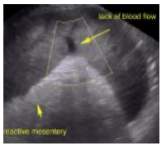
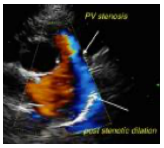
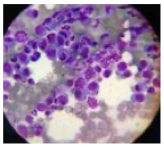
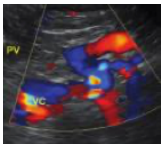
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Pici Monrreal

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
14 years

WEIGHT
14 lbs

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Dr Reyes

HOSPITAL NAME
Mobile Vet Ultrasound

REFERRING VET
Dr Pedro Santiago

INVOICE
11834

DATE
10.14.22

PRESENTING CLINICAL SIGNS

History: Pet has been diabetic since July, currently been managed with vetsulin 4 units BID. Pet presented yesterday for lethargy and episodes where he collapses and will urinate on himself. Pet had radiographs done in March due to cough and trouble walking, mainly dragging R rear leg. Radiologist mentioned that there was mild widening of mediastinum and possible allergic bronchitis. No osseous abnormalities seen.

Abnormal PE/Chem/CBC/UA Results: On PE pet is mainly recumbent, deep pain present in all limbs and responds to stimuli. Bladder was overly distended, so cycle was attempted to relieve some pressure, bladder was soft on palpation and pet did not appear painful. Pet started urinating a normal stream on his own but appears like bladder control could be an issue. Pet also appears dehydrated, so he has been hospitalized on IV fluids. BW: RBC: 6.33 L Mono: 0.6 H BUN: 56 H SDMA: 15 chloride: 109 L Alb: 4.0 H ALT: 245 ALP: 67 Glu: 74 N T4: 0.7 L fell/fiv/hw: neg UA: 1.022 glu: 1,000 ket: 15

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (4.62 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.24 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (4.49 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.19 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

Spleen

The **spleen** is normal in size (0.86 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The **liver** is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The **gall bladder** is mildly distended. The wall is normal in thickness. A small amount of aggregated, echogenic, mostly gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The base and limbs of the **pancreas** are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is observed. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic parenchymal changes may be secondary to a diabetic hepatopathy, hepatic lipidosis, inflammatory disease, infiltrative neoplasia (i.e., lymphoma), other hepatopathy.
- Trace ascites

Secondary Findings

- Mild age-related pancreatic remodeling. Mild chronic pancreatitis may also be present, particularly if the patient's clinical history is supportive of this diagnosis.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis. The bilateral pyelectasia may be secondary to age-related remodeling, pyelonephritis, IV fluid therapy, or some combination thereof.

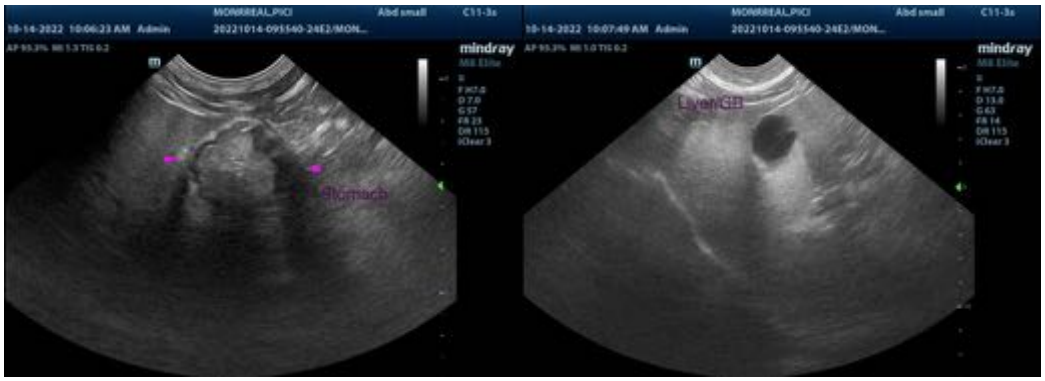
*An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's age and clinical signs, consider repeating thoracic radiographs to reassess for abnormalities in the chest.
- Consider a urine culture and sensitivity to assess for occult infection.
- A fine-needle aspirate of the liver can also be considered if clotting status is appropriate. A 25-gauge needle should be used.
- A baseline blood pressure measurement is recommended to assess for systemic hypertension.
- Consultation with a board-certified neurologist is recommended for further testing (i.e., MRI).


UB
Spleen


Liver


Stomach
Liver/GB

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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