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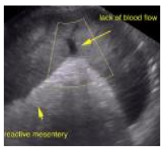
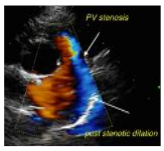
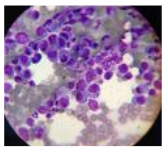
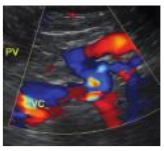

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1-800-838-4268 info@sonopath.com

PATIENT

Goldilocks Koch

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

11 Years 11 Months

WEIGHT

6.94 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Arpaia

INVOICE

10050

DATE

12/16/21

PRESENTING CLINICAL SIGNS

History: Thickened intestines palpated in exam, history of constipation, muscle wasting, continued weight loss, CKD Iris stage 3 diagnosed Oct 2017, Ongoing weight loss R/O progression of renal disease, IBD, sarcopenia, other. History of UTI- E.Coli P is getting weekly SQF, B-12 supplementation every 2 weeks, Lactulose, Fortiflora, started Elura today

Abnormal PE/Chem/CBC/UA Results: Vitamin D deficiency Chemistry profile - From 12/1/21: Renal chem wnel except: BUN 28 (14-36) Creatinine 3 (0.6-2.4) Calcium 11.4 (8.2-10.8) Na:K ratio 27 (32-41) From 9/28/21 Renal Chem: wnl except BUN 40 (14-36) Creatinine 3.9 (0.6-2.4) Renal chem: wnl except BUN 50 (14-36) -- prev 44 on 4/16/2021 Creatinine 3.1 (0.6-2.4) -- prev 3.0 on 4/16/2021 Ca 11.2 (8.2-10.8) -- prev 10.9 on 4/16/2021; CBC - Wnl; Urinalysis - USG 1.029 pH 6 urine chems: pro 1+ urine sedi: nsf MA: 1.8 (<2.5) Renal tech = positive

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 in size (2.32 cm in length); with an irregular shape. The cortex is variably thickened and heterogenous. There is moderate loss of corticomedullary distinction. A few nonobstructive nephroliths are visualized. A cortical infarct is suspected. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is small in size (3.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. The cortex is hyperechoic. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.54 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 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.

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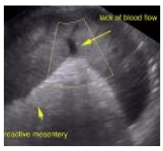
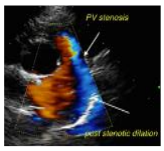
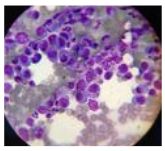
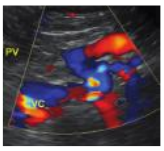

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Gastrointestinal

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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The body of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. Two to three mesenteric lymph nodes are visible, but not overtly enlarged.

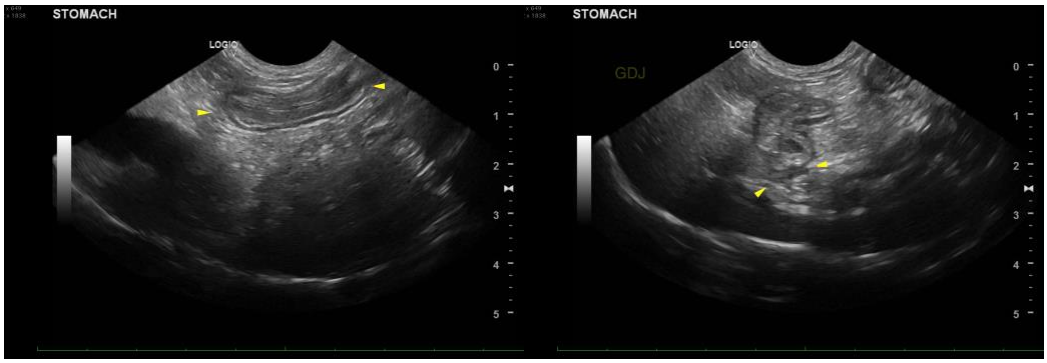
ULTRASONOGRAPHIC FINDINGS

- Bilateral age-related renal changes with left nonobstructive nephrolithiasis and a suspected left cortical infarct.
- The pancreatic changes could be consistent with mild chronic pancreatitis or may be a normal variant for this patient.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Also consider a GI Panel (send to Texas A&M) +/- fecal evaluation for ova and Giardia
- Given the presence of proteinurea, a UPC is recommended



