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Clinical Sonography & Telecytology
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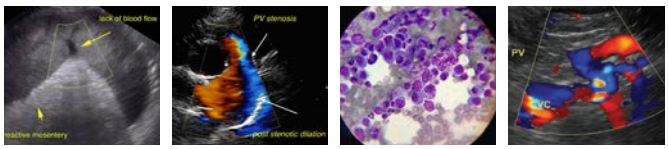

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1-800-838-4268 info@sonopath.com

PATIENT
Mia Miller

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
9 Years

WEIGHT
2.75 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Sarah Barthelemy

HOSPITAL NAME
Fish Creek PH

REFERRING VET
Fish Creek PH

INVOICE
43691

DATE
7/2/23

PRESENTING CLINICAL SIGNS

2 week history of weight loss with hyporexia. Vomiting after eating. Hx of esophageal reflux. General cachexia. Has been on IVF in hospital and eating small amts wet food only.

Abnormal PE/Chem/CBC/UA Results: Mild azotemia which has improved with IVF therapy. Creatinine mildly elevated 156. Radiographs showed mineralization within kidneys.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. Punctate non-obstructive nephroliths are noted in both kidneys. The left kidney is normal in size at 3.77 cm. The right kidney is small, measuring 2.95 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.40 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.56 cm), 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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. The pyloric outflow tract contains similar appearing material. However, there is some progressive shadowing that can be seen with a hairball. No distention is present to suggest obstruction, but foreign material/hairball can't be definitively ruled out.

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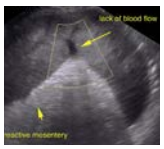
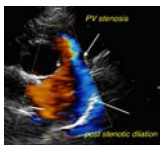
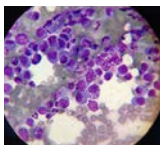
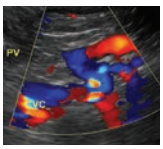

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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

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

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.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Chronic Kidney Disease with punctate non-obstructive nephrolithiasis bilaterally – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

- The gastrointestinal contents are most consistent with normal ingesta and some gas. Having said that, there is some shadowing in the pylorus that can be seen with a hairball. However, there is no evidence of distention to suggest obstruction in these images at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported weight loss and the chronicity of the gastrointestinal signs, further evaluation of absorption, digestion, etc. is recommended.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Additionally, if not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

In the meantime, in addition to diuresis, as is reportedly already in place, as well as supportive/symptomatic medical management of gastrointestinal signs, empirical deworming with a 5-day course of Panacur could be considered, as could an appetite stimulant, and when the patient is reliably eating, transition in diet could be considered based on trial and error response, potentially considering a hydrolyzed protein diet pending response of kidneys to diuresis, etc.

Ultimately, if gastrointestinal signs, especially the vomiting, persist, an exploratory laparotomy could be considered with close evaluation of the stomach/pylorus for evidence of an intermittently obstructive hairball, as well as biopsies of the GI tract to further investigate a possible subtle emerging infiltrative bowel disease.

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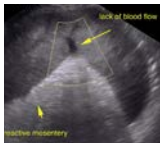
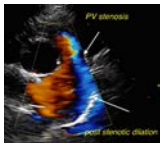
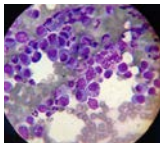
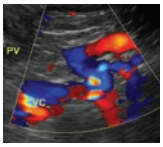

