SonoPath
Clinical Sonography & Telecytology
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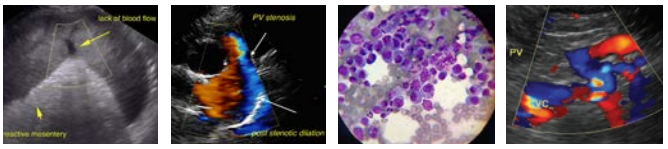


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ziggy Wren

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
14 Years 2 Months

WEIGHT
11.5 Pounds

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

IMAGING PERFORMED BY
Dr. Abbey Jones

HOSPITAL NAME
Schultzville AH

REFERRING VET
Dr. Abbey Jones

INVOICE
25694

DATE
9/21/21

PRESENTING CLINICAL SIGNS

Patient has a history of diabetes that was diagnosed in 1/2020. He was seen on 9/1/2021 for a decreased appetite. He was on 2.5 units of prozinc BID. He had a BG curve performed: 8:30am 174mg/dl, 10:30am 210mg/dl, 12:20pm 165mg/dl, 3pm 124mg/dl. Urinalysis was performed at that time - there was RBC 20-30phf, WBC 15-20hpf, cocci bacteria, no glucosuria. Patient was placed on antibiotics at that time. 9/15/21 he was re-presented for sleeping more than normal and not eating well. Owner felt that he felt better initially with the clavamox. Blood work was performed: CBC-thrombocytopenia - but blood smear adequate amount, rest of cBC normal, GHP: glu 190mg/dl, TP 10.5g/dl, Glob 7.8g/dl, ALT 206u/L, ALKP 133u/L, TBil 1.2mg/dl, Lipa 2773. Radiographs were performed: soft tissue mass effect in cranial abdoment with caudal displacement of gastric axis. on v/d the soft tissue mass efect in right cranial abdomen- suspect liver or pancreas, disparity of size between right and left kidneys. Patient was placed on antibiotics, pain medications and appetite stimulant. (buprenorphine, zeniquin, mirtazipine. Presented again 9/21/21 (today). Owner reports that the meds seem to help at first but now not eating, ate some yesterday. Recommended ultrasound to evaluate pancreas and liver more closely
Abnormal PE/Chem/CBC/UA Results: weight loss (BC 3.5/9), Grade III-IV dental disease, Grade II/VI systolic murmur, OU nuclear sclerosis, unkept appearance to coat. BG performed today 376mg/dl, serum ketones negative

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 right kidney was mildly enlarged compared to the left and normal expected renal size for this species. 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. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The right kidney measured 5.0 cm. The left kidney measured 4.0 cm. Mild pyelectasia noted in the left kidney.

Adrenal Glands

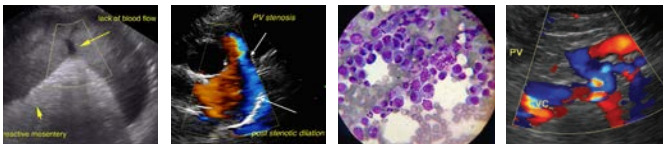
The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma.

Spleen

The spleen exhibited mild generalized enlargement, measuring 1.2-1.3 cm in width at the level of the hilus. The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. No distinct masses. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The



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hepatic and portal vasculature were normal in appearance without signs of congestion. No distinct masses or nodules. The gallbladder was non-distended in size with prominent to isoechoic walls. Anechoic content noted with mild luminal debris. Gallbladder wall measured 0.26 cm.

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. Gastric body wall measured 0.25 cm.

The visualized 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. Duodenum wall measured 0.31 cm.

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

Pancreas

The pancreas exhibited generalized asymmetrical enlargement with hypoechoic to heterogeneous parenchyma compared to adjacent reactive omentum. No distinct masses or nodules.

Free Abdomen

No overt lymphadenopathy. Mild primarily perihepatic to peritoneal free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral interstitial nephrosis renal pattern with mild left kidney pyelectasia
- Mild splenomegaly with heterogeneous parenchyma – non-specific, patient or age related variant, hyperplasia, hematopoiesis, incidental splenitis, while possible splenic neoplasia canot be excluded.
- Hepatomegaly with uniform increased parenchyma echogenicity – metabolic/reactive/vacuolar hepatopathy (diabetic hepatopathy), hepatitis/cholangiohepatitis, lipidosis, or round cell neoplasia possible.
- Cholecystitis
- Asymmetrical enlarged to swollen, hypoechoic to heterogeneous pancreas – suspect active to chronic active pancreatitis, potential neoplasia possible.
- Mild primarily perihepatic to peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Recheck urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

Assuming normal clotting status, hepatosplenic and pancreatic FNA could be considered for screening cytology. The soft tissue mass effect in the right cranial abdomen may be owing to hepatomegaly or pancreatic enlargement. Empirically, aggressive therapy for cholangiohepatitis/cholecystitis and pancreatitis would be appropriate with assessment of clinical response. Given the patient's weight loss, and if not yet done, 3-view chest radiographs would be recommended to rule out occult thoracic pathology as well as a GI panel to assess for underlying concurrent small intestinal disease.

