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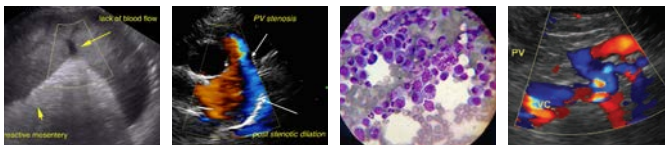

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Lily Garrison

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
13 Years

WEIGHT
7.2

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

IMAGING PERFORMED BY
Dr. Hadley Harris

HOSPITAL NAME
TotalBond VH

REFERRING VET
Dr. Sara Toner

INVOICE
46445

DATE
4/5/23

PRESENTING CLINICAL SIGNS

Presented for acute weakness, vomiting, and diarrhea on 4/4. On presentation, patient thin, est 8% dehydrated, generalized muscle wasting, and generalized weakness. Labs revealed ALT 388, BUN 35, Cr 1.4 (pre-renal vs renal), K+ 6.4, BG 50. BP systolic 90. Initiate strategic supportive care pending supportive care: IVC/fluids, Cerenia, IV dextrose, syringe-feeding, clindamycin. Hypoglycemia normalized. No V+/D+ overnight, but minimal improvement in overall attitude. 4/5- methimazole initiated for hyperthyroidism (T4 6.9), continued hospitalization. BG normalized at 91. BUN increase to 61, Cr 1.6 (R/O GI bleed, FB, renal). P increase to 10.6, K 5.9. Modified upper GI study performed- barium still in stomach 5 hours post eating. Refer for full AUS. DDX- acute on chronic kidney failure, GI foreign body, neoplasia, other.

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 (3.46 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.99 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 pyelectasia, nephroliths, infarcts or hydroureter. 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 is visualized.

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 is visualized.

Spleen

The spleen is subjectively normal in size (0.85 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 large in size. The parenchyma is hyperechoic and heterogeneous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a small hypoechoic lesion measuring 0.58 cm, most consistent with a hepatic cyst.

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.

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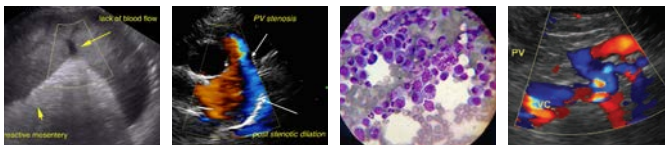

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Gastrointestinal

The stomach contains a moderate to large amount of fluid. 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.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild to moderate 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. Duodenum wall measures 0.21 cm. Jejunum wall measures 0.16 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 – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Large, heterogeneous, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Fluid distended stomach – This could be consistent with the barium, given that there appears to be some fluid visualized in the duodenum. No obvious obstructive material is observed. The outflow tract is not clearly observed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are changes visualized associated with both kidneys, consistent with likely chronic renal disease, possibly an acute on chronic crisis. Recommend blood pressure evaluation, urinalysis and culture. Additionally, starting Methimazole may cause values to rise. Consider a reduced dose.

The liver appears somewhat hyperechoic and heterogeneous. This is a non-specific finding. No significant focal lesions are observed. If this patient is feeling better, you could consider a fine needle aspirate of the liver, provided coagulation parameters are normal, pre- and post-prandial bile acids to evaluate liver function, and screening for toxoplasmosis.

There is a moderate to large amount of fluid visualized in the stomach. This could be consistent with the barium administered previously. Some of this appears to be within the duodenum (correlate with radiographs). No obvious obstruction is visualized but the outflow tract is not clearly observed.

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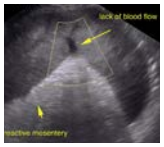
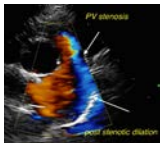
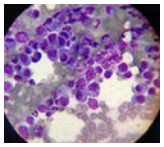
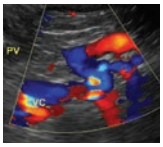

