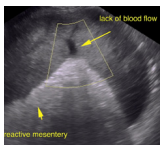
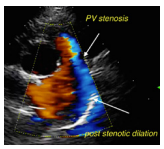
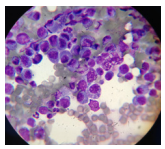
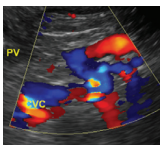
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Charlie Coon

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7.5 Years

WEIGHT

11.4 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Laura Campbell

INVOICE

35040

DATE

1/25/22

PRESENTING CLINICAL SIGNS

saw Charlie in summer of 2021 for losing weight, decreased appetite, increased drinking and increased vomiting. Diagnostics at that time showed mildly elevated renal enzymes and a low urine USG, but were otherwise unremarkable. Charlie eventually ate the prescribed dry renal diet well, but he has never liked the canned renal diets. On recheck 1/18/22, Charlie had lost a little more weight and his renal bloodwork was not significantly different than when we started the renal diet. Currently his Creatinine is 2.4 (0.9-2.3), BUN 33 (16-37), SDMA 19 (0-14), phosphorus 4.0 (2.9- 6.3), and potassium 4.4 (3/7-5.5). A UA has been collected by cystocentesis today and the results are pending. Charlie's total T4 is normal (2.4, range 0.8-4.7). There are mildly elevated eosinophils (2952, range 90-2180) and low normal albumin (2.6, range 2.6-3.9), so we will be checking for intestinal parasites. Today's urine by cysto showed USG=1.016, negative protein

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor particulate, non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Both kidneys were normal in size and margination with primarily maintained 1:3 cortex/medulla ratio and mild loss of corticomedullary border demarcation. Uniform increased cortex echogenicity noted with mild increased medullary echogenicity. No pyelectasia. The left kidney measured 3.7 cm. The right kidney measured 3.7 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm. The right adrenal gland measured 0.42 cm.

Spleen

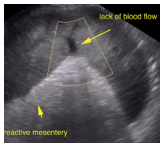
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.83 cm in width. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

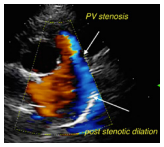
Liver

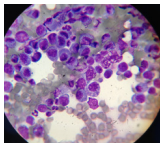
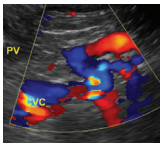
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.24 cm.





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The small intestine presented intact wall layering with generalized propensity for mildly prominent muscularis layer. No evidence of loss of intestinal wall layering or intestinal masses. Duodenum wall measured 0.25 cm. Jejunum wall measured 0.27 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

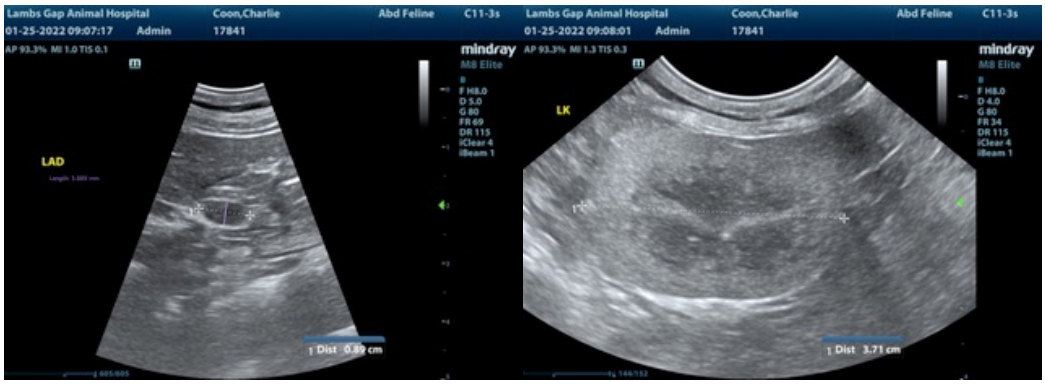
ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Non-specific mild chronic renal changes
- Mild IBD intestinal pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment is suggestive of minor cellular or crystalline debris or potential mucus. Correlation with pending urinalysis recommended. If no evidence of significant cellular debris, baseline UPC for further renal staging could be considered. Minor potential for low-grade neoplastic infiltrative enteropathy with round cells such as low-grade lymphoma (which may present similar sonographic manner) cannot be definitively excluded, yet considered unlikely given the intestinal presentation and lack of concurrent lymphadenopathy.

