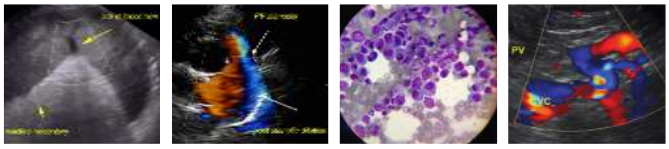
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Sully Elhage

SPECIES
Feline

BREED
Bonbay

SEX
MN

AGE
10 Years

WEIGHT
10.6 lbs

INTERPRETED BY
Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Wixon Family Pet Practice

INVOICE
48894

DATE
12-8-21

PRESENTING CLINICAL SIGNS

History of chronic vomiting and defecating outside of litter box. Some bowel movements are formed, others are very soft. Recent history of blood in stool. Normal appetite. Radiographs taken at another hospital in Oct 2021 show two mineralized objects undetermined if within GI tract. AUS recommended. Abnormal PE/Chem/CBC/UA Results: Mild monocytosis. Otherwise unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder presents non-sedimenting corpuscles, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Left kidney measures 3.75 cm length, right kidney 3.66 cm. The renal cortex appears heterogenous and coarse. There are multiple hyperechoic, wedge-shaped striations with withdrawals of the renal surface recognized on both sides. Both show a fuzzy corticomedullary transition.

Adrenal glands

Both adrenal glands are normal.

Spleen

The spleen is inconspicuous in terms of size and surface. Multiple, small and hyperechoic spots are detected, partially with distal acoustic shadowing. The transverse splenic diameter measures 0.83 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins.

Liver/Gallbladder

Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes is not visible.

The gallbladder is moderately filled. The gallbladder wall is unremarkable without signs of relevant sludge or a florid process, cholestasis is not noted.

Gastrointestinal

The gastric wall reveals a regular transverse diameter. The submucosal layer appears markedly hyperechoic. The small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process.

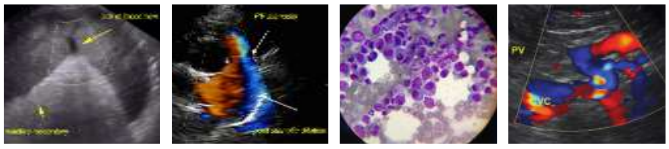
Mesenteric, epigastric and portal lymph nodes are considered to be normal.

Pancreas

All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. In the right lateral abdomen at the level of the pylorus there is a hyperechoic surface with a prominent distal acoustic shadow recognized



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being located in the abdominal fat tissue without overt connection to the GI tract or the pancreas. The peripheral fat tissue is unremarkable.

Great vessels show no pathological findings.

ULTRASONOGRAPHIC FINDINGS

- Moderate, bilateral structural nephrosis with multiple, chronic renal infarcts and indicated calcifications
- Fat granuloma right lateral abdomen
- Suspected chronic gastritis/gastric fibrosis
- Splenic spot-like calcifications

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

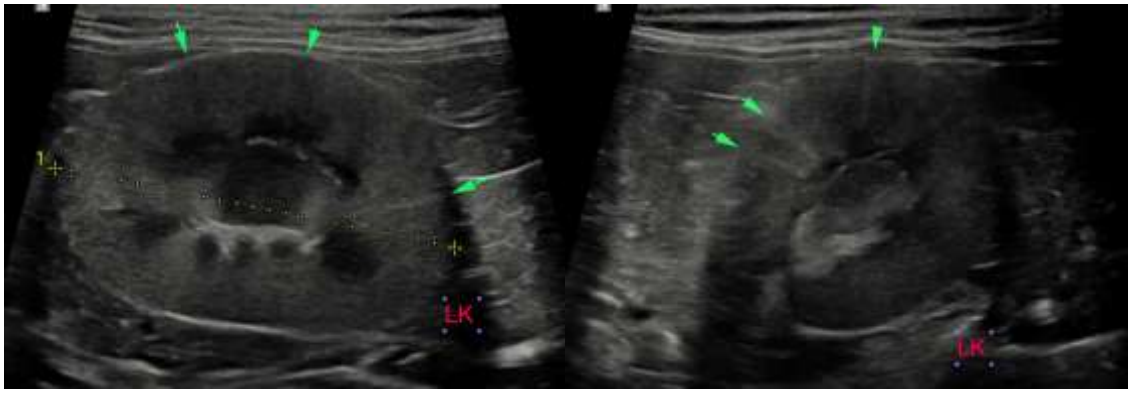
Ultrasonographic findings of the abdomen need to be correlated with the clinical presentation.