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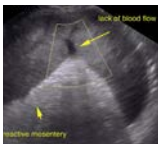
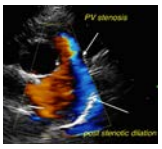
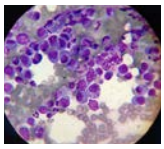
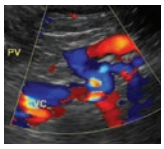

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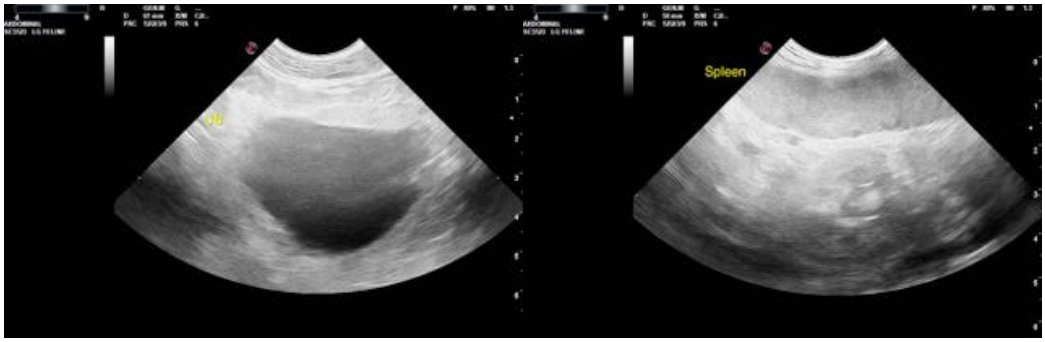

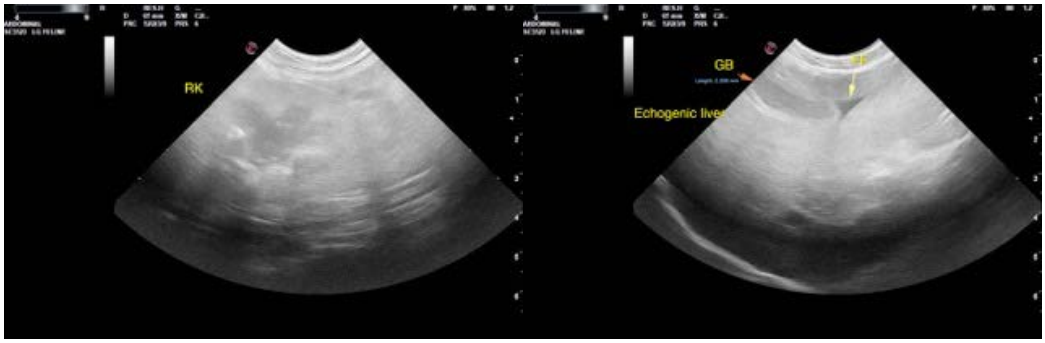

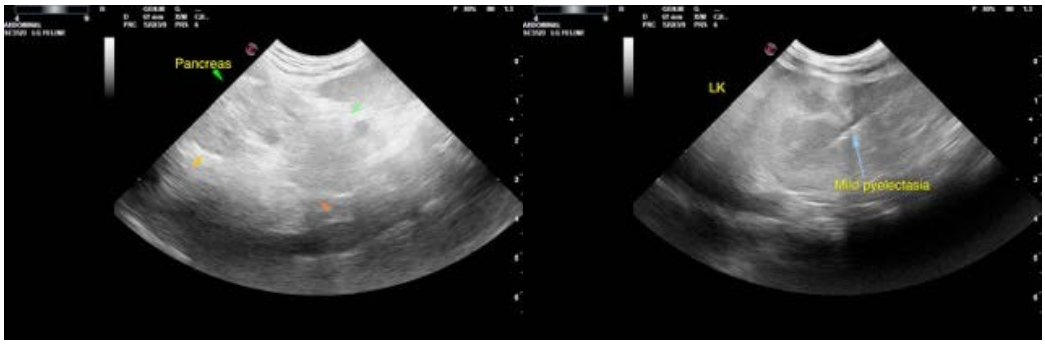

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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