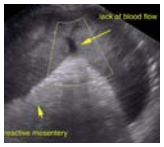
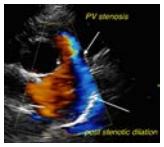
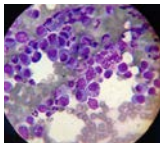
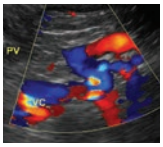
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Moshi Weshner-Dunning

SPECIES

Feline

BREED

Snowshoe

SEX

Spayed Female

AGE

4 Years 3 Months

WEIGHT

7.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Samantha Hudgins

HOSPITAL NAME

Petvacx AH

REFERRING VET

Dr. Samantha Hudgins

INVOICE

44951

DATE

2/8/23

PRESENTING CLINICAL SIGNS

Approximately 1 month of decreased eating and increased drinking. Owner reports that Moshi is using the litter box more. New cat in the home since October - Moshi does not get along well with it.

Abnormal PE/Chem/CBC/UA Results: Elevated BUN (43), elevated sodium (165), elevated Anion gap (28), T4 (2.9). Otherwise CBC/Chem/U/A is within normal limits.

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 (4.26 cm) with a small cortical cyst. Overall echogenicity is normal with adequate 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small (1.5 cm) and slightly irregular with very little normal architecture and hyperechoic cortex. Findings are most consistent with a dysplastic kidney.

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 is visualized.

The right adrenal gland is normal in size measuring 0.47 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 (0.83 cm), 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.

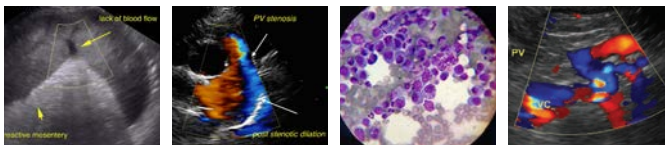
Liver

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 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.



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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 0.24 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 area of 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

- Small right kidney with minimal normal renal architecture – Findings are most consistent with a congenitally dysplastic kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right kidney is small and slightly irregular. This is likely a congenital change or due to renal injury early in life. No other focal lesions were visualized to explain the decrease in appetite reported. This could be due to renal disease. Consider a urine culture, blood pressure, urinalysis, and urine protein to creatinine ratio. Additionally, you could have underlying gastrointestinal disease, which does not always have prominent ultrasonographic features, or other issues such as behavioral (stress due to new housemate) that are impacting eating behaviors, etc.

Consider the renal workup as described above. You could also consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate, looking for any evidence of underlying gastrointestinal disease. Additionally, symptomatic therapy with appetite stimulants +/- nausea meds, etc. and strategies for reducing stress in the household.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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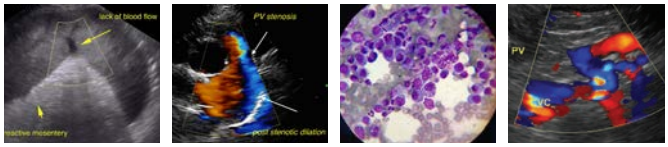

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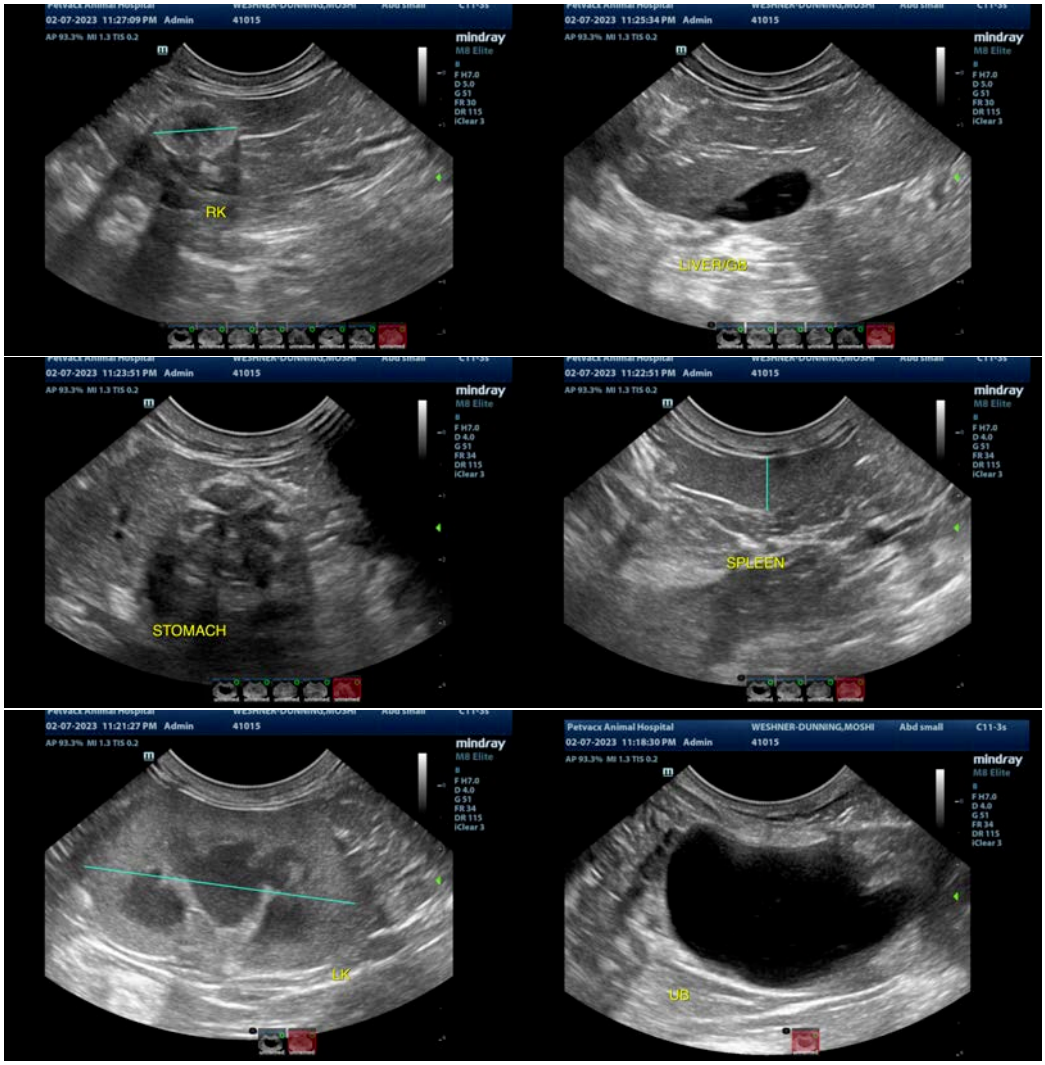

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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