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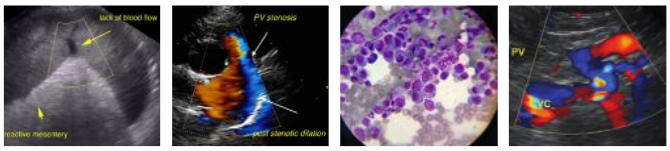

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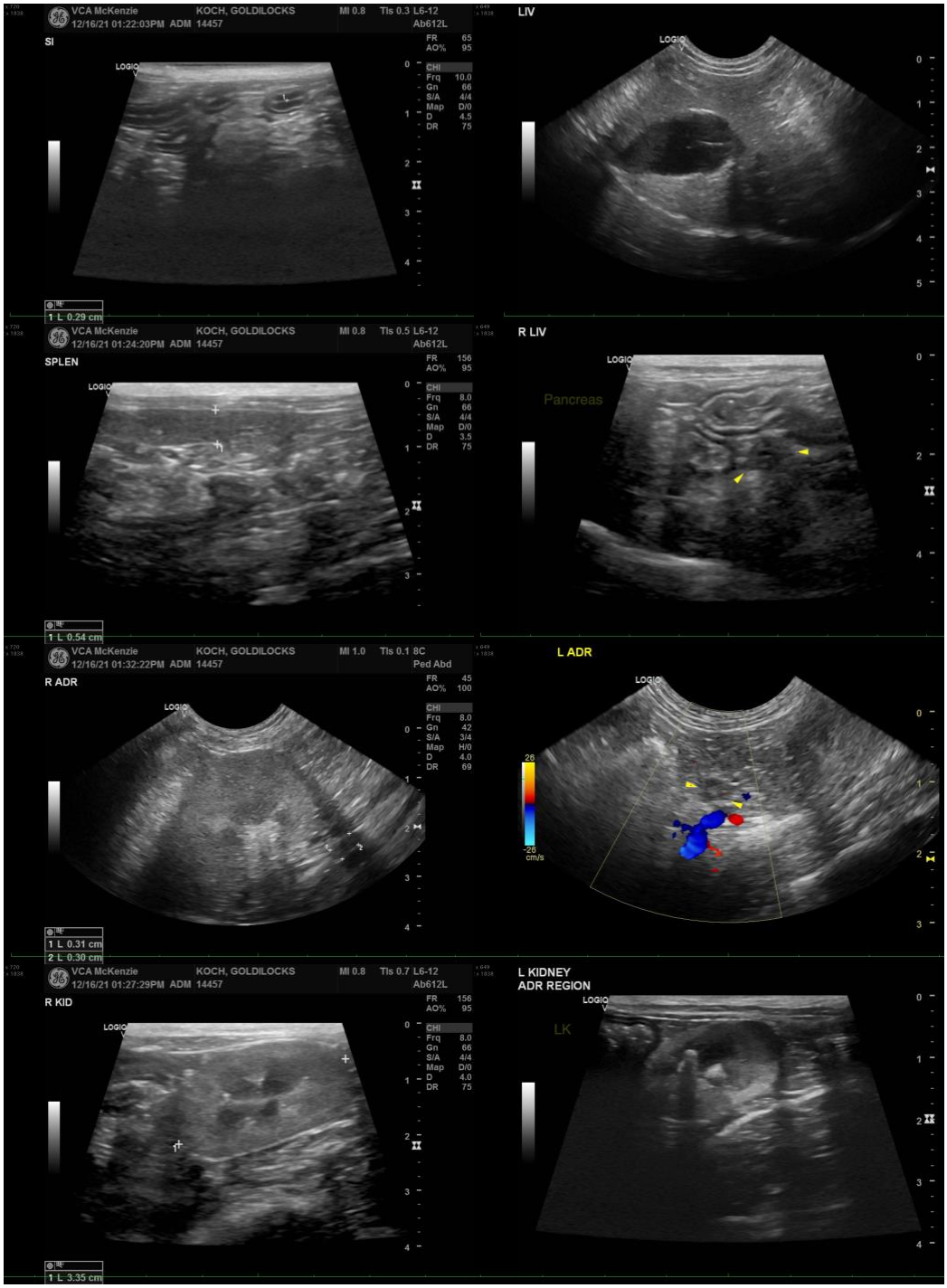

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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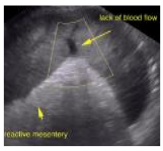

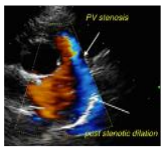

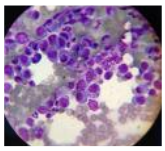
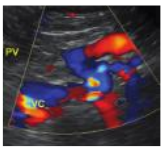

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