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Clinical Sonography & Telecytology
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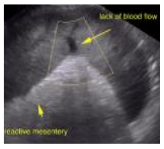
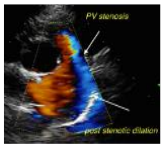
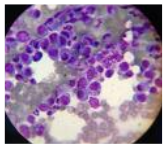
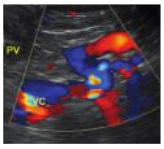

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1-800-838-4268 info@sonopath.com

PATIENT

Kevin Sullivan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 years

WEIGHT

6.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dianne McFadden

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Chun

INVOICE

10732

DATE

4/14/22

PRESENTING CLINICAL SIGNS

History: anorexia, chronic constipation and diarrhea; hypothermic.
Abnormal PE/Chem/CBC/UA Results: WBC 31.16 with neutrophilia; BUN >140, Crea 1.8, Phos >15, TP 10.2; Alb 3.9, glob 6.3, tbili 0.7, Na 173, K+ 10

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 is mildly to moderately distended. A moderate amount of mostly gravity dependent echogenic to mineralized debris is observed within the lumen. 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 normal size (3.55 cm in length); with an irregular shape. The cortex is variably thickened and hyperechoic. There is poor corticomedullary distinction. Nephroliths are visualized in the area of the renal pelvis, the largest measuring 1.50 cm in diameter. Trace pyelectasia is present. There is no obvious evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.37 cm in length); with an irregular shape. The cortex is variably thickened and hyperechoic. There is poor corticomedullary distinction. A cortical infarct is suspected at the lateral aspect. A large nephrolith (1.71 cm in diameter) is observed in the region of the renal pelvis. There is no obvious evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

The right adrenal gland is mildly enlarged (0.92 cm length; 0.76 cm width), with a slightly irregular shape. There is normal glandular echogenicity and detail. Surrounding vasculature are normal.

Spleen

The spleen is contracted (0.58 cm in width at the level of the hilus) with normal curvilinear peripheral contours. 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. Intrahepatic biliary tracts are normal. Hepatic veins are subjectively mildly dilated. No pathological hepatic lymphadenopathy observed.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderate fluid-distended and hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The majority of the small intestinal segments exhibit luminal dilation and hypomotility. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The wall of the descending colon is mildly thickened (up to 0.35 cm) with retention of the normal layering pattern. There is no evidence of an obstructive pattern.

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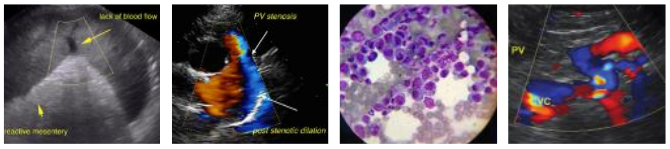

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Pancreas
The right limb is visible/prominent with normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The prophylactic deworming is not overtly dilated.

Free Abdomen
There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass. The patient appears bradycardic during the exam.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffuse gastrointestinal ileus, likely secondary to hyperkalemia and/or shock. The mild colonic wall thickening is likely secondary to inflammation with a lower possibility of emerging neoplasia.
- Bilateral chronic renal changes with nonobstructive nephrolithiasis and a suspected right cortical infarct.

Secondary Findings

- Urinary bladder debris/sand
- The mild right adrenomegaly may be secondary to stress, hyperplasia or less likely, neoplasia.
- The splenic contraction is likely secondary to dehydration.
- The mild hepatic venous dilation may be secondary to hypovolemia/shock, obstruction of the thoracic caudal vena cava (i.e., tumor, clot), pulmonary hypertension, or less likely, fluid overload.
- The pancreatic changes may be a normal variant for this patient or could be secondary to mild edema or pancreatitis.

**An obvious cause for the patient's clinical condition (i.e., shock and hyperkalemia) is not identified in this study. Considerations include urethral obstruction (if applicable), sepsis, renal failure, hypoadrenocortism (less likely), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Aggressive supportive care for shock is recommended, along with an attempt to lower the patient's potassium level (i.e., via fluid therapy, dextrose +/- insulin, +/- sodium bicarbonate). Also consider administration of calcium gluconate for its cardio-protective effects in patients with hyperkalemia.
- Chest x-rays are recommended to assess cardiopulmonary.
- A urine culture and sensitivity should be considered to assess for an occult urinary tract infection, particularly in light of the patient's sonographic renal changes.

