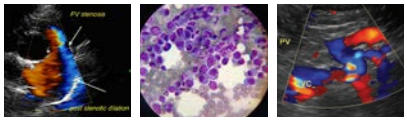
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

DATE

2/7/23

PATIENT

Gunner Kyger

SPECIES

Feline

BREED

DSH

SEX

Intact Female

AGE

4/12/22

WEIGHT

3 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Nexus Vet Specialists

REFERRING VET

Dr. Steele

INVOICE

44818

PRESENTING CLINICAL SIGNS

History of elevated BUN, splenomegaly and enlarged sub lumbar LN that have been static to improving on prior scans. Has remained clinically well.

Current Medications: None.
Lab Results: Last labs 11/15 showed BUN 72, creat 1.2, USG 1.026.
Date of Previous IntraPet Ultrasound: 11/15/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

LIMITED ULTRASONOGRAPHIC EXAMINATION

The right kidney is normal in size (3.9 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. A cortical cyst is noted. A hyperechoic band parallel to the corticomedullary border is present.

The left kidney is normal in size (3.79 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. A hyperechoic band parallel to the corticomedullary border is present.

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

Sublumbar lymphadenopathy is present with a lymph node measuring 1.32 cm long x 0.63 cm thick.

ULTRASONOGRAPHIC FINDINGS

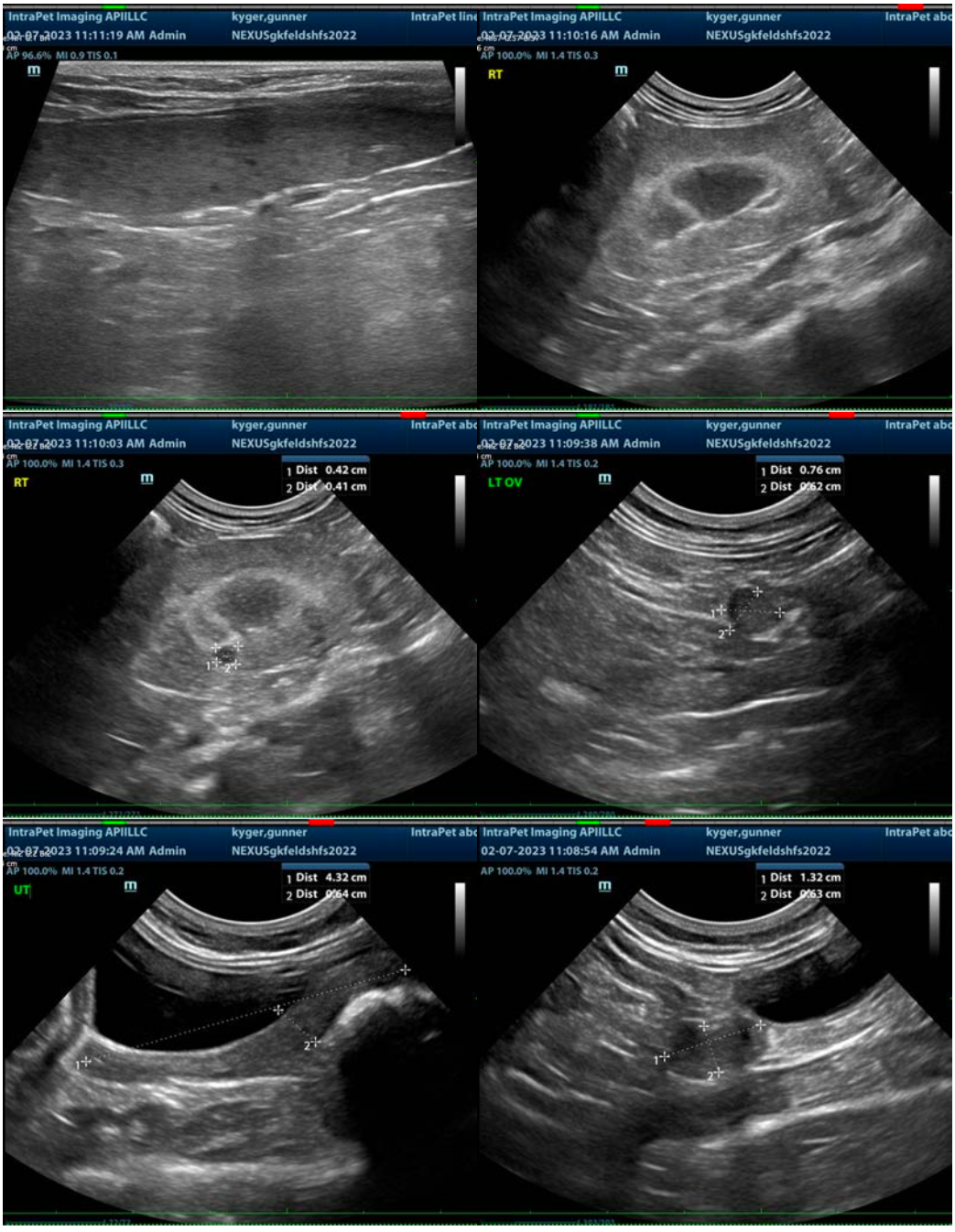
- **Bilateral medullary rim sign** - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.