Renal changes could be due to chronic nephropathy such as chronic interstitial nephritis. Chronic renal infarcts could represent indirect signs of renal hypertension and/or residuals of nephritis. Findings occur in older patients without clinical relevance. Regular monitoring of blood pressure and blood workup is recommended.

Fat granulomas are commonly incidental and non-relevant findings. They likely represent residuals of inflammation. Signs of an active inflammatory process are not detected.

The gastric wall shows normal thickness but with a prominent, hyperechoic submucosal layer. Chronic gastritis (lympho-plasmocytic inflammation/IBD) and secondary gastric wall fibrosis are possible differentials. Final assessment is best performed with multiple endoscopic gastric biopsies. This finding matches best with the reported patient´s history of vomiting.

The focal hyperechoic splenic spots are not suspicious for neoplasia. Myelolipomas, calcified hematomas and splenic granulomas are common differentials. A sonographic follow up is recommended in 8 weeks to rule out progression.



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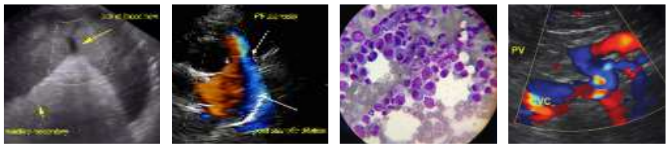

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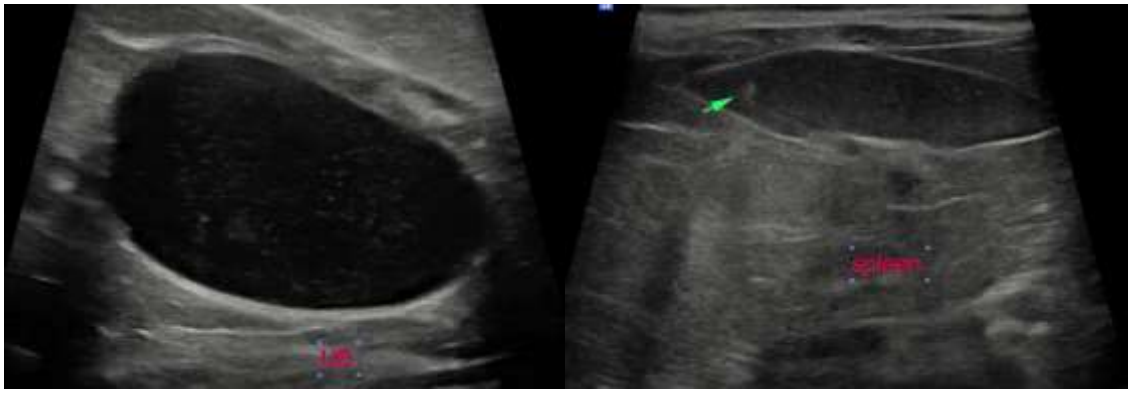

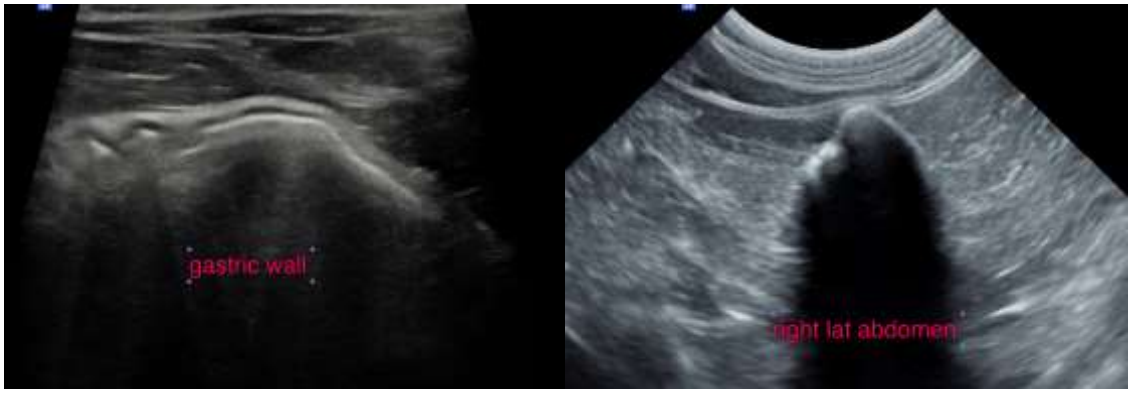

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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