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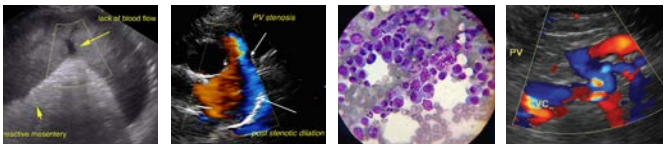

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1-800-838-4268 info@sonopath.com

PATIENT

Percy Fultz

SPECIES

Feline

BREED

Exotic Shorthair

SEX

Neutered Male

AGE

16 Months

WEIGHT

2.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

33800

DATE

12/29/21

PRESENTING CLINICAL SIGNS

Presented at our hospital for possible FB surgery. Patient was seen at rDVM today. Bloodwork and radiographs were done. He was started on IV fluids. Previous Health Concerns: none Current Medications: Cerenia, Famotidine Ondansetron Vit B 12 and Buprenex (all injections) Appetite/When did they eat last: not eating for 2 days
Abnormal PE/Chem/CBC/UA Results: rDVM rads – renal mineralization bilat, increased gas and fecal material in colon, stomach empty; Blood work (rDVM) – BUN 88, Creat 4.4, SDMA 28, TP 9.8, Glob 6.8, Na 171, Alb/Glob 0.4; FeLV/FIV/HW - neg Suspicious of previous pu/pd that owner reports he has always had and now seeing mineralization on radiographs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.39 cm). Overall echogenicity is significantly increased with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. There is some evidence of mineralization in the medullary area of the kidney. Renal vasculature is normal.

The right kidney has a normal shape and size (3.89 cm). Overall echogenicity is significantly increased with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. There is some evidence of mineralization in the medullary area of the kidney. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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.

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

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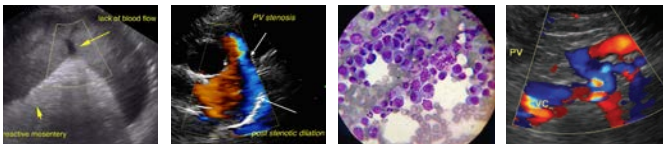

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Gastrointestinal

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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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 increased echogenicity – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no dramatic focal lesions associated with the kidneys. They are overall hyperechoic and have a lack of corticomedullary distinction, particularly for a cat this young. This is a non-specific finding, which can be seen with some congenital issues, glomerulonephritis, some toxicities, infections, etc. Consider:

- Recommend blood pressure evaluation.
- Consider protein electrophoresis for the elevated globulin (lymphoma and GIP could be possible differentials.
- Recommend urinalysis and urine culture.
- Recommend urine protein/creatinine ratio.
- Recommend diuresis and supportive care for underlying renal disease.
- Recommend 3-view thoracic radiographs to evaluate for concurrent intrathoracic disease.

The kidneys are relatively normal shape, so renal lymphoma seems less likely, but if this is suspected, a fine needle aspirate of the kidney could be considered.

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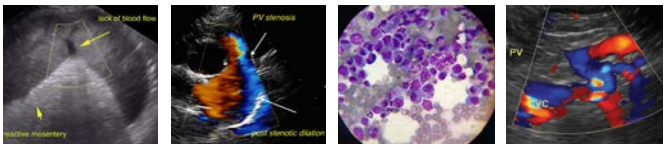

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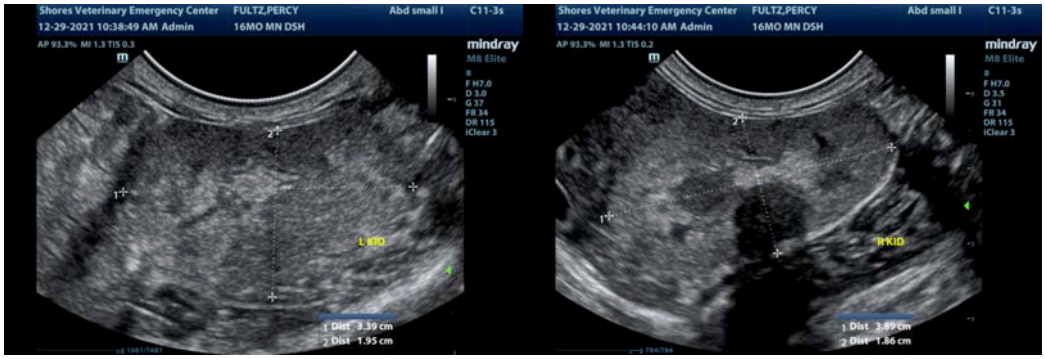

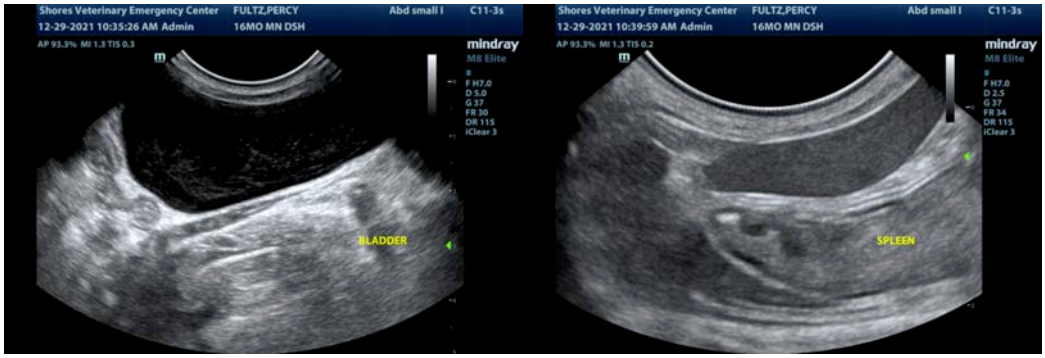

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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