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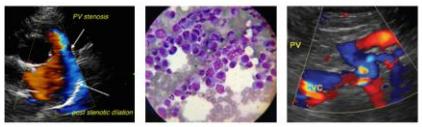
svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Freddy Peinert

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2yr

WEIGHT

8.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Narske

INVOICE

12638ag

DATE

01/09/2023

PRESENTING CLINICAL SIGNS

Not eating, lethargic

Abnormal PE/Chem/CBC/UA Results: BUN trending downward from 88 to 64 after fluids and hospitalization at the emergency center continuing through today. Creatinine also trending downward from 5.1 to 4.0 Grade 2-3 heart murmur Hypokalemia, Azotemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Both kidneys were mildly prominent in size with mild to moderate loss of corticomedullary definition. Bilateral uniform cortex hypertrophy with reduced medullary volume was present. No evidence of pelvic dilation. No renal masses or nodules noted. The left kidney measured 4.6 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 cm.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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/Gallbladder

The liver was subjectively enlarged in size with evidence of hepatic vascular congestion most notable at the level of the hepatic vein/caudal vena cava junction. Concurrent mildly prominent cranial caudal vena cava measuring 0.66 cm in diameter was present. No evidence of caudal vena cava thrombus was noted. No hepatic masses or nodules noted. The gallbladder appeared to be divided into two compartments both containing anechoic content with mild non-organized echogenic sludge. Mild gallbladder wall edema was present. 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. in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

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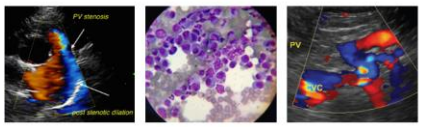

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Suspect pancreatic edema without evidence of active inflammation.

Free Abdomen

No omental masses or overt lymphadenopathy was present.

Mild volume peritoneal/retroperitoneal anechoic free fluid was present.

Uniform normal omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

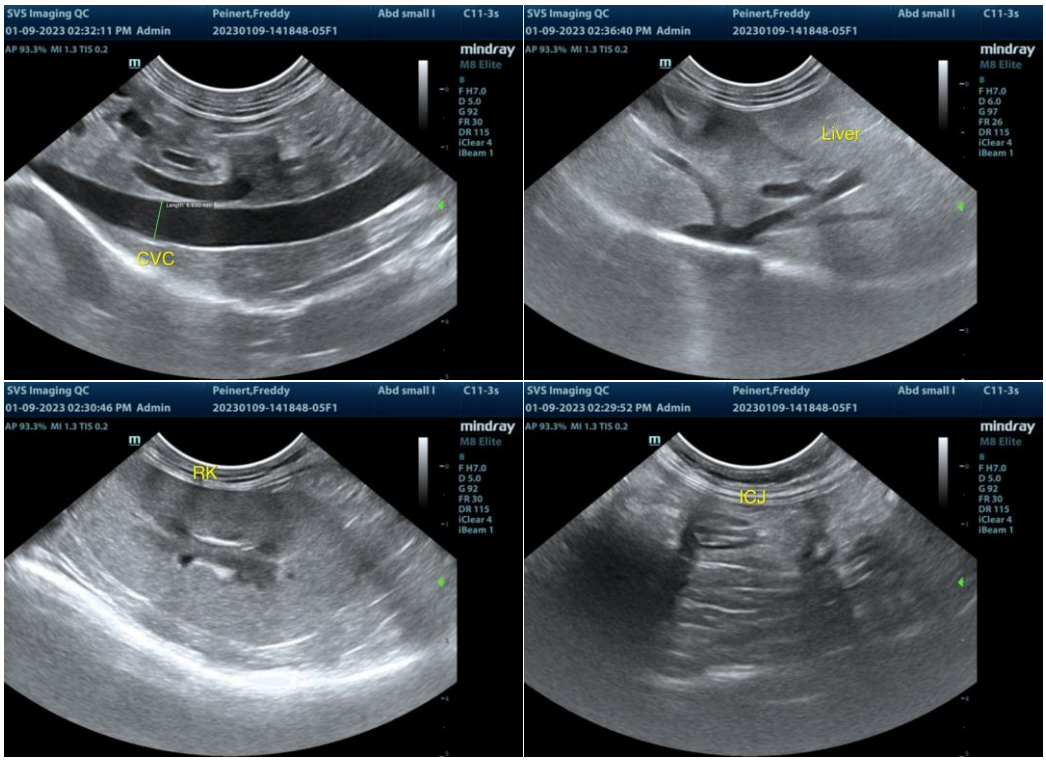
- Nonspecific nephropathy
- Congested liver exhibiting uniform increased hepatic parenchyma echogenicity
- Bilobed gallbladder with mild wall edema and non-organized sludge
- Mild volume peritoneal/retroperitoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The renal presentation was non-specific yet sonographically suggestive of chronic nephropathy although acute on chronic renal insult could be possible. Subjectively the kidneys did not appear to be end stage, yet prognosis is likely dependent upon continued renal response to diuresis protocol. Full urinary workup including UA, urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Monitoring of systemic BP is recommended.

