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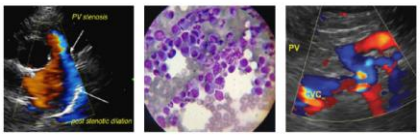

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT

Isis Breitenbach

SPECIES

Feline

BREED

Ragdoll

SEX

FS

AGE

12yr

WEIGHT

5.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Doyle

INVOICE

11329ag

DATE

08/08/2022

PRESENTING CLINICAL SIGNS

History: Presented for chronic sneezing for the past couple months, ocular discharge noted today. O also concerned about chronic weight loss, says p vomits several times a week. O reports p does get stressed at home, other cat antagonizes p sometimes. Isis was evaluated today and diagnosed with an upper respiratory infection and conjunctivitis. I suspect these are related to a feline herpesvirus (FHV-1) flare-up. She was sent home with lysine supplements for her upper respiratory infection, as well as terramycin ophthalmic ointment for her conjunctivitis. We also collected blood and urine for bloodwork and urinalysis to try to evaluate the cause for her chronic weight loss.

Abnormal PE/Chem/CBC/UA Results: Ca: 12.6 mg/dL, high (8.0-11.8mg/dL) Globulins: 6.1 g/dL, high (1.5-5.7 g/dL) Total Protein: 9.6 g/dL, high (5.4-8.2 g/dL)

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 were noted.

Normal size and margination was 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. Minor hyperechoic renal sinus was present in the left kidney. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 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, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.75 cm in width at the level of the hilus.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of luminal fluid along with luminal gas, potential for hairball density was present although not definitive with no signs of ileus or obstruction. The gastric body wall measured 0.25 cm in width.

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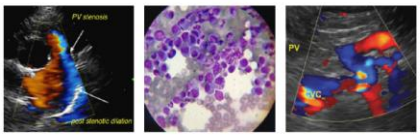

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.22 cm in width. The jejunum wall measured 0.20 cm in width.

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 hypoechoic 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 was evident.

Free Abdomen

No overt lymphadenopathy or omental masses.

Transdiaphragmatic view of the caudal thorax reveled subjective pleural free fluid. A small pocket of concurrent scant peritoneal free fluid noted between liver lobes.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes with nonspecific hyperechoic left renal sinus
- Mild hypomotile stomach exhibiting minor retained anechoic fluid, potential for minor ingesta or hairball density possible
- Sonographically unremarkable small bowel
- Mildly hypoechoic pancreas
- Transdiaphragmatic pleural free fluid, small pocket of scant perihepatic free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall no overt evidence of intra-abdominal visceral pathology specifically neoplastic criteria as a cause of the hypercalcemia and hyperglobulinemia. Assuming normal clotting status and using a 25g needle, an ultrasound guided hepatosplenic FNA for cytology could be considered. Further assessment of the hypercalcemia with a Ca++, PTH and PTHRP could be considered. Three view chest radiographs suggested if not done to assess for thoracic pathology as well as pleural effusion analysis cytology +/- C/S. Correlation with pending labs and UA suggested. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended as well as a thorough musculoskeletal and neurologic examination to rule out occult pathology as a contributing factor to the weight loss. Echocardiogram is suggested to rule out cardiogenic pleural effusion pending thoracic radiographs.

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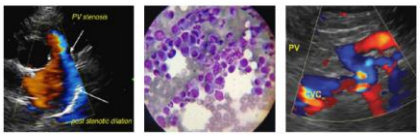

