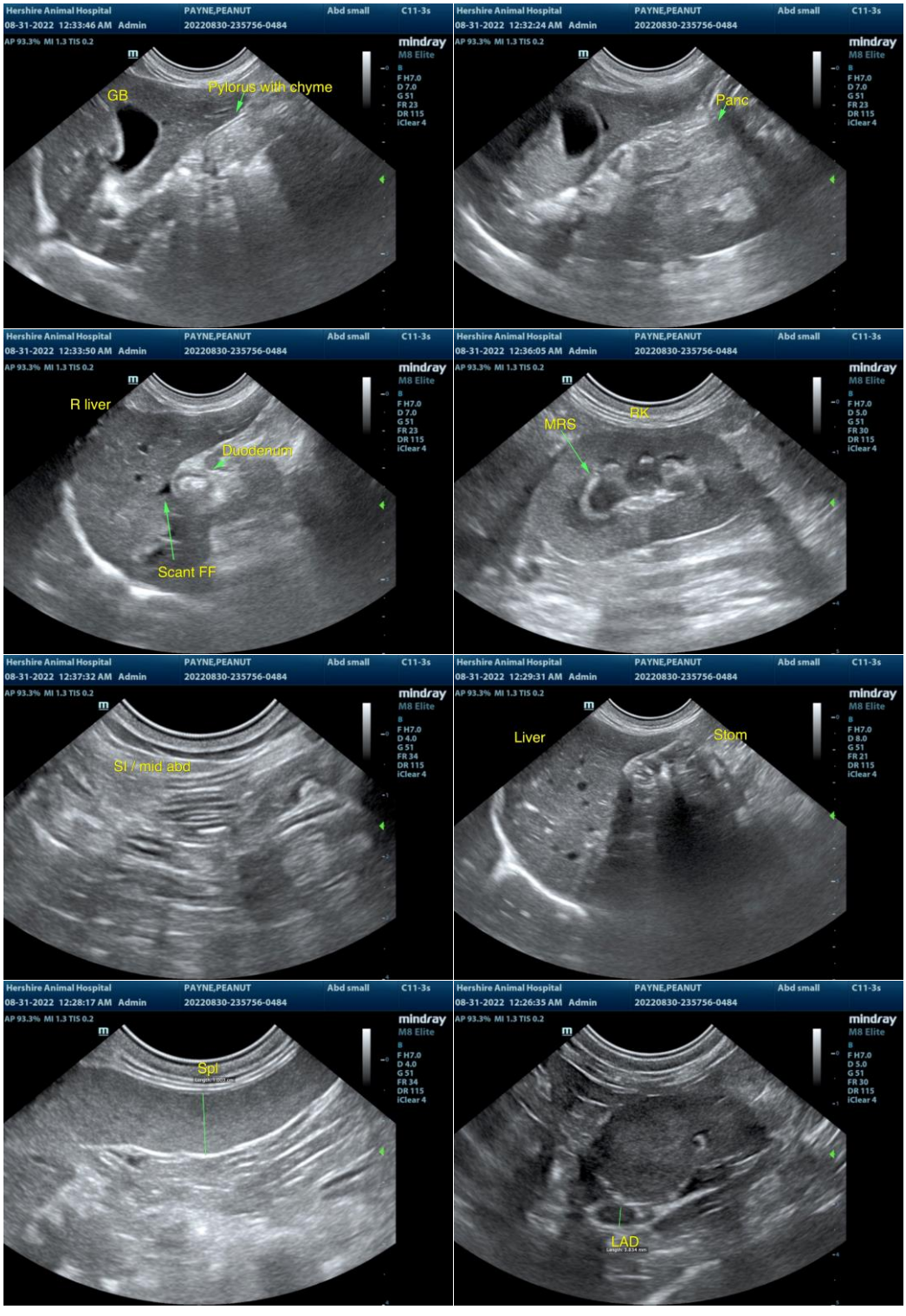

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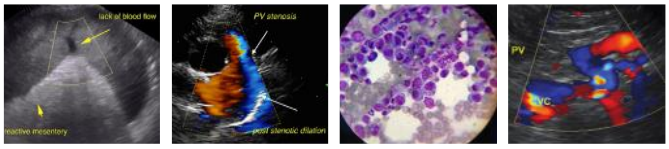

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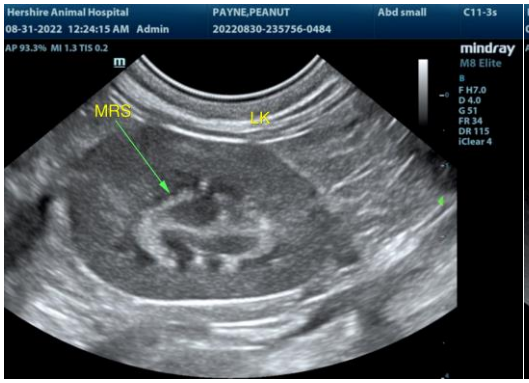

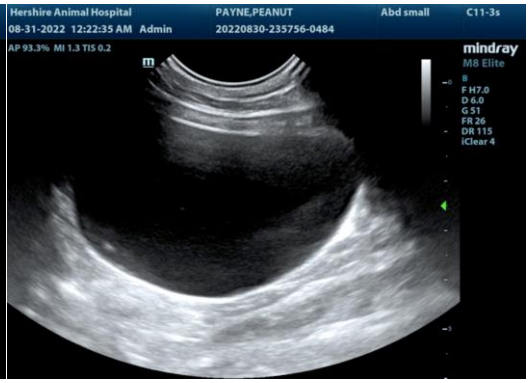

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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