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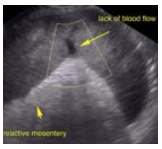
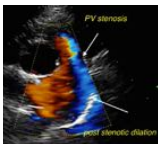
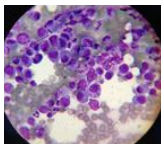
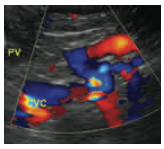
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Bella Moss

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
16 years

WEIGHT
8.4 lbs

INTERPRETED BY
Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY
Dr. Parrish

HOSPITAL NAME
Local Mobile

REFERRING VET
Dr. Parrish

INVOICE
31476

DATE
7/5/22

PRESENTING CLINICAL SIGNS

History: small amount of blood noted at end of urinating off and on since January, acts hungry but doesn't want to eat, hyperthyroid that is difficult to regulate
Abnormal PE/Chem/CBC/UA Results: WNL other than urine SP Gravity of 1.010

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). There is a 1.6 cm mineralized, soft tissue, mass effect near the trigone with no evidenec of urethral obstruction.

Both kidneys are hyperechoic, and exhibits poor cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 3.85 cm. The right kidney measured 4.08 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (0.41) cm at the cranial pole and (0.4) cm at the caudal pole. The right adrenal gland height is (0.58) cm at the cranial pole and (0.35) cm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. The spleen measures 0.89 cm at the hilus.

Liver

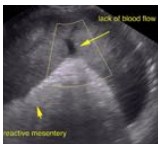
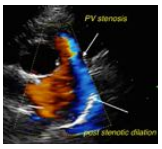
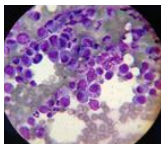
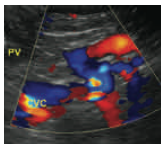
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is distended with anechoic contents. The wall was thin and continuous with no focal lesions. A mildly dilated and trotuous common bile duct is noted. This is typical for the patient's age.

Gastrointestinal

The stomach is empty. The gastric wall is normal with deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The entirety of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears mildly dialted.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Soft tissue bladder mass.

Hypoechoic pancreas, consistent with acute pancreatitis.

SECONDARY FINDINGS:

Age related renal and common bile duct changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the bladder is concerning for neoplasia such as transitional cell carcinoma. Urinalysis with cytology may provide additional information. Consultation with an oncologist could be considered, alternatively cautious use of an NSAID with careful monitoring of renal values may provide some relief of symptoms. Recent studies show that 0.05 mg/kg of Meloxicam s.i.d. can be tolerated in may older cats with chronic renal disease.

The changes in the pancreas are consistent with acute pancreatitis. Concurrent pancreatic neoplasia, while less likely, cannot be ruled out. Recommendations include:

- an fPLI, or preferably a full GI panel, are indicated for confirmation and to screen for concurrent intestinal disease.
- supportive care including fluid therapy, anti-emetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted.
- a highly digestible intestinal diet is recommended.
- if the patient is not responding to medical management, fine needle aspiration with a 25G needle for cytology could be considered after first checking a coagulation profile.

The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

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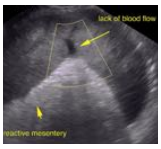
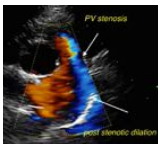
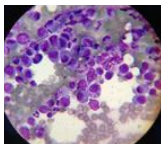
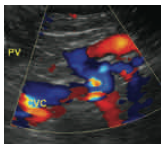

