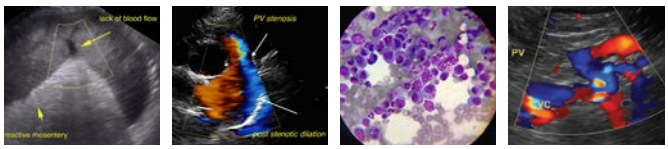
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Kennedy Hernandez

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

12 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General
on the Hudson

REFERRING VET

Dr. Vivian Ng

INVOICE

40726

DATE

8/24/22

PRESENTING CLINICAL SIGNS

Patient presents for grade 2/6 systolic murmur, history of possible collapse, ALT 141K 3.2, urinary issues, pollukuria, stranguria. Meds: Convenia, Prazosin, and Gabapentin.

Abnormal PE/Chem/CBC/UA Results: ALT 141, K 3.2, glucose 163. Urine culture pending, USG 1.043.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic fluid contents as well as an abundant, large amount of echogenic, non-shadowing debris and mineral/crystal debris. No masses or discrete cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.9 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.

The left kidney is normal in size (3.4 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. A chronic infarct is noted at the cranial pole of the left kidney. There is no evidence of pyelectasia or mineral.

Adrenal Glands

The right adrenal gland is normal in size (0.49 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The area of the left adrenal gland is examined without evident pathology.

Spleen

Spleen is largely normal in appearance (shape, echotexture and echogenicity); however, it is volume contracted. Hydration status assessment is recommended.

Liver

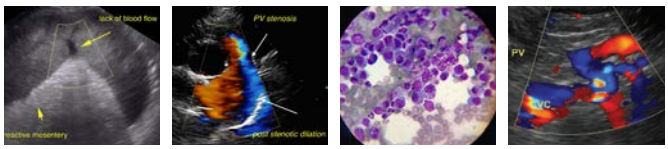
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal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

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. Pyloric outflow tract appears patent. Some gas decreases visualization of the far wall.

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



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per min). The lumen of the small intestine is empty with 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

- Large amount of urinary bladder debris – most consistent with crystals and exfoliated cells, mucus, potentially small blood clots, etc.

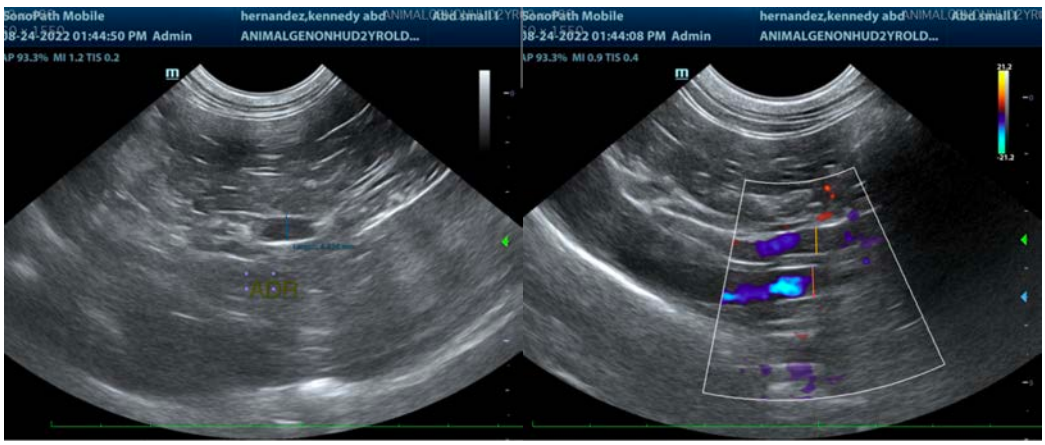
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include the urine culture that is reportedly already pending as well as an echocardiogram, which is reportedly already being performed. Based on these ultrasound images, the chances of an extrahepatic portosystemic shunt are minimal. However, given this patient's urinary signs, history of collapse, increased ALT, etc., bile acids are recommended to rule out another cause of decreased hepatic function, if not recently evaluated.

In the meantime, in the face of negative urine culture(s) and no cystoliths, masses, etc., these urinary signs are most consistent with sterile cystitis or feline lower urinary tract disease (FLUTD).

Recommendations include maximizing water consumption (water fountains, canned food, etc) as well as reducing stress (recommendations can be found at Indoor Cat Initiative out of The Ohio State University CVM). Transition to a urinary health diet such as Royal Canin Urinary SO (or similar) could also be considered.

Pending the echocardiogram results, other empirical therapy of possible hepatic encephalopathy with antibiotics, lactulose, liver diet, etc. could be considered on a trial and error basis to see if that helps the reported collapse episodes while awaiting bile acid results.



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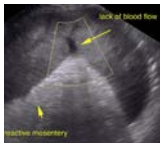
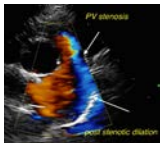
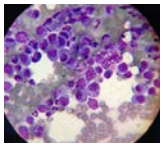
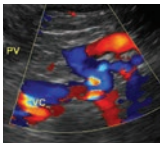

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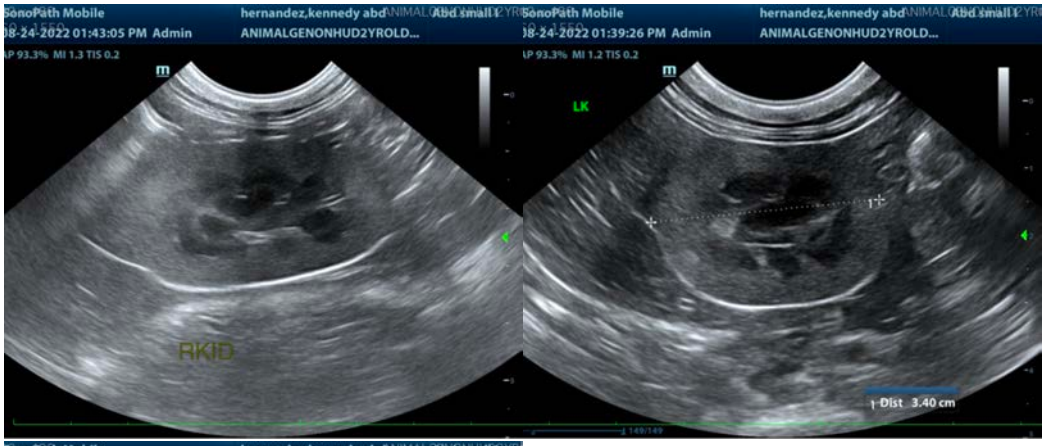

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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