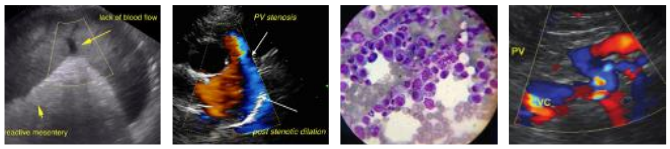
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Magnus Whale

SPECIES

Feline

BREED

Pixie Bob

SEX

Neutered Male

AGE

11 Years

WEIGHT

5.7 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Donna Markland, DVM

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Mahalo VH

INVOICE

12778

DATE

12/1/21

PRESENTING CLINICAL SIGNS

History: Magnus presented to the emergency clinic for urinary issues. Radiographs and ultrasound showed a bladder stone and a non-obstructive urolith in the left kidney. He has elevated urea, creatinine, and calcium. He is being seen by an internist as well as his regular veterinary clinic. The treatment plan is to stabilize renal function prior to removing the bladder stone. Magnus is on cerenia and daily SQ fluids.

Abnormal PE/Chem/CBC/UA Results: 11/23/2021 Chemistry panel Urea=37.0 (7.0-25.0) Creatinine=1.9 (0.3-1.4) Calcium= 12.4 (8.6-11.8)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. A 1.13 cm cystic calculus is observed within the lumen. The bladder wall is normal in thickness with a smooth mucosal surface. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.26 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A cortical infarct is suspected at the caudal aspect. A 0.35 cm nephrolith is observed within the renal pelvis. Hyperechoic shadowing diverticular foci are present. Mild pyelectasia is present (0.28 cm in the longitudinal plane). There is no evidence of i or hydroureter.

The right kidney is normal size (3.41 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. The cortex is hyperechoic. Trace pyelectasia is present (0.15 cm in the transverse plane). There is no evidence of infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.79 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Pinpoint hyperechoic focus is observed within the parenchyma. Splenic vasculature is normal.

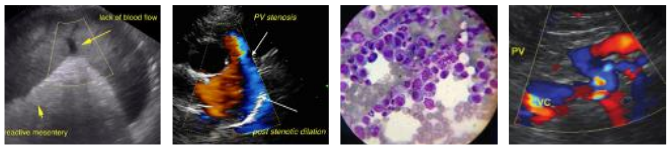
Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 not distended. The gastric wall and pylorus are normal in thickness with a normal layering



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pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic is normal. Surrounding mesentery is hyperechoic. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. Several prominent lymph nodes are observed adjacent to the ileocecocolic junction. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Cystic calculus
- Bilateral non-specific nephropathy with left non-obstructive nephrolithiasis and cortical infarct, bilateral dystrophic mineralization and trace pyelectasia.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Regional peritonitis is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If gastrointestinal signs are present, further GI work up (i.e., malabsorption panel, fecal evaluation for ova and Giardia +/- GI biopsies) may be warranted.
- Otherwise, a repeat ultrasound is recommended in 3-4 weeks to reassess the ileocecocolic lymph nodes.
- Given the hypercalcemia, an ionized calcium/PTH/PTHRP panel is recommended.
- If a cystotomy with bladder stone removal is to be pursued, consider obtaining abdominal lymph node +/- GI biopsies at the time of surgery. The bladder stones should be submitted for analysis and culture.
- Given the patients age, three-view thoracic radiographs are recommended prior to anesthesia.

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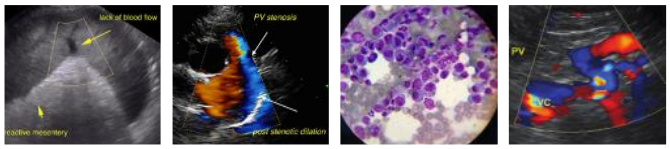