- **Splenic micronodular hyperplasia pattern –** This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out. Given this patient's young age, this pattern was slightly more concerning. However, it is only visible with the most sensitive linear probe and is not progressing, so normal patient variant combined with prob sensitivity may be resulting in this appearance.

- Sublumbar lymphadenopathy remains present but appears static to previous exam.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations are to be provided by overseeing internist Dr. Cara Steele.


IntraPet Imaging APIILLC
kyger,gunner
NEXUSgkfeldshfs2022
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02-07-2023 11:10:16 AM Admin
AP 100.0% MI 1.4 TIS 0.3
RT
02-07-2023 11:10:03 AM Admin
AP 100.0% MI 1.4 TIS 0.3
RT
1 Dist 0.42 cm
2 Dist 0.41 cm
02-07-2023 11:09:38 AM Admin
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LT OV
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2 Dist 0.62 cm
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UT
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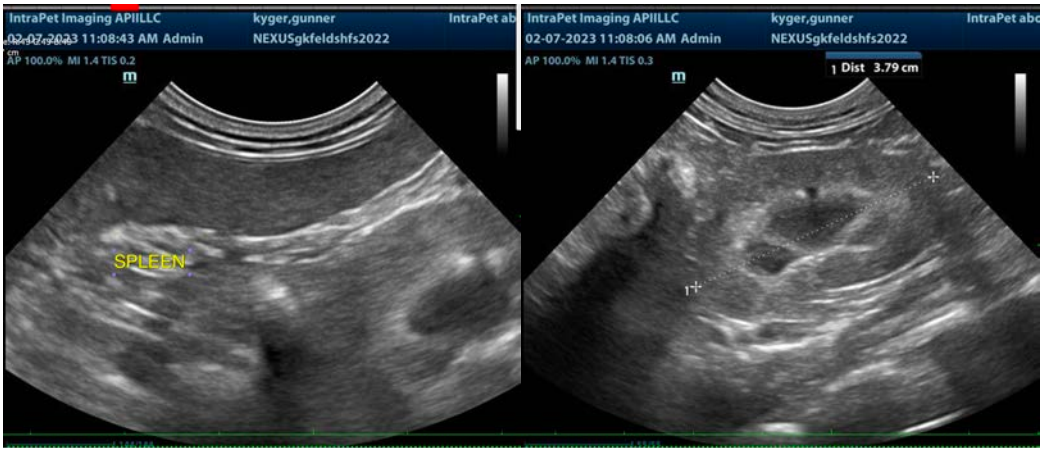
1 Dist 1.32 cm
2 Dist 0.63 cm



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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com