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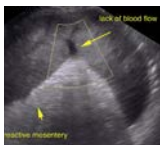
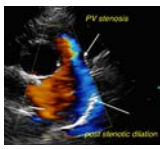
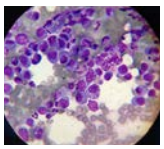
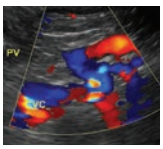

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1-800-838-4268 info@sonopath.com

PATIENT

Tigger Miller

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

10 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of Oakland

REFERRING VET

Dr. Sheldon

INVOICE

40278

DATE

8/9/22

PRESENTING CLINICAL SIGNS

Normal energy level. He has been losing weight, decrease appetite. He will no longer eat dry food, owner has offering canned food. On cobalequin. He also has history of chronic hematuria, non regenerative anemia, and chronic kidney disease. On a prescription renal diet(proplan NF). Abnormal PE/Chem/CBC/UA Results: Non-regenerative anemia (HCT = 24.3%), azotemia (SDMA = 17, Creat 2.4, BUN 65), TP 5.8 (lo). SpGr 1.015, RBCs 20-30, protein 3+. Urine culture and Urine protein creatinine ratio pending.

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 is borderline small (3.0 cm) and hyperechoic with decreased corticomedullary distinction and mild pyelectasia at 0.16 cm. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is hyperechoic and large at 5.4 cm with numerous nephroliths measuring 0.42, 0.45, and 0.43 cm. Mild pyelectasia noted at 0.24 cm. Overall echogenicity is slightly hyperechoic 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 infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.44 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 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 normal/borderline large in size (1.2 cm in width at the level of the hilus), 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. There is a small hypoechoic nodule visualized within the parenchyma, measuring 0.93 cm. Additionally, there is a hyperechoic cystic area measuring 0.97 cm in diameter.

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 proximal bile duct appears prominent and dilated at 0.43 cm.

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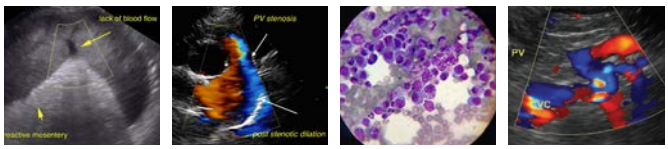

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Gastrointestinal

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. Jejunum wall measured 0.21 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 prominent and hypoechoic as compared to the surrounding isoechoic 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.

PRIMARY FINDINGS

- Hyperechoic kidneys with reduced corticomedullary distinction. The right kidney is significantly larger than the left kidney with numerous nephroliths and mild bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. There are numerous nephroliths visualized in the right kidney with no obvious obstruction, but mild dilation of the renal pelvis.

- Hypoechoic nodule visualized within the liver as well as a hyperechoic cystic nodule – The hypoechoic nodule could represent a benign or a neoplastic lesion. Consider fine needle aspirate or continued monitoring with ultrasound. The cystic structure is more likely a benign lesion. Continued monitoring is warranted.

SECONDARY FINDINGS

- Borderline large spleen – The significance of this is uncertain, as this is a relatively large cat. No focal lesions are observed. If symptoms persist, consider a fine needle aspirate.

- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- Prominent, mildly dilated bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).

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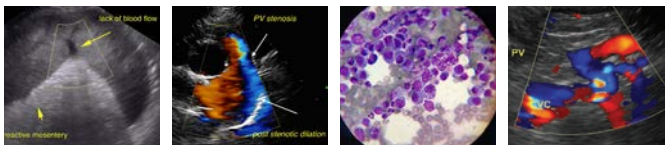

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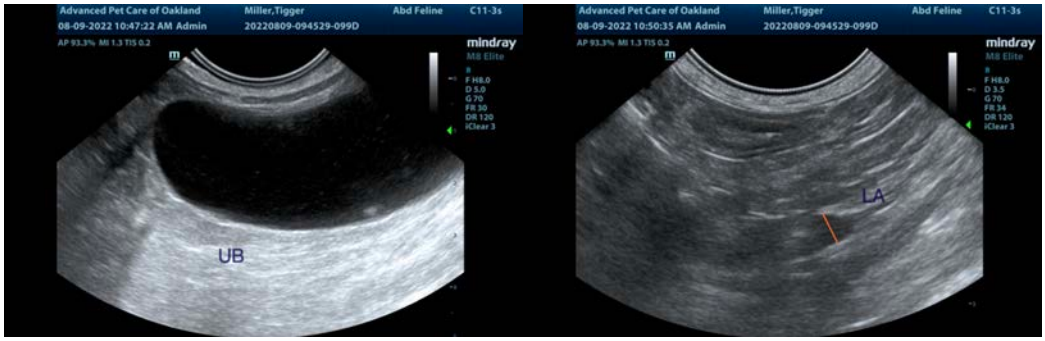
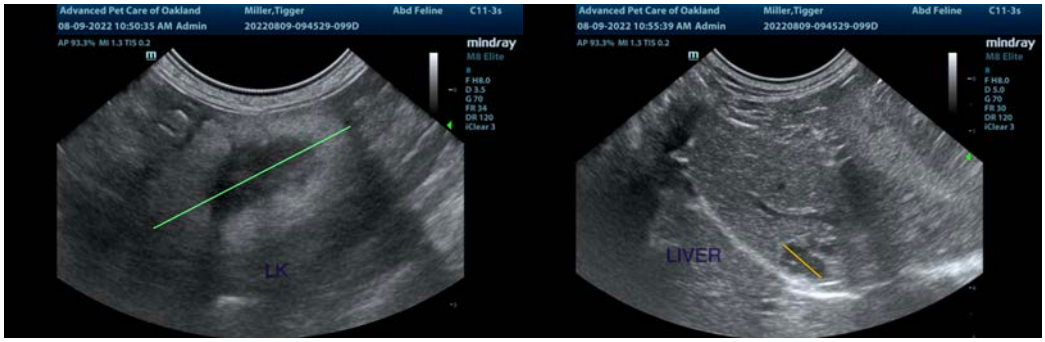
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

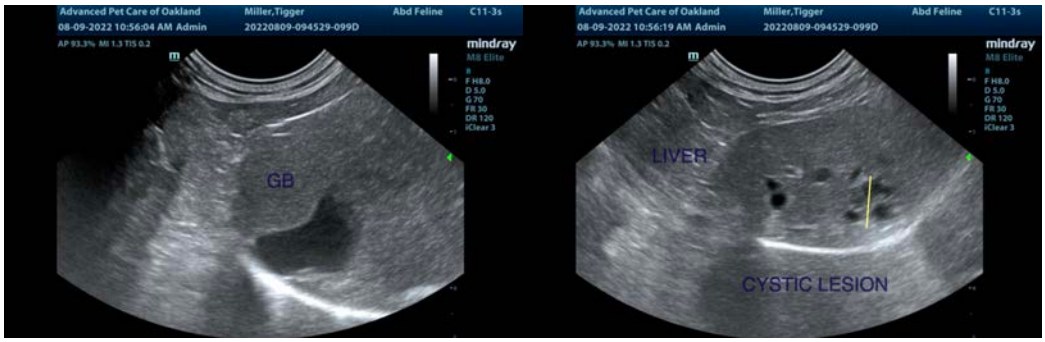
Both kidneys are significantly abnormal. They are markedly hyperechoic with abnormal architecture. The left kidney is small and the right kidney is large with numerous nephroliths. My suspicion is that the weight loss is secondary to renal disease. Recommend blood pressure evaluation, urinalysis and culture (I believe this is pending). Continued monitoring is warranted, as there are nephroliths in the right kidney, but no evidence of an obstructive process.

The spleen is subjectively large, and the pancreas is somewhat prominent. There are some indistinct lesions observed in the liver. Continued monitoring of these lesions is warranted. You could consider a fine needle aspirate of the liver and spleen, or continued monitoring with ultrasound.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.







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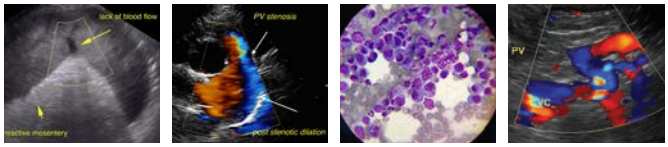

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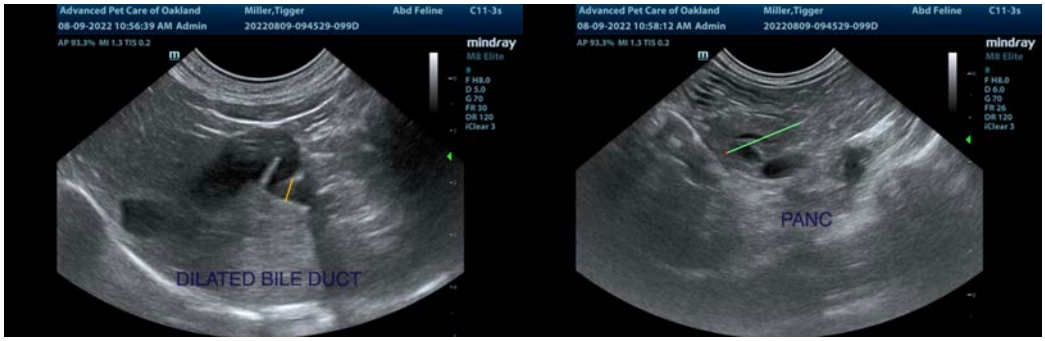

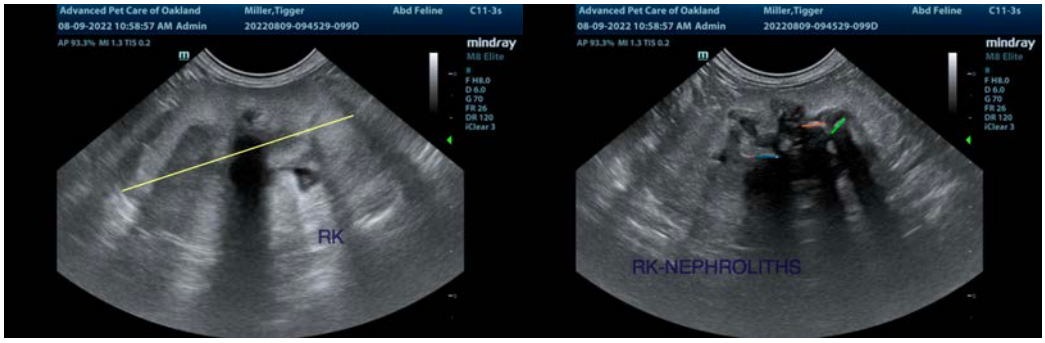

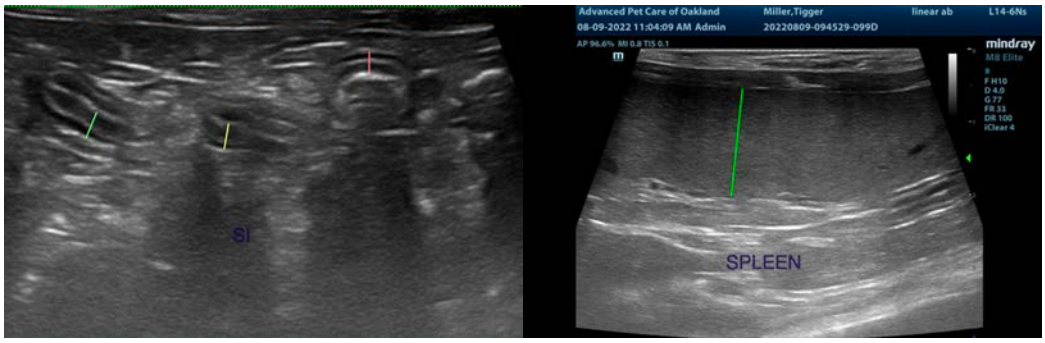

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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