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Clinical Sonography & Telecytology
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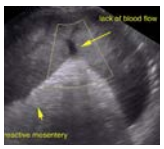
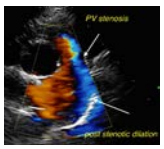
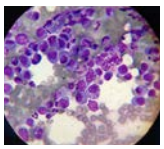
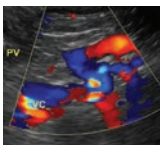





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Walker Ricker

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

9.3 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Megan Cassels-Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Janeen Lezcano

INVOICE

42358

DATE

10/26/22

PRESENTING CLINICAL SIGNS

P has hx of bacteriuria, decreased appetite and weight loss since 3/2021. P was dewormed then and patient was lost to follow up. P later presented in 10/2021 for stranguria and dx w bacterial cystitis (E coli). P was lost to follow up again until was presented again for recurrence of urinary issues. P was treated again for E coli cystitis and once again lost to follow up. In 9/2022 p was presented for weight loss, decreased appt and PU/PD. P had bacteriuria (E coli), treated for bacterial cystitis/pyelonephritis for 1 month duration with out any improvement in appetite, weight or azotemia. On PE p has a BCS of 4/9, grade 3/6 systolic HM and gassy loops of bowel. P then had acute onset of vomiting last 3-4 days.

Abnormal PE/Chem/CBC/UA Results: 10/25/2022: UA: SG: 1.016, quiet sediment, off orabx for 4 days radio consult: normal thorax, slightly misshaped kidneys, small stone in diverticular region of L kidney. CBC: HCT: 33, brief chem: K: 3.2L, creat 2.0 10/18/2022: 2 weeks on Orbax, CBC: NSF, brief chem: creat: 1.8 10/6/2022: UA: SG: 1.016, quiet sediment 9/20/2022: CBC: Hct: 31, Chem: creat: 1.7, T4: 2.1, UA: SG: 1.016, 1+mprot, pyuria, bacteruria (rods), UCS: E coli

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.84 cm) with small non-obstructive nephroliths and very mild pyelectasia at 0.17 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.49 cm) with very mild pyelectasia at 0.13 cm and pinpoint non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.20 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

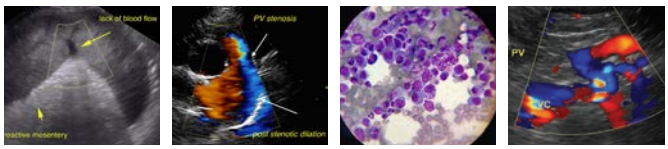
The right adrenal gland is normal in size measuring 0.22 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.23 cm. Duodenum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with pinpoint non-obstructive nephroliths and very mild pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary findings on today's scan were renal changes most consistent with chronic progressive renal disease. Recommend a blood pressure evaluation. The pyelectasia observed is likely not clinically significant, similar to the small mineralizations observed.

The urinary bladder appears normal with no obvious cause for the recurrent urinary tract infections observed.

- Examine the external conformation.
- Consider a cranberry supplement.
- If this is a long-haired cat, recommend hygienic clipping, etc. and strict adherence to cultures and sensitivities to base treatment in addition to culturing post-treatment to ensure that the infection has cleared. Recommend chronic probiotic therapy.

I cannot definitively rule out the possibility of an ectopic ureter, a diverticuli, etc., although this seems unlikely. A contrast study would likely be necessary to definitively rule these out.

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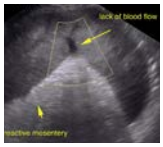
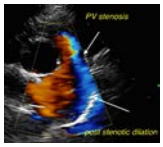
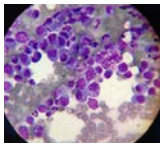
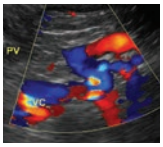

