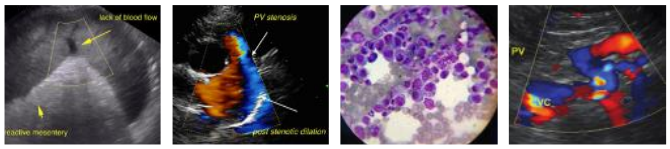
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Kiki DeShazer

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15 Years

WEIGHT

12.2 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hadley Harris

HOSPITAL NAME

TotalBond VH-Bethel

REFERRING VET

Dr. Hadley Harris

INVOICE

13080

DATE

12/16/21

PRESENTING CLINICAL SIGNS

History: 15yo FS DLH that presented on 12/13 for inappetence and lethargy. Bloodwork revealed azotemia (BUN 56, crea 3.0) and hyperglycemia (glucose 272). Patient also had a high CPK (784). Treated on the 13th with subcutaneous fluids, cerenia, and an appetite stimulant, but did not improve. Rads revealed unexpected soft tissue opacity in the stomach. Radiologist was unsure if this is due to residual food, foreign material, or a gastric wall lesion. Also revealed diffuse fluid and gas distention of the small intestine and a small left kidney. Pt was hospitalized on fluids, but still not eating. Fruther testing showed high fructosamine and bacteriuria on a cystocentesis sample. Ultrasound to further investigate opacity in stomach and gastrointestinal tract.
Abnormal PE/Chem/CBC/UA Results: see attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is borderline small in size (3.28 cm in length); with a slightly irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. The mesentery surrounding the kidney is hyperechoic.

The right kidney is borderline small in size (4.02 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A 0.40 cm nonobstructive nephrolith is visualized. Trace pyelectasia is present. There is no evidence of hydroureter. The mesentery surrounding the kidney is hyperechoic.

Adrenal Glands

The left adrenal gland is normal size (0.75 cm length; 0.37 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

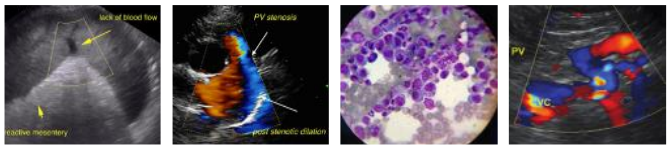
The spleen is normal in size (0.91 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively 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. A small to moderate amount of aggregated echogenic partially dependent to suspended debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT

Kiki DeShazer

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15 Years

WEIGHT

12.2 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hadley Harris

HOSPITAL NAME

TotalBond VH-Bethel

REFERRING VET

Dr. Hadley Harris

INVOICE

13080

DATE

12/16/21

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 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. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The mesentery in the mid abdominal cavity is mildly hyperechoic. No free fluid is observed. The abdominal lymph nodes are normal/not visible.

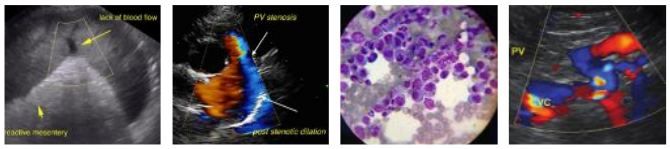
ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific nephropathy with retroperitonitis, likely secondary to renal inflammation and/or infection.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma
- Age-related pancreatic remodeling/fibrosis +/- concurrent inflammation, particularly if the patient is uncomfortable on cranial abdominal palpation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's azotemia and sonographic changes, a urine culture and sensitivity and baseline blood pressure measurement are recommended. Once the patient is eating well, consider transitioning to a prescription renal diet, if the patient will tolerate it.
- Regarding the bowel and pancreatic changes, consider a malabsorption panel, including serum cobalamin, folate, TLI and PLI
- Given the patient's age, three view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if fluid therapy is to be initiated.
- Given the hyperglycemia (and elevated fructosamine) in absence of glucosuria, a recheck fructosamine, blood glucose and urine dipstick (for glucosuria/ketonuria) is recommended in 2-3 weeks.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Kiki DeShazer