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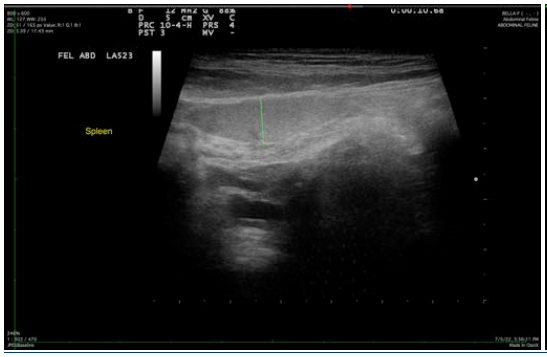
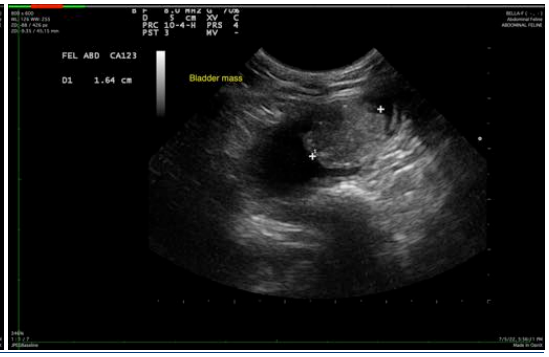
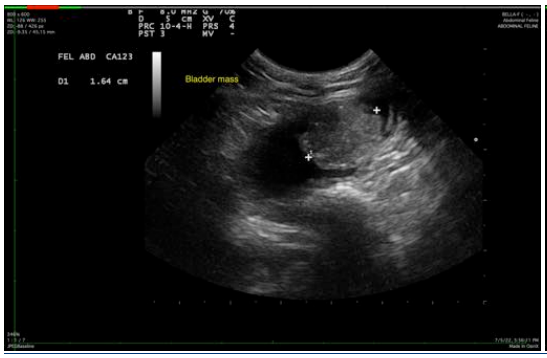
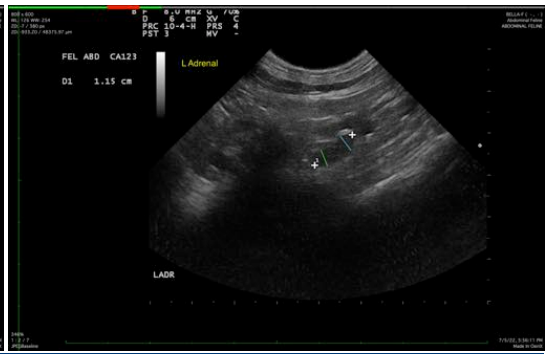
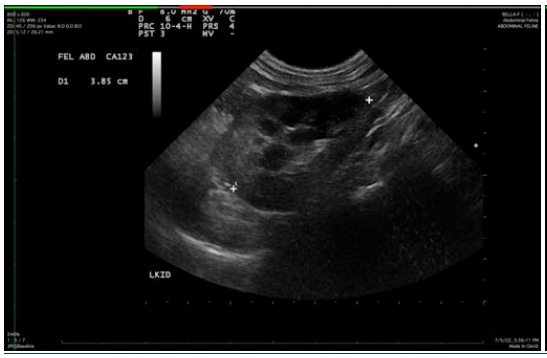
- a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- urine culture should also be considered, particularly if urine sediment is active
- dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines

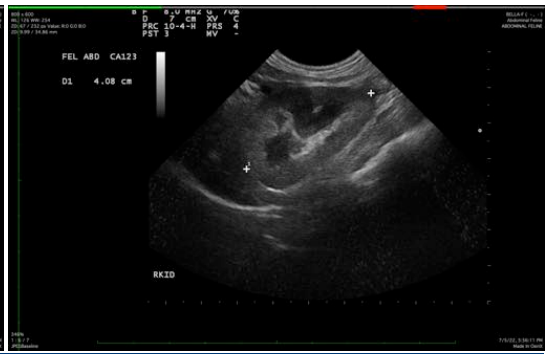












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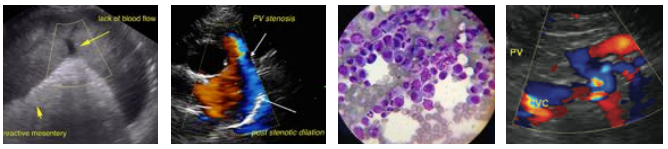

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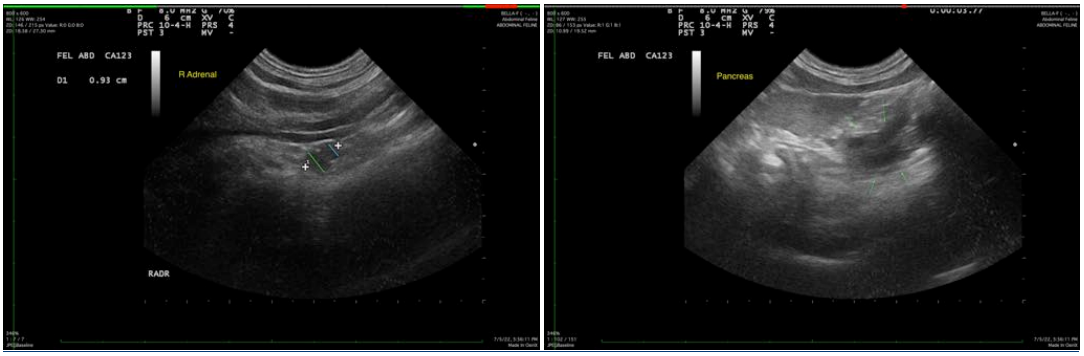

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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