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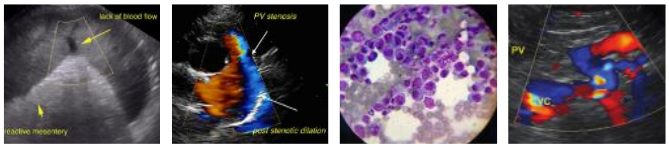

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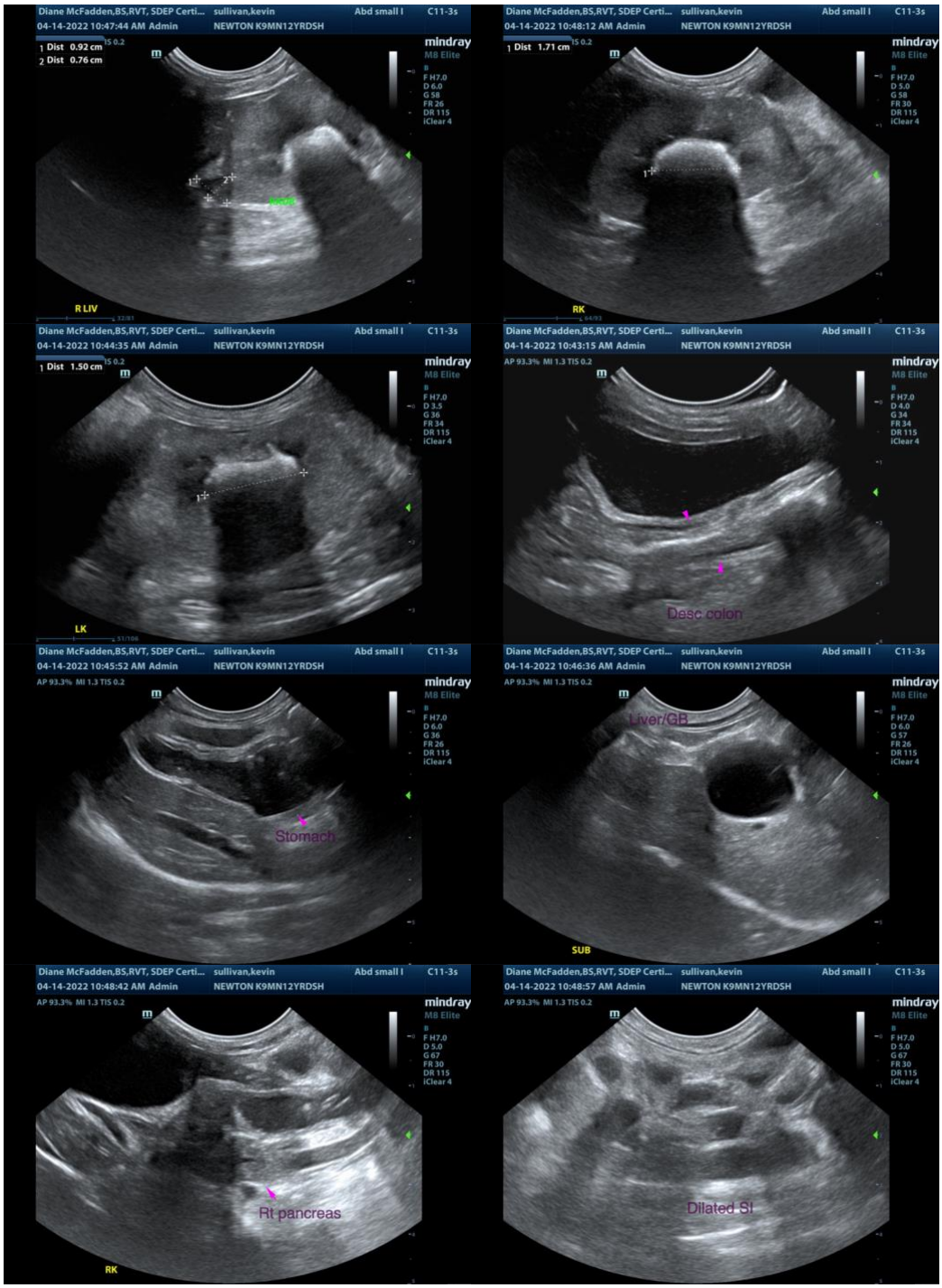
- Broad-spectrum antibiotics should be administered as empirical treatment for sepsis/shock



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.

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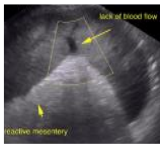
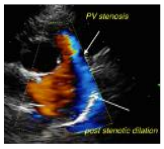
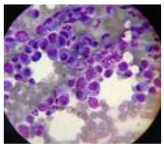
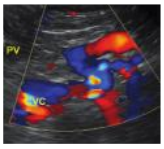

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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info@SonoPath.com