Concern for volume overload is warranted given congestive hepatic criteria, gallbladder wall edema and mild peritoneal/retroperitoneal free fluid. Correlation with urine output and body weight is suggested.

Complete echocardiogram may be considered to rule out concurrent cardiomyopathy as a contributing factor.



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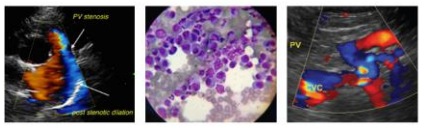

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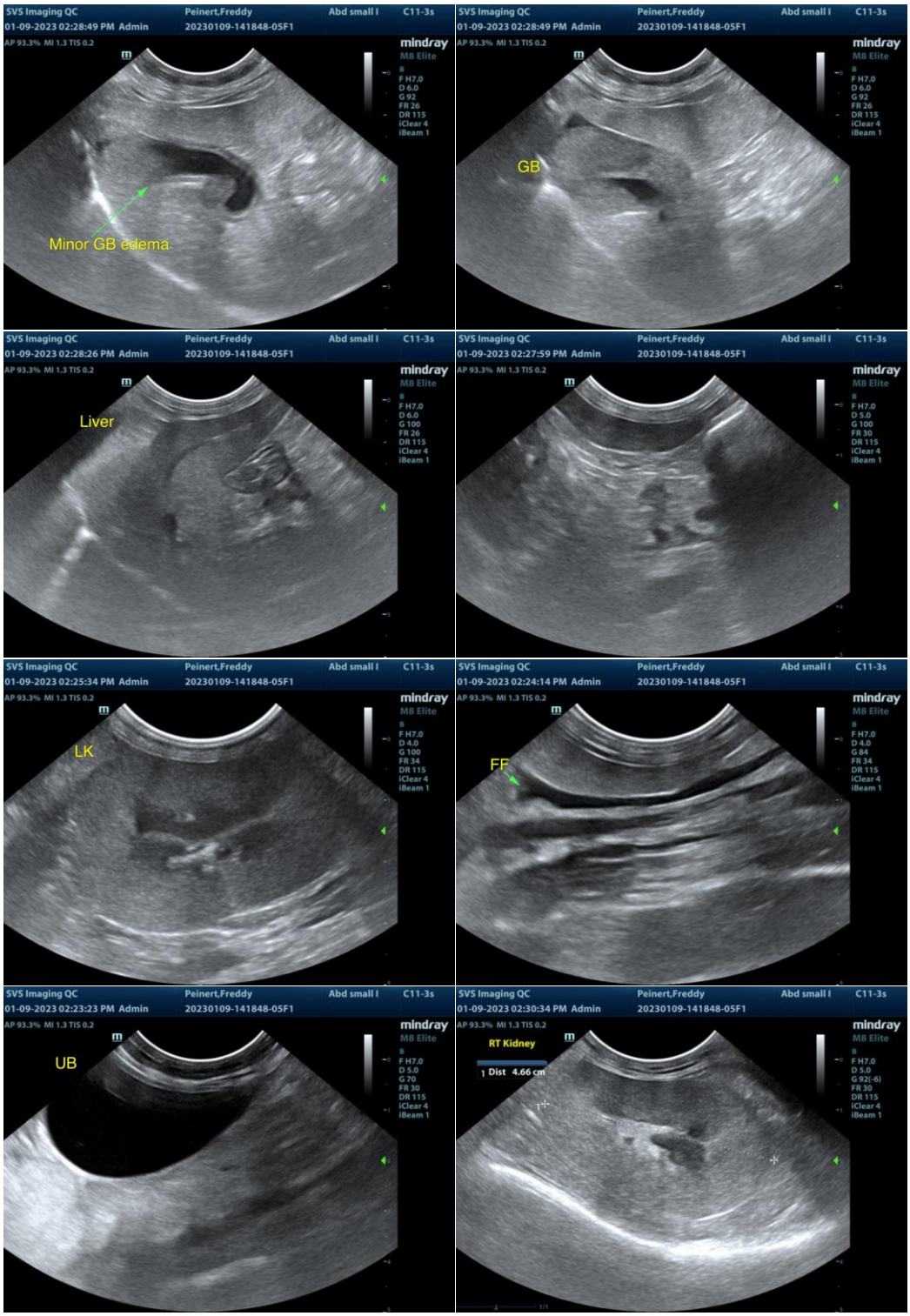

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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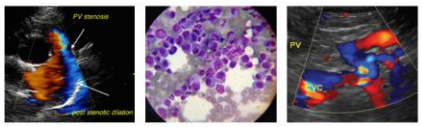

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