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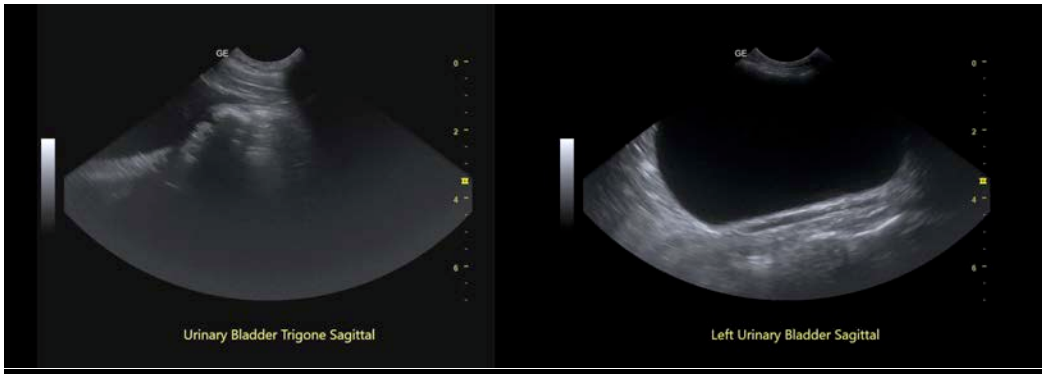

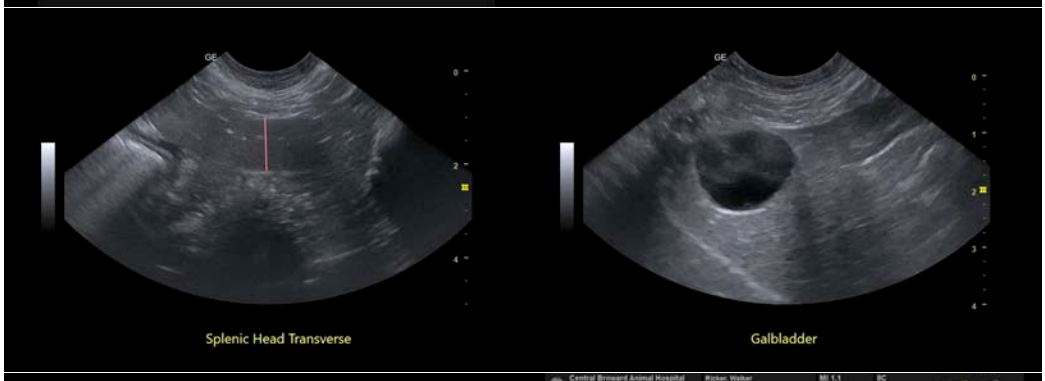

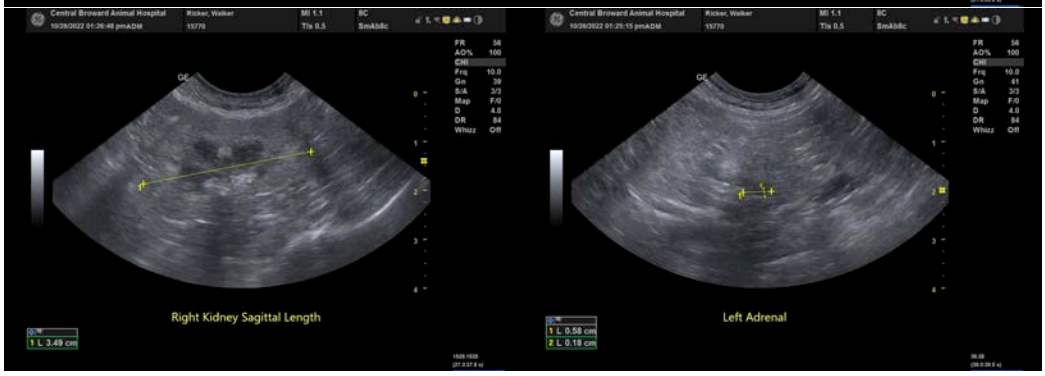

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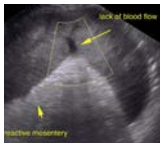
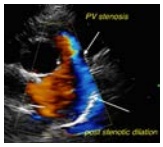
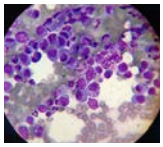
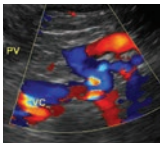

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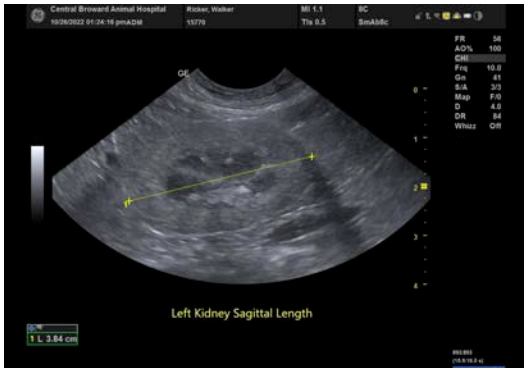

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com