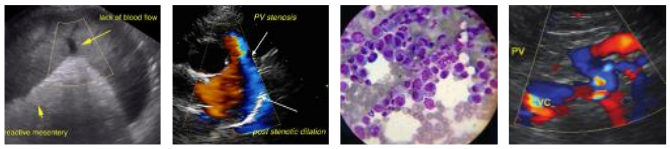
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Gucci McCollum

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

17 years 4 mos

WEIGHT

5.81

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ellen Puthoff

HOSPITAL NAME

Kings VH

REFERRING VET

Dr. Ellen Puthoff

INVOICE

10404

DATE

1/17/22

PRESENTING CLINICAL SIGNS

History: Continued slow weight loss over the past year. Diagnosed with chronic kidney disease May 2021 and started on kidney prescription diet. She has experienced continued weight loss of the past year. Normal drinking/appetite.

Abnormal PE/Chem/CBC/UA Results: Bloodwork showed mild Azotemia, hypercalcemia (11.4)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is small (2.80 cm in length); with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Moderate to severe pyelectasia is present (0.59 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is small in size (2.69 cm in length); with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Moderate to severe pyelectasia is present (0.69 cm in the longitudinal plane). There is no evidence of nephroliths, 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 (0.62 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.

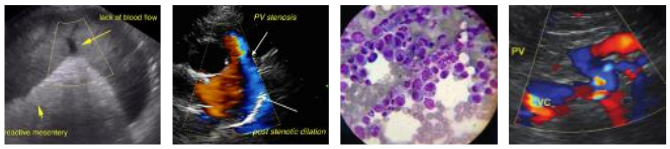
Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic 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 lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated mostly gravity dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderately 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 gas and chyme. The small intestinal wall thickness is normal with a



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normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion of the left limb, the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.13 cm in diameter)

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The region of the adrenal glands is evaluated. No obvious pathology is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral degenerative renal changes with pyelectasia. The pyelectasia may be secondary to pyelonephritis and/or age-related remodeling.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.

** An obvious cause for the patient's clinical signs is not identified in this study. Considerations include sarcopenia, underlying microscopic gastrointestinal disease, occult neoplasia, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI to further assess for maldigestion/malabsorption and pancreatic disease.
- A neurologic examination is also recommended, as weight loss is sometimes the sole complaint associated with primary brain tumors.
- Given the bilateral pyelectasia, consider a urine culture and sensitivity to assess for pyelonephritis.

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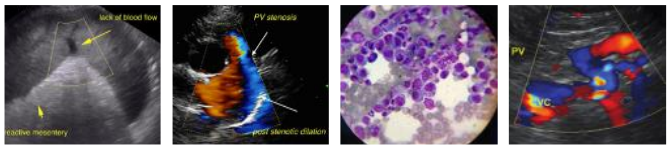

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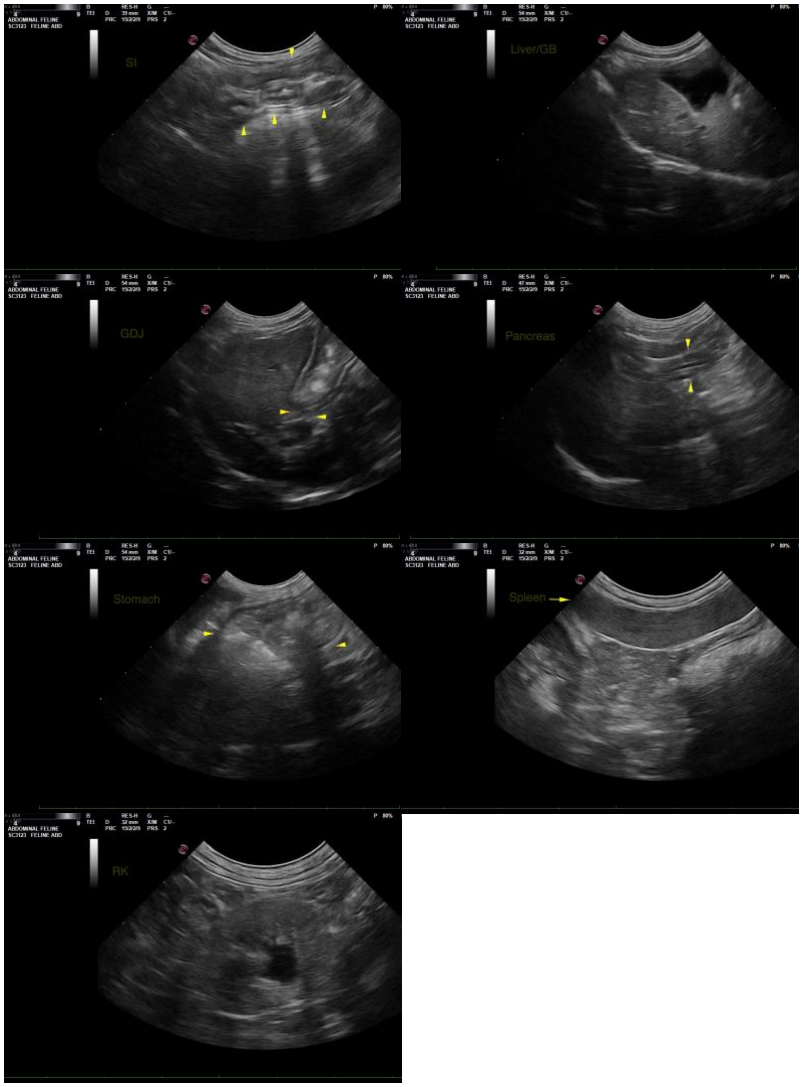

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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