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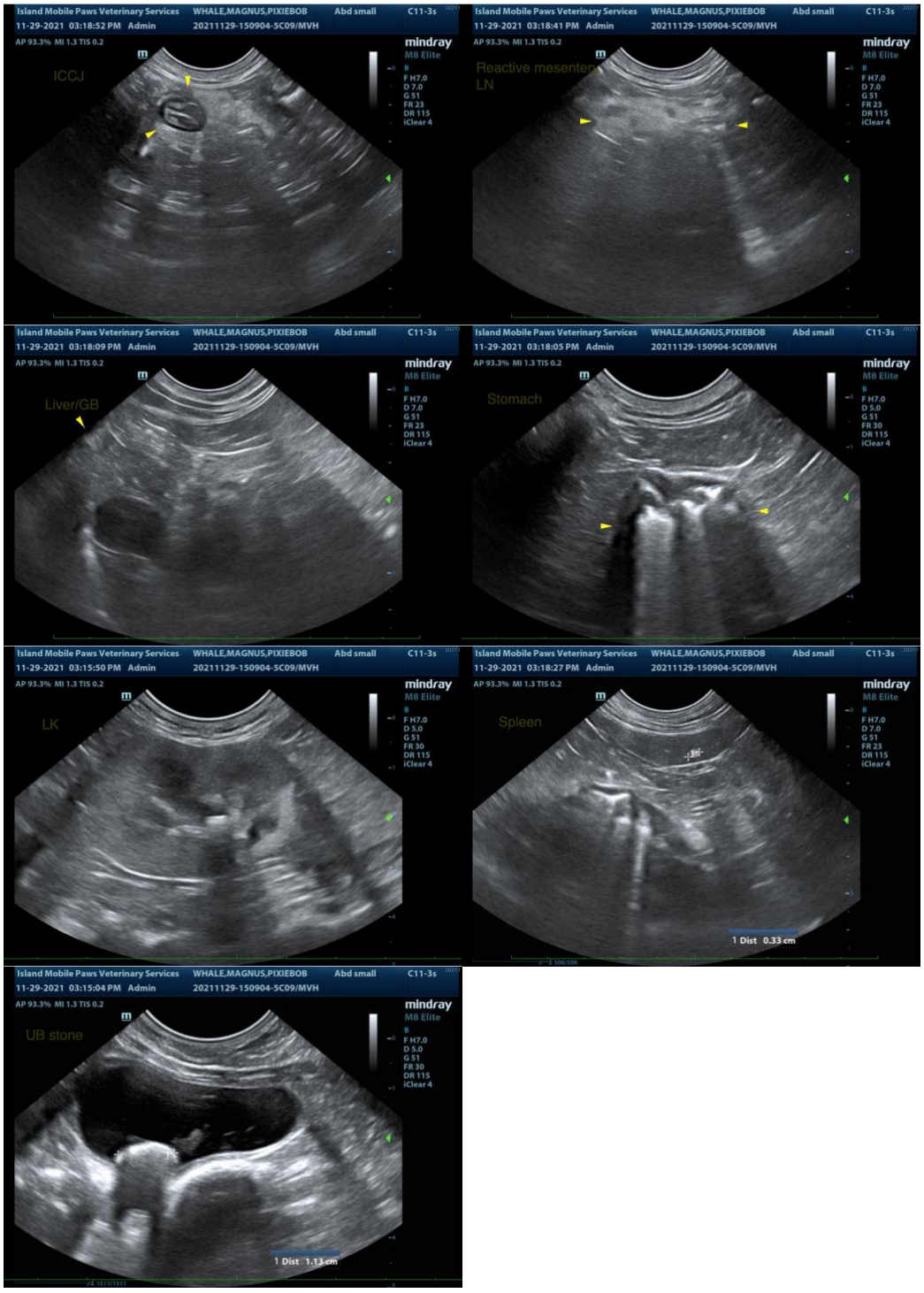

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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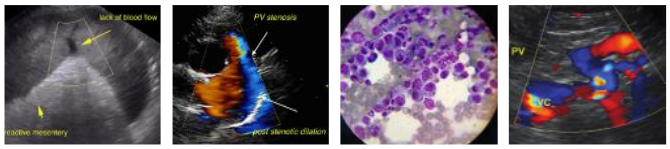

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