Full thickness intestinal biopsies would be required for definitive diagnosis. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Empirical IBD therapy could be considered with assessment of clinical response and further monitoring for persistent weight loss.



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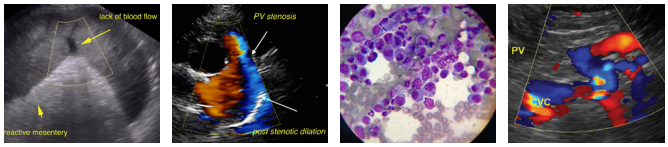

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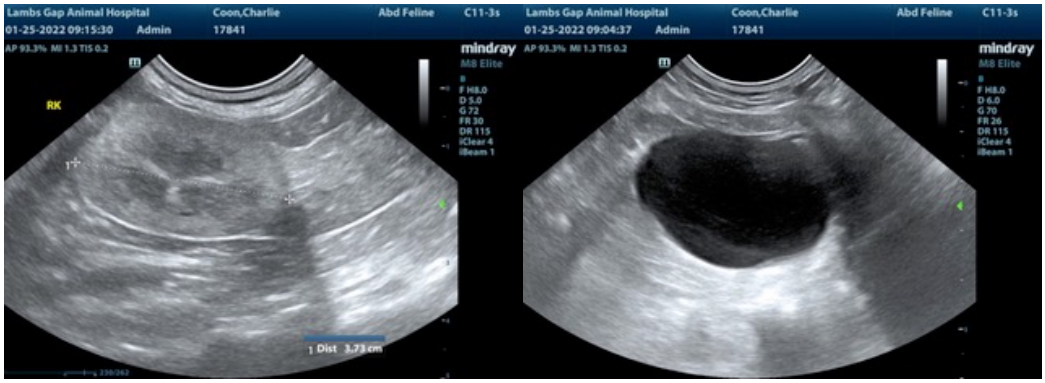

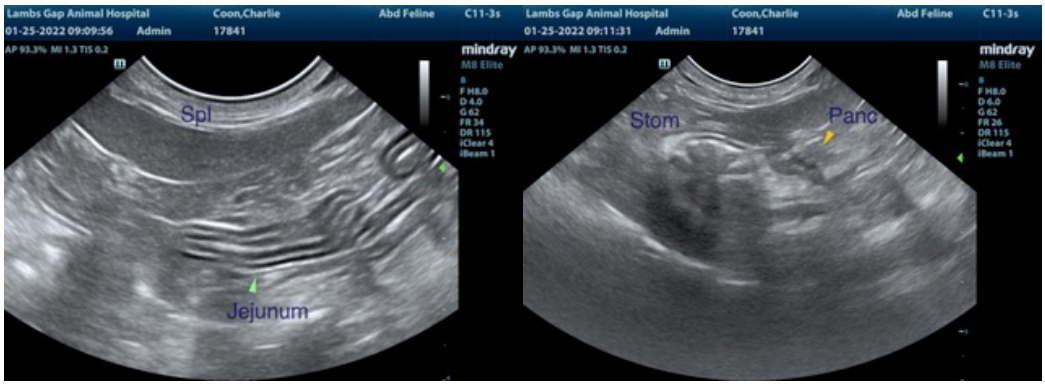

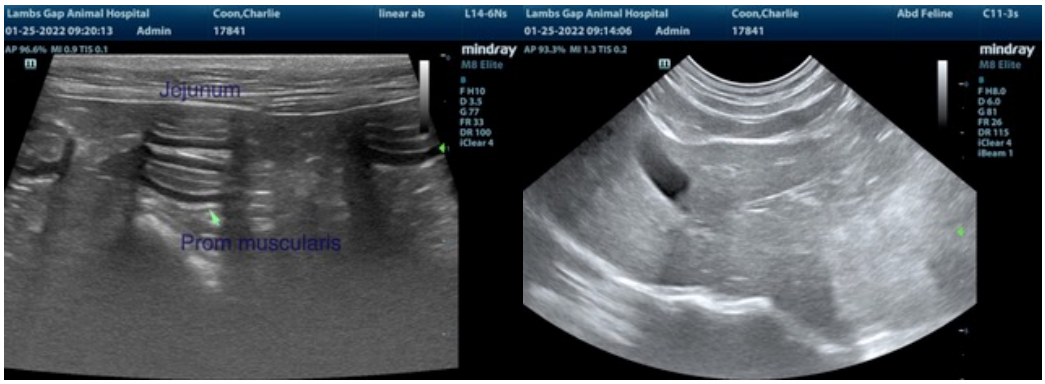

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com