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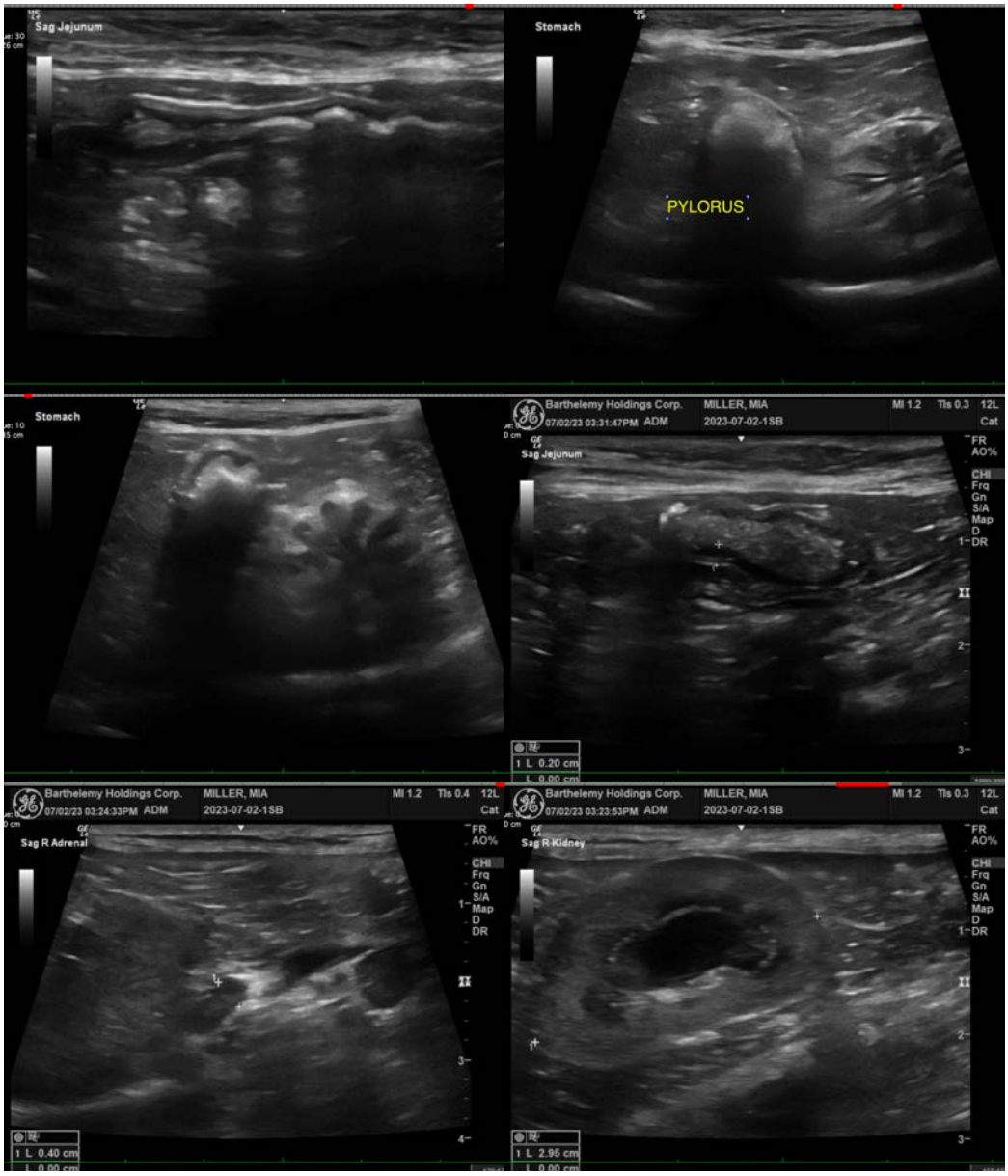

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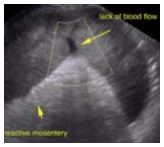
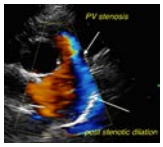
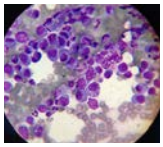
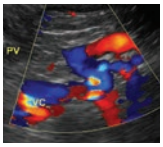

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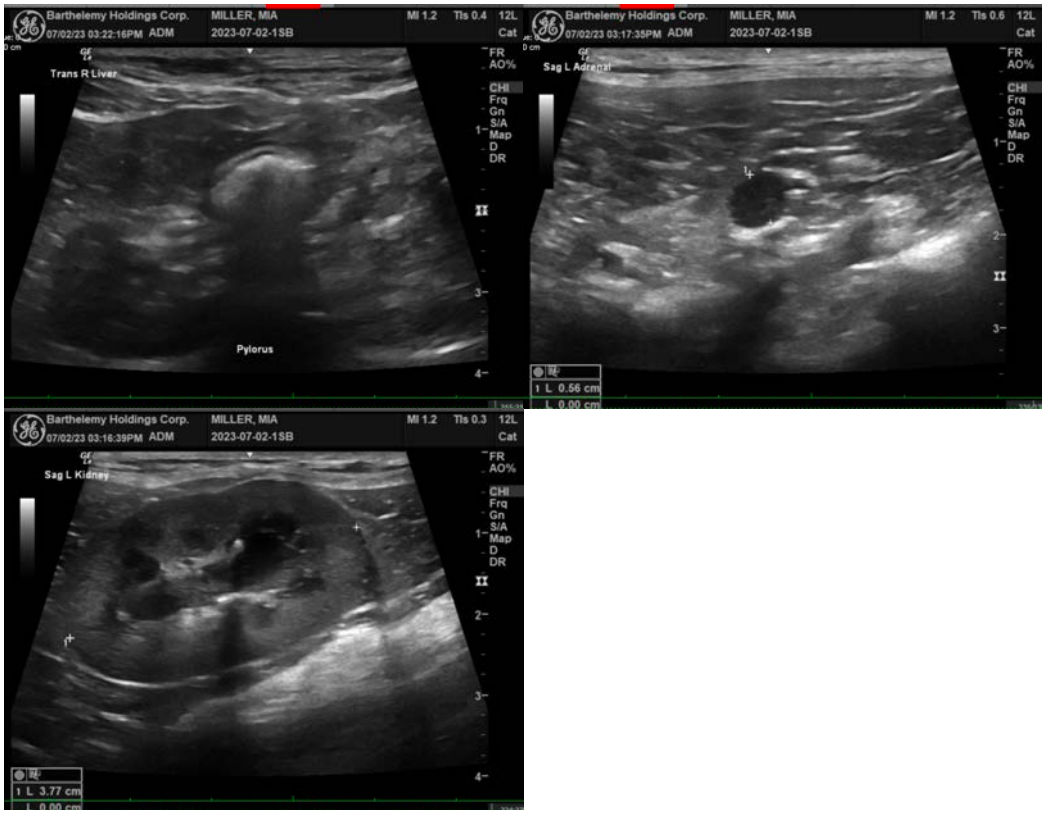

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com