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15 Years

WEIGHT

12.2 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hadley Harris

HOSPITAL NAME

TotalBond VH-Bethel

REFERRING VET

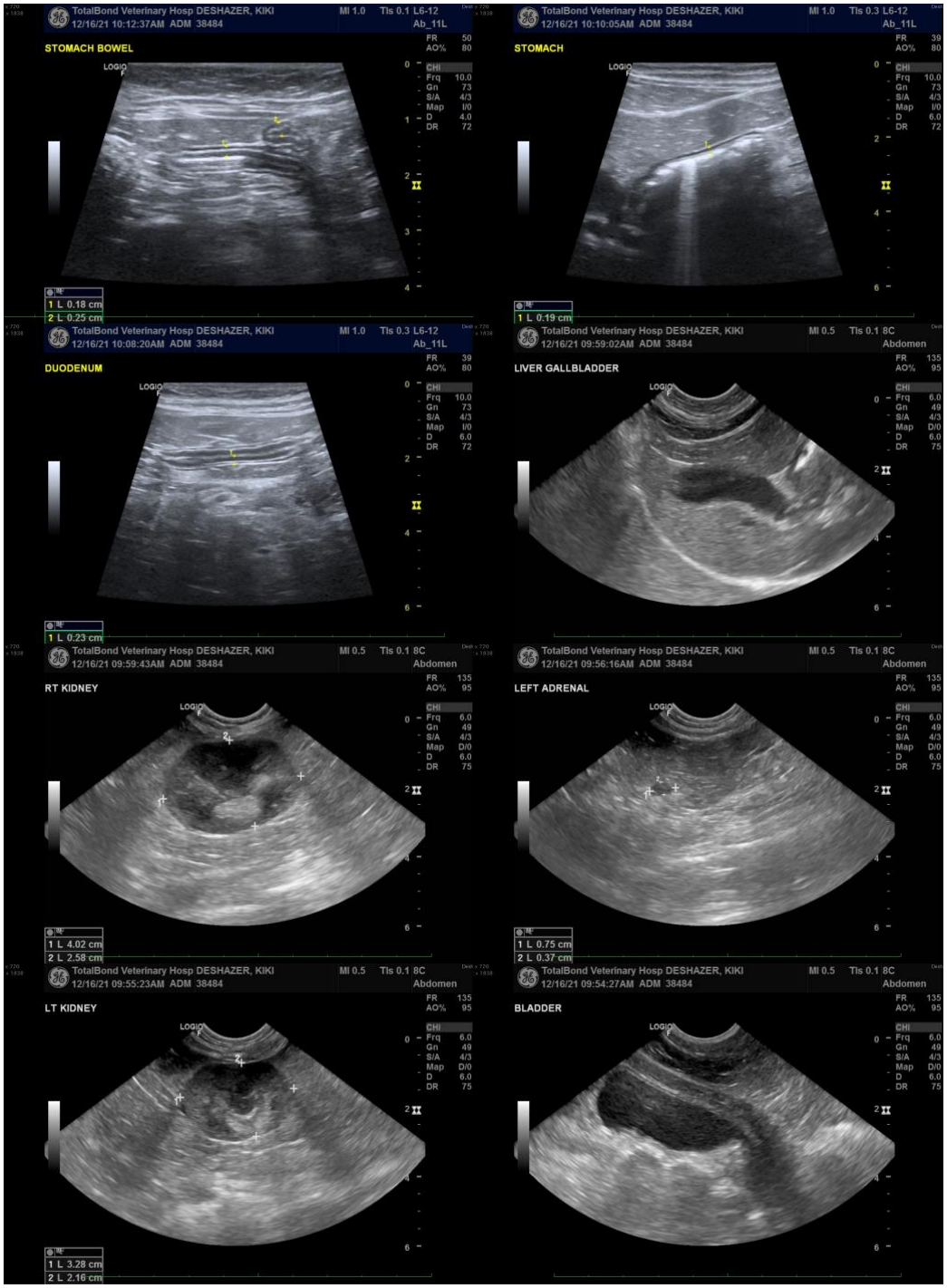
Dr. Hadley Harris

INVOICE

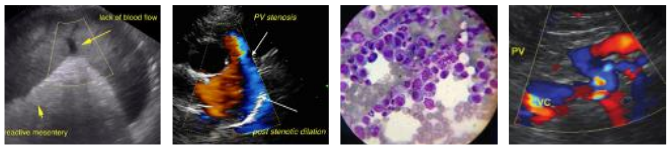
13080

DATE

12/16/21



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Kiki DeShazer

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15 Years

WEIGHT

12.2 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hadley Harris

HOSPITAL NAME

TotalBond VH-Bethel

REFERRING VET

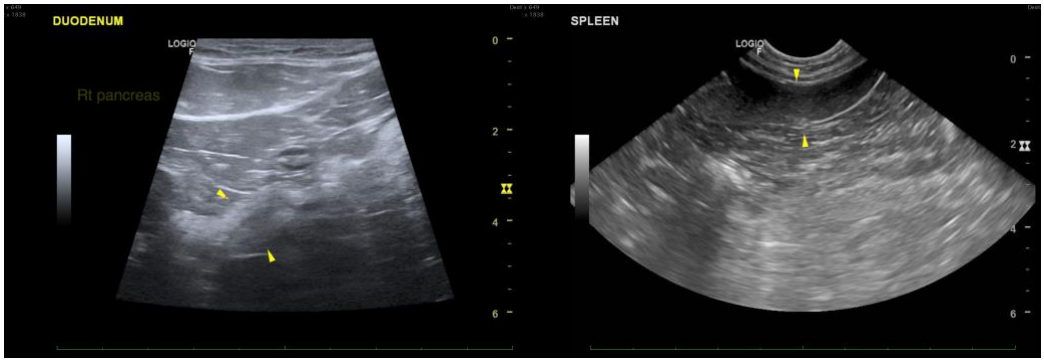
Dr. Hadley Harris

INVOICE

13080

DATE

12/16/21



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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com