



PATIENT

Tuco Busca

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

7 Years

WEIGHT

8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Susanne Bush

HOSPITAL NAME

Great Miami VC

REFERRING VET

Dr. Susanne Bush

INVOICE

35874

DATE

3/3/22

PRESENTING CLINICAL SIGNS

Tuco presented on 2/28 for owner noting weight loss at home. He has a history of seasonal asthma and intermittent vomiting. His appetite has been normal and in the last few days has actually been increased. He is on prednisolone 5 mg three times weekly as needed to manage his asthma.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem From 2/28: RBC 3.66, HCT 18.7 (previously 36 1 year ago), HGB 6.1, BG 102, SDMA 18, Creat 3.4, BUN 94, Phosphorous 6.6, ALT 23, AST 11, SpecfPL 3.9, proBNP 110, T4 2.1 remainder of CBC/Chem WNL - attached UA From 3/3: USG 1.044, pH 5.0, Pro 30 mg/dL, Glucose 300, WBC 2/HPF, RBC 1/HPF, machine did not detect casts but non-hyaline casts suspected on review. Blood glucose 131 (drawn at same time as urine), HCT 15%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The left kidney is normal in size (3.6 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The right kidney is normal in size (3.7 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.29 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.30 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.
- Hyperechoic kidneys of normal size – This can be a normal variation in cats due to fat deposition. However, given the reported azotemia and urinalysis results consistent with a possible tubular defect, combined with reported pain upon kidney palpation, other differentials such as acute glomerular or interstitial nephritis, acute tubular necrosis, acute toxic insult or infection have to be considered as well.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a urine culture to rule out an occult urinary tract infection. If the culture is negative, a urine protein to creatinine ratio is recommended to better quantify the proteinuria. A blood pressure is also recommended if not recently evaluated.

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There is no ultrasonographic reason for this patient's weight loss despite a normal to increased appetite. However, maldigestion/malabsorption diseases are not uncommon with normal ultrasound. Therefore, a gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended for further assessment of gastrointestinal function.

REFERRING VET

Dr. Susanne Bush

Given the patient's history of Prednisolone administration combined with polyphagia and weight loss, diabetes mellitus is a differential. However, this patient's blood glucose has reportedly been normal. Glucosuria is present, which, in the face of normal glycemia, is concerning for renal tubular disease. Therefore, if hyperglycemia does not develop, therapeutic recommendations include management of this patient's kidney disease and suspect renal tubular defect.

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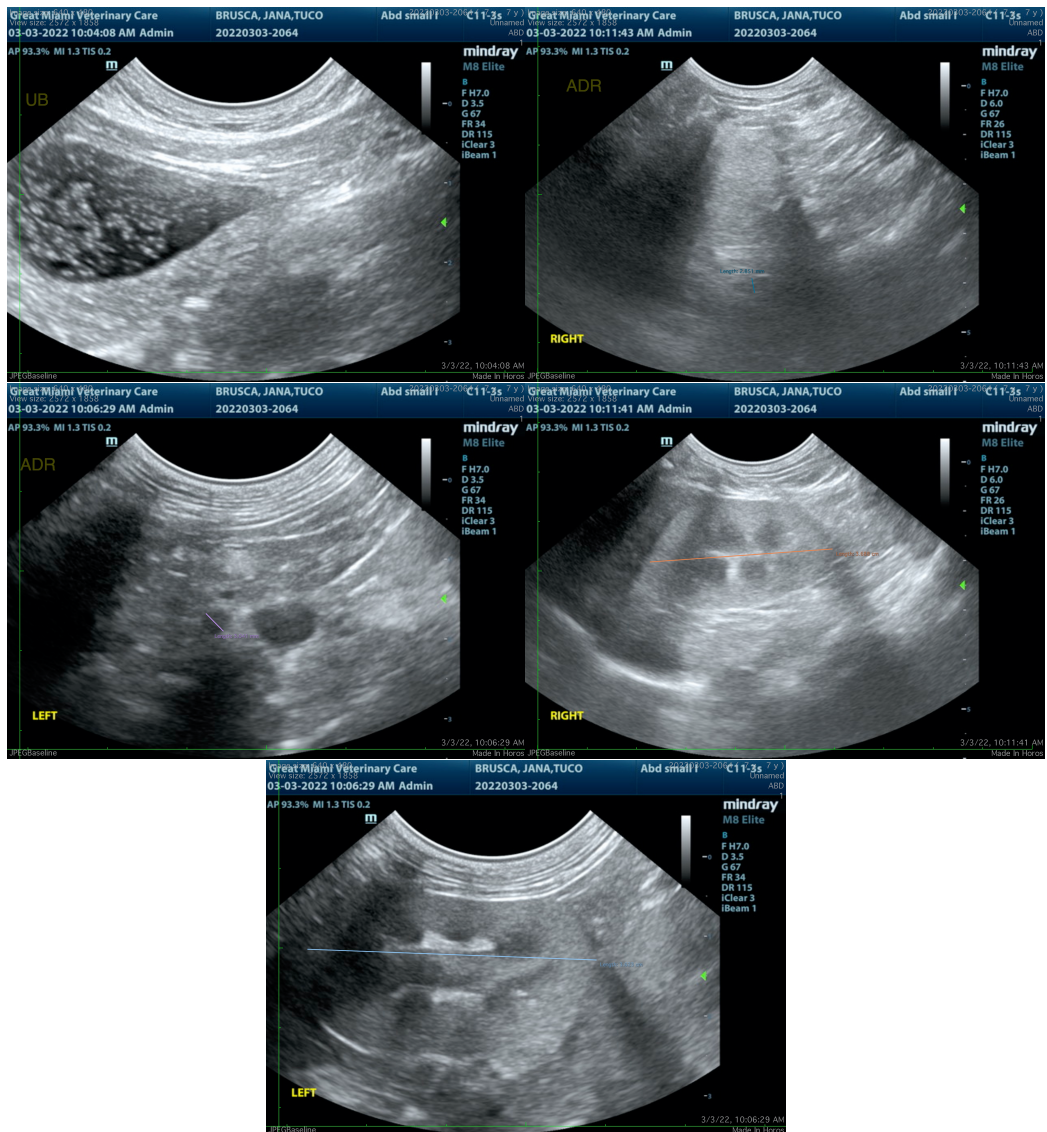
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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