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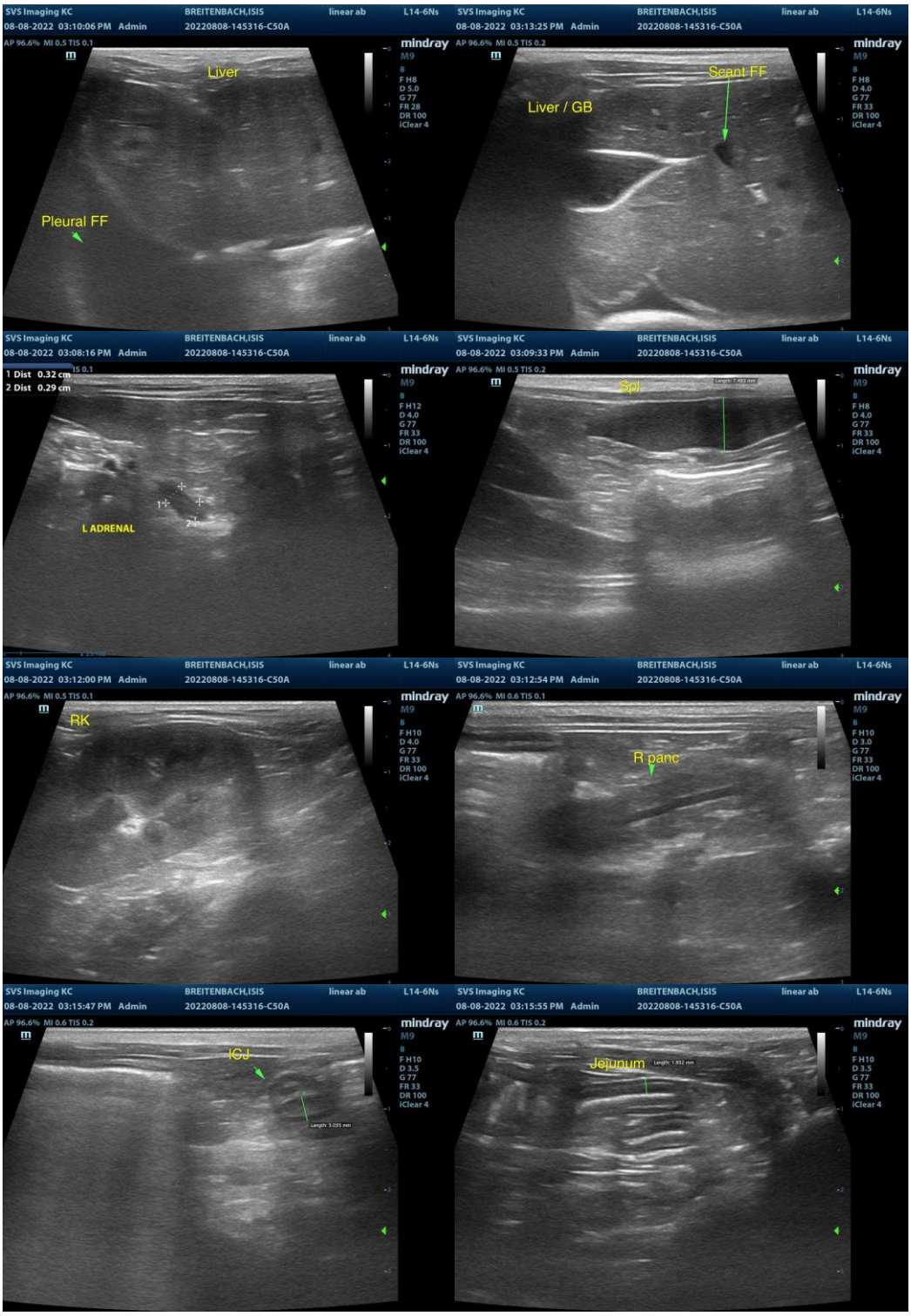

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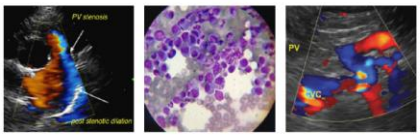

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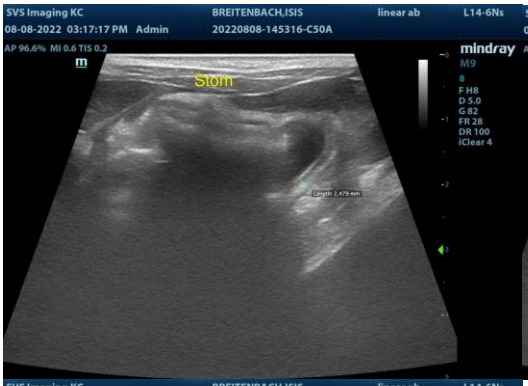

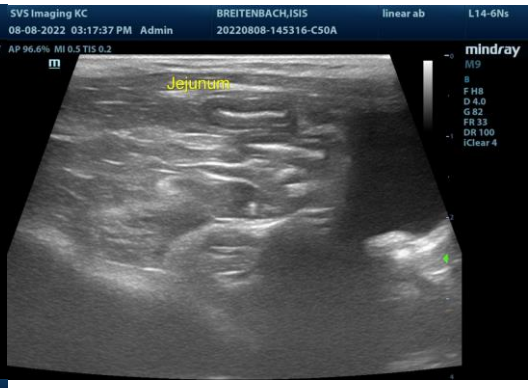

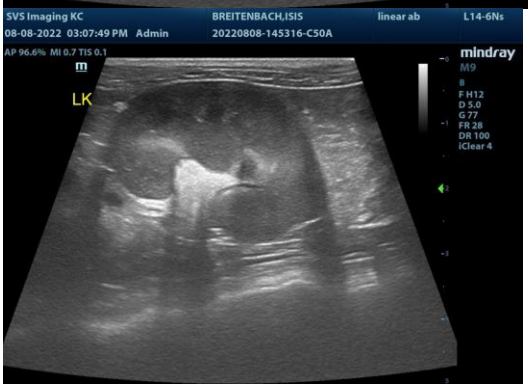

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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