



PATIENT PRESENTING CLINICAL SIGNS

Simon LTAL Has lost 2 lbs since moving into cattery situation. Repeat ultrasound (previously submitted to Sonopath (let these animals live).
Abnormal PE/Chem/CBC/UA Results: Has a history of inappetence. CBC shows mild anemia - 27%. Renal values - BUN 56; Crea 2.9; SDMA - 34 Glob - 5.2

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of cystoliths, polyps or a mass. A trivial to small amount of free floating sediment is present, most likely composed of mucus, crystalline material and exfoliated cells. Ureteral papillae are visualized and unremarkable.

SEX

Neutered Male

The left kidney is rounded, but the capsule is smooth. It is decreased in size, measuring 3.29 cm (3.80-4.40 cm). The cortex is moderately hyperechoic, and a marked loss of the normal definition of the corticomedullary junction is present. Multifocal hyperechoic areas are also observed within the cortex, which are suggestive of inflammation or ischemia. Small, punctate, mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

AGE

13 Years

WEIGHT

7.7 Pounds

The right kidney is at the low end of the normal reference range, measuring 3.83 cm. It has similar findings to the left kidney, although it has more of a normal shape (i.e., it is not as rounded compared to the left).

Adrenal Glands

INTERPRETED BY

Lisa Carioto, DVM,
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The left adrenal gland measures 0.24 cm at the caudal pole, 0.31 cm at the cranial pole, and 0.83 cm in length. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

IMAGING PERFORMED BY

Dr. Adrienne Waffle

An oblique view of the right adrenal gland is obtained. It measures 0.36 cm and 0.84 cm in length. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

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Torch Lake VC

Spleen

The spleen is within normal limits in size (7.3 mm), architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

REFERRING VET

Dr. Adrienne Waffle

Liver

There are no obvious signs of hepatomegaly and its borders are smooth, yet slightly rounded. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No abnormalities are observed with the hepatic vessels. Overt signs of an inflammatory, infiltrative or regenerative process are not evident.

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The gall bladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB or edema surrounding it. The cystic and common bile ducts are not dilated or tortuous.

DATE

4/1/22



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Gastrointestinal

The gastric wall is within normal limits in thickness. There is no loss of definition of the normal architecture of the wall layers. The stomach is filled with ingesta, thereby preventing an in-depth evaluation. Delayed gastric emptying cannot be excluded if Simon was fasted. If he was fasted, a re-evaluation may be considered after 18 -24 hours. If ingesta is still present, this confirms delayed gastric emptying and further diagnostics, such as endoscopy with biopsies, particularly of the pyloric region, may be considered.

A large amount of ingesta is present within the duodenum, which shows decreased peristalsis. No abnormalities are observed with definition of wall layers of the duodenum.

Although definition of the wall layers of the small intestines is preserved, fogging of the mucosa is present, which also appears mildly more prominent than usual. The muscularis is also more prominent. Furthermore, overall thickness is increased, measuring between 0.25 cm - 0.31 cm. Diffuse hyperechogenicity of the mesentery is present throughout the abdomen. A large amount of ingesta and gas are present within the GI tract, and peristalsis is decreased, i.e. it has more of a "to and fro" appearance.

Gas and ingesta are present in the transverse colon.

Pancreas

The left limb of the pancreas is mildly heterogeneous with hyperechoic areas dispersed haphazardly throughout the parenchyma. Differential diagnoses include fibrosis due to previous episodes of pancreatitis, ischemia or amyloid deposition.

The right limb of the pancreas has a mildly coarse echotexture and is very mildly heterogeneous. These changes are most likely due to nodular hyperplasia and areas of fibrosis. They are considered age related and possibly secondary to previous episodes of pancreatitis, respectively. There are no signs of active pancreatitis.

Other

Lymph nodes: No abnormalities are observed. However, abnormal lymph nodes may have been missed due to the large amount of gas and ingesta in the intestinal tract.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- The renal changes are consistent with chronic renal disease. Although obvious signs of pyelonephritis are not observed, the latter cannot be excluded based on the absence of sonographic abnormalities.
- The diffuse thickening and mucosal fogging of the intestinal tract may occur due to inflammation secondary to inflammatory bowel disease. However, infiltrative disease, such as lymphoma or other round cell tumour, cannot be excluded. Malabsorption due to a cobalamin deficiency may be contributing to weight loss. Chronic renal disease may cause a cobalamin deficiency, as well as anemia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine culture and sensitivity is recommended to rule out pyelonephritis. If it is negative, a urine protein: creatinine ratio is strongly suggested.



PATIENT

A fundic exam and arterial blood pressure are also recommended.

