SonoPath
Clinical Sonography & Telecytology
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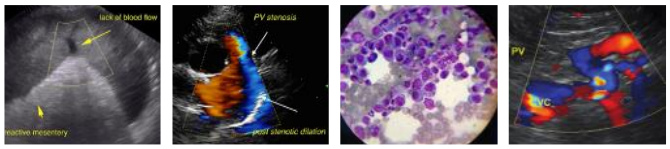

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ellie McMurdy

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

14yr

WEIGHT

5.21kg

INTERPRETED BY

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

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins Pet Hospital

REFERRING VET

Dr. Sasha Black

INVOICE

12051ag

DATE

10/30/2022

PRESENTING CLINICAL SIGNS

Ellie is a 14 yr old FS DMH presented for recheck exam because P was still breathing fast and doesn't seem to have eating today. O has been giving all med and puffer appropriately and seems not to be having desired result. P only took few treats today and wouldn't move around much.
Abnormal PE/Chem/CBC/UA Results: Diagnostics: Completed diagnostics (Chemistry Anomalies: - SDMA, - high - BUN - high - CREATININE - high - AMYLASE - high)

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.

The left kidney presented subnormal in size; the right kidney was normal in size. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present in the right kidney. The left kidney measured 2.0 cm in length. The right kidney measured 4.0 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 0.40 cm width.

Spleen

The spleen was not definitively visualized.

Liver

The liver was subjectively mildly enlarged with normal structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. A solitary intraparenchymal cyst or cystic biliary adenoma was present containing anechoic fluid. 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 with mild non-dependent echogenic debris. 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 contained moderate non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.30 cm 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. Small intestinal wall width measured 0.24 cm.

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

Pancreas

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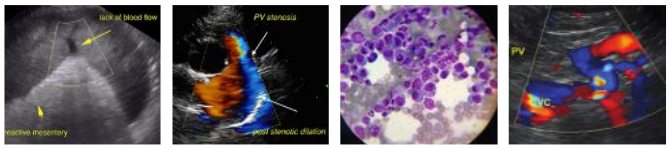

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The pancreas was normal in size and contour with mild uniform hypoechoic parenchyma compared to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Mild volume anechoic peritoneal effusion was present. Uniform omental echogenicity with no evidence of omental masses or overt lymphadenopathy.

Transdiaphragmatic view of the caudal thorax revealed evidence of concurrent pleural effusion.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