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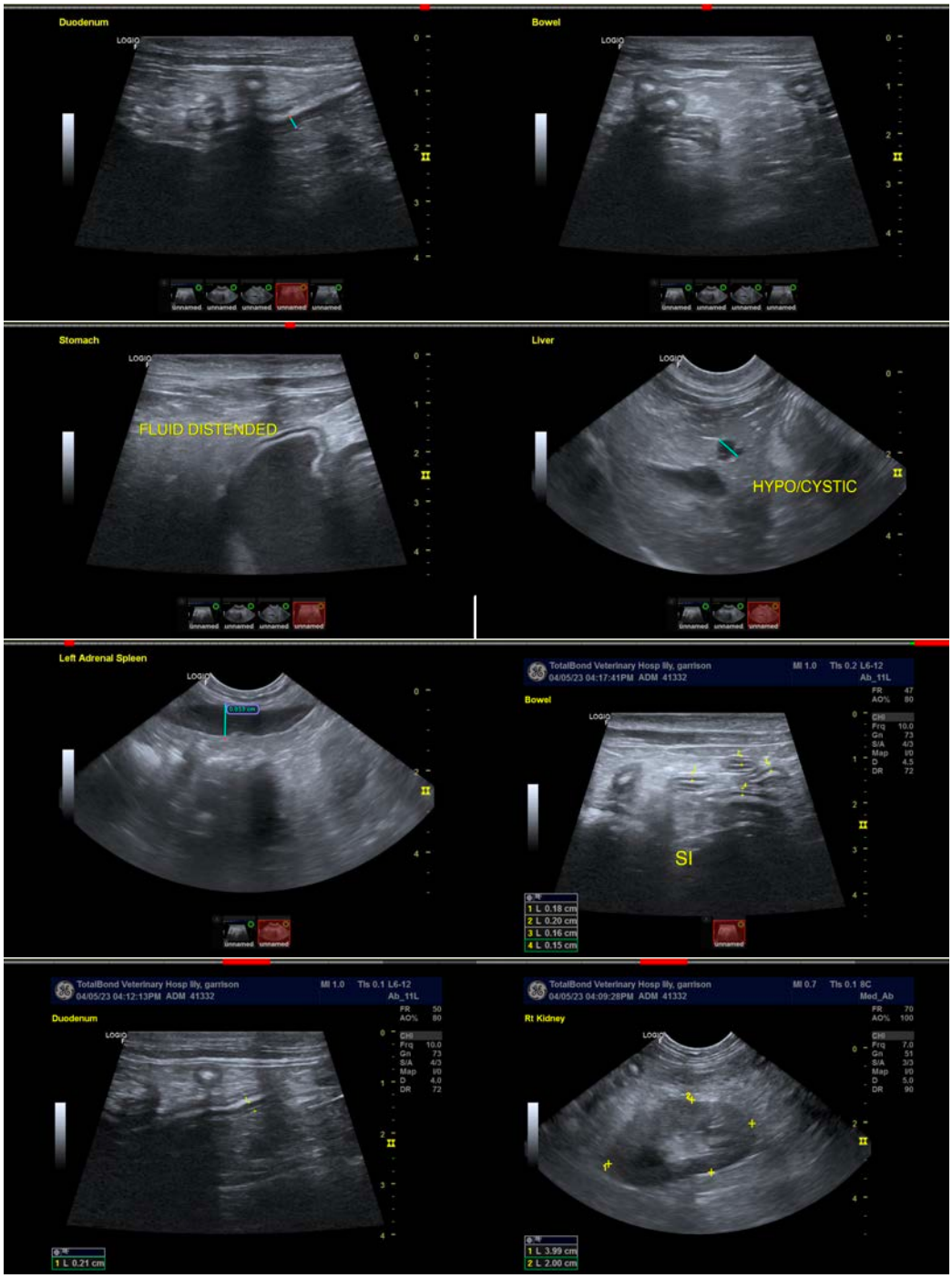

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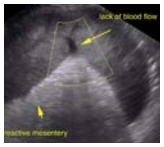
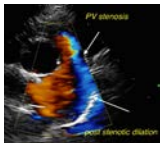
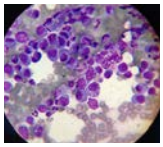
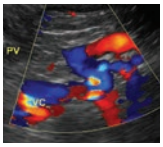

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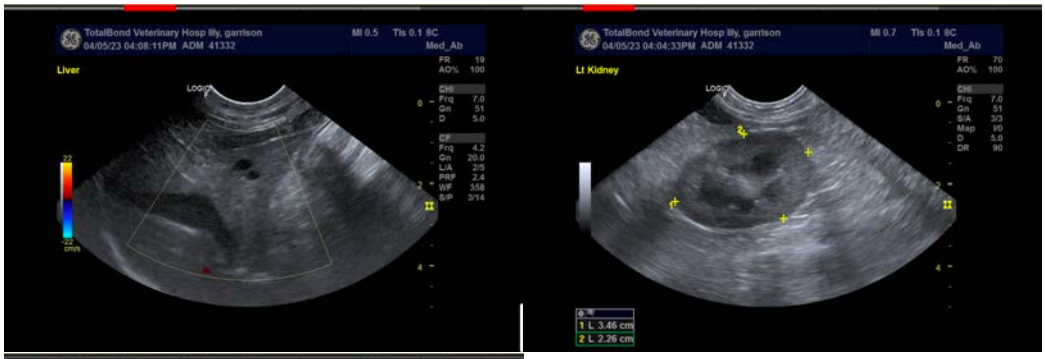

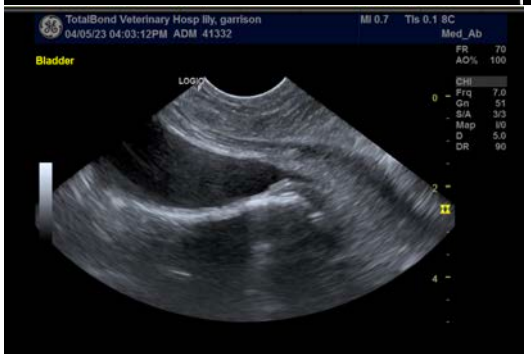

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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