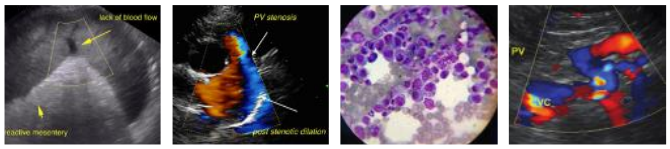
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Maggie Forlin

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

16.5 Years

WEIGHT

2.77 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Dennison

HOSPITAL NAME

Castelgar VH

REFERRING VET

Dr. Dennison

INVOICE

2-153

DATE

12/16/22

PRESENTING CLINICAL SIGNS

History: Heart murmur. Hyperthyroidism controlled with Tapazole. Weight loss; picky eater. Chronic renal disease, ~ IRIS stage 1 Squamous Cell Carcinoma under tongue, slow growing, Dx June 2021. Persistent bacteriurea. Owner cannot medicate well at home. Prior good attempts (forced pilling, proper dosing and repeated cultures) at eliminating bacteria have failed. - We have opted monitoring approach and have been monitoring routinely with BW + UA (if we can collect urine sample - sometimes eliminates on the way here) approx every 3 months. - Lately, WBC in urine have been increasing. Concerned for Pyelonephritis.

Abnormal PE/Chem/CBC/UA Results: - Lately, WBC in urine have been increasing. Concerned for Pyelonephritis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The left **kidney** is decreased in size compared to the prior sonogram. The left kidney measured 2.67 cm. Slight pyelectasia was noted in the left kidney. Minor pericapsular pattern was noted around the left kidney. The right kidney is similar to the prior sonogram. The right kidney measured 3.3 cm. Minor corticomedullary mineralization was noted. Cortical infarcts and remodeling were noted in the kidneys. Blood flow to the kidneys appeared to be adequate on power doppler assessment.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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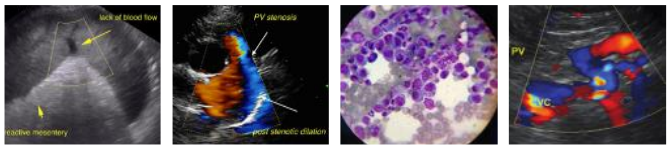

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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. This is a mild change.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes in both kidneys with subnormal size and pyelectasia in the left kidney
- Minor intestinal thickening
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both prerenal and renal disease may be playing a role in this patient. The left kidney has decreased in size; however, the right kidney is largest similar to the prior sonogram from size standpoint, however, further remodeling has occurred. The kidneys do not appear end stage. 72-hour IV fluid protocol is warranted. No evidence of metastatic disease. The cause of weight loss is unclear. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. Minor pyelectasia in the left kidney may be a chronic source for pyelonephritis.

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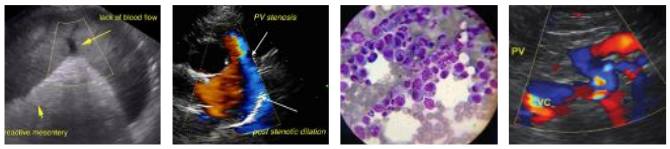

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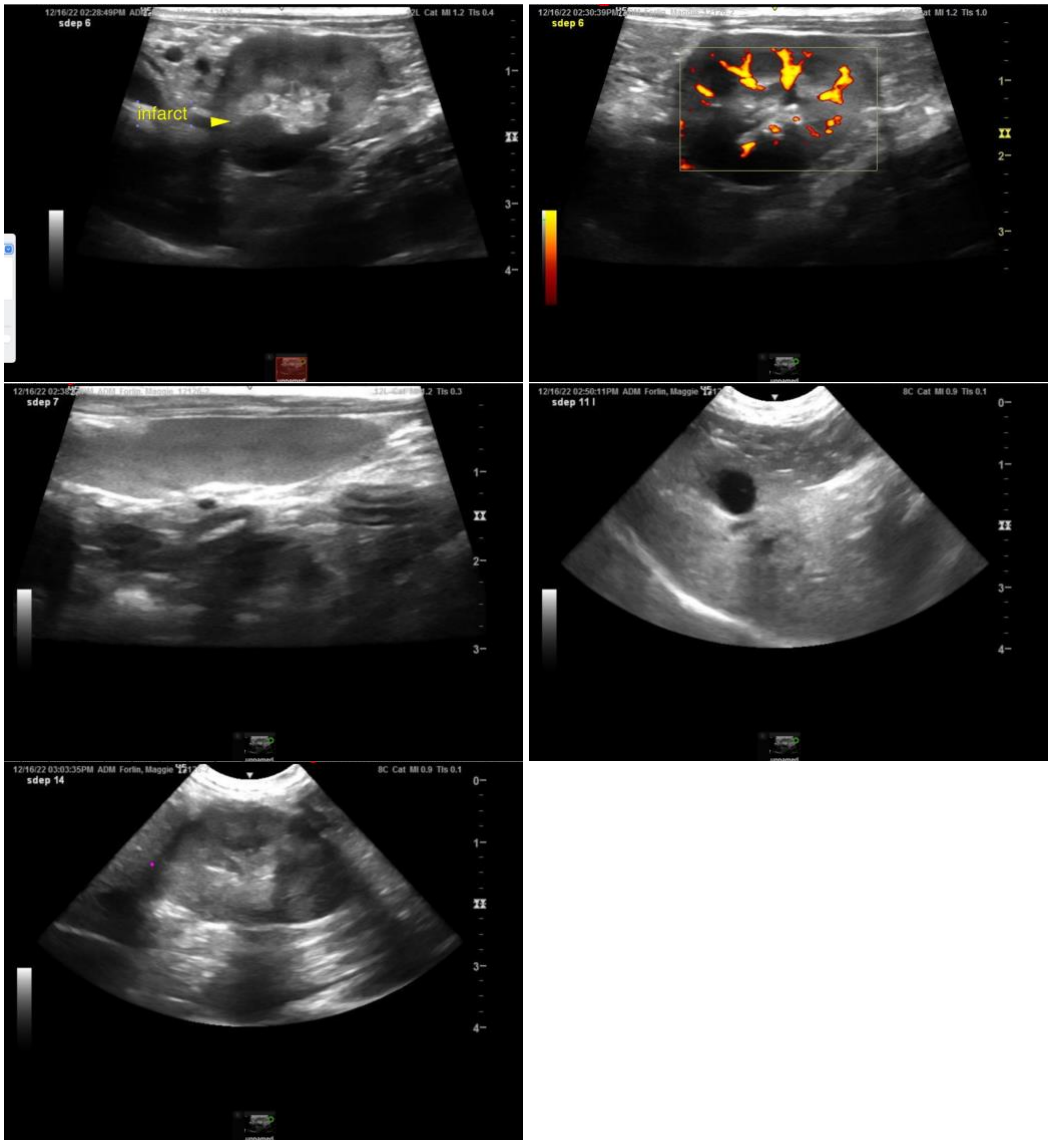

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com