Simon LTAL

Ideally, a workup consisting of a TLI, folate and cobalamin concentrations should be performed. If this is not possible financially, empirical supplementation with vitamin B12 is recommended.

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If Simon cannot be placed in a home to decrease his stress level, a probiotic, such as VetriScience Composure Pro or Purina Calm may help decrease his stress level, in addition to environmental enrichment.

BREED

DSH

A diet that is “renal friendly”, but also a novel protein or a hydrolyzed protein diet is suggested. Canned food is recommended to increase water consumption.

SEX

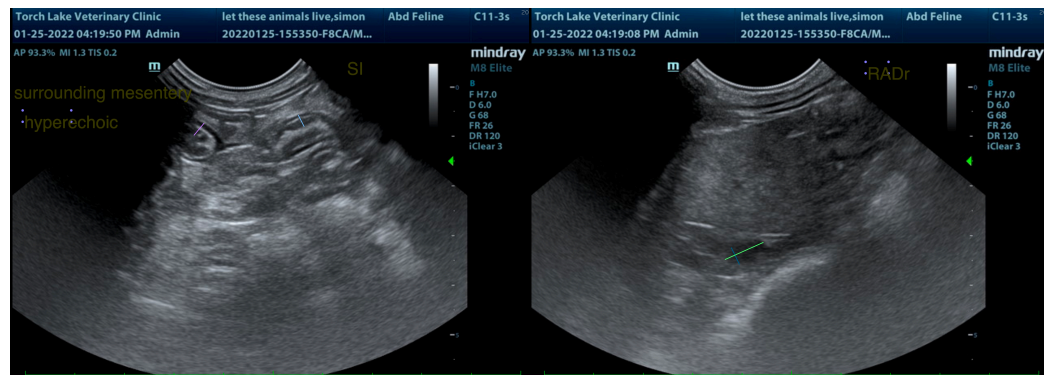
Neutered Male

Subcutaneous fluids are suggested a few times a week, and mirtazapine may be administered, as needed.

An Internal Medicine consult may be requested to discuss dietary requirements in further detail.

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WEIGHT

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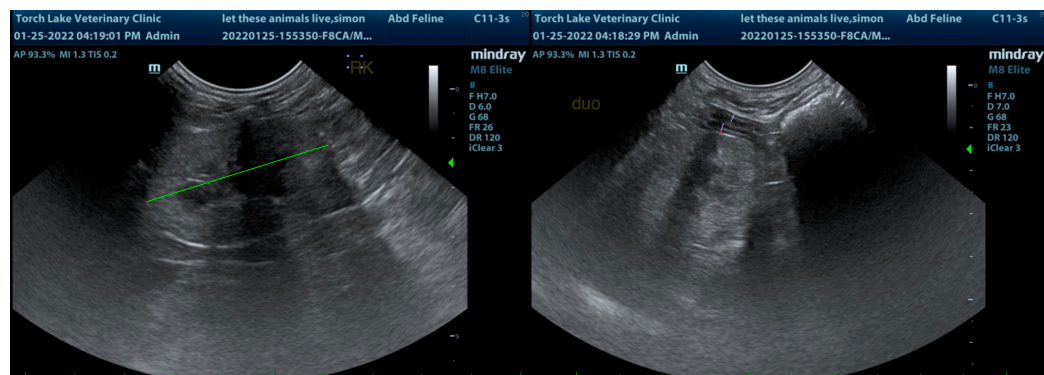
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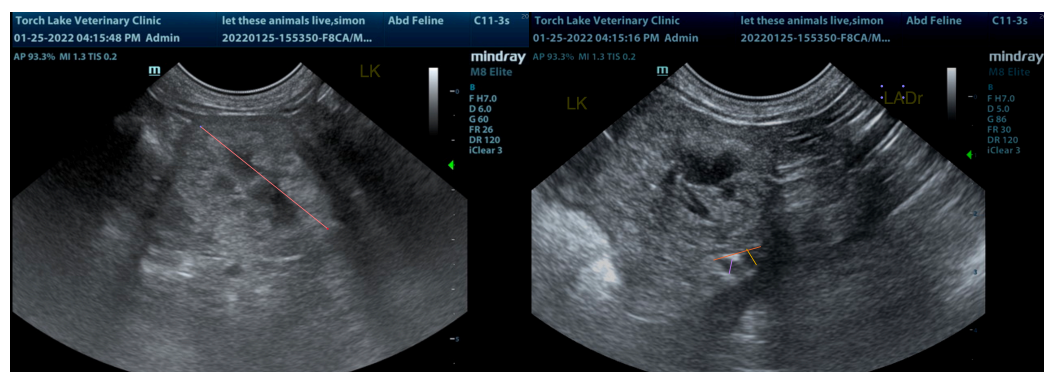
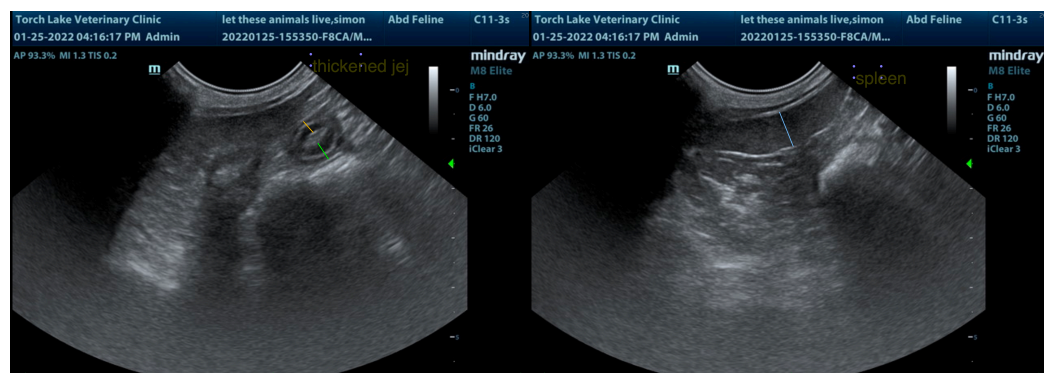
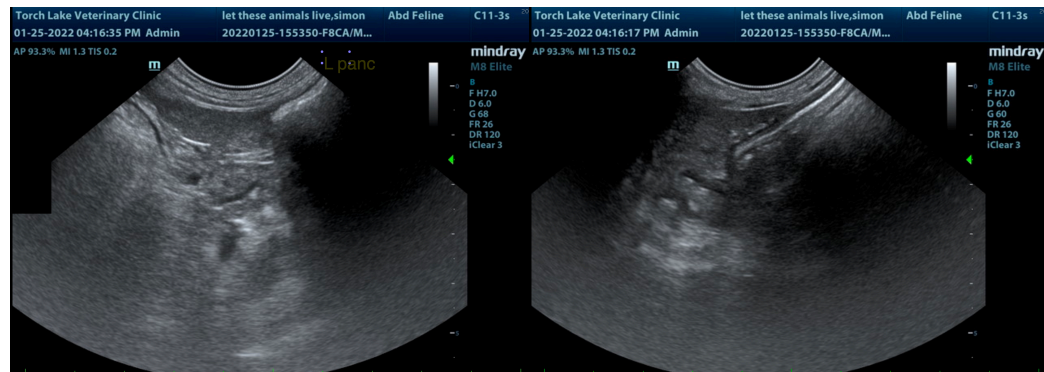
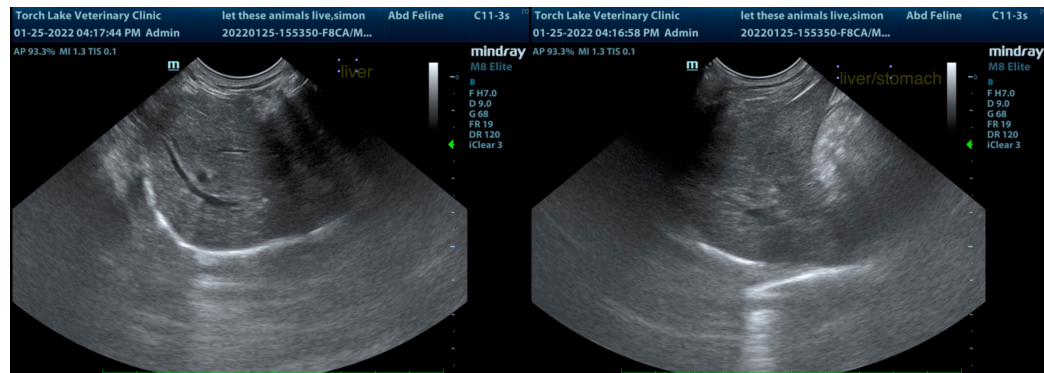
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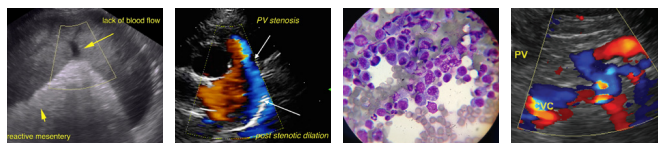
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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Simon LTAL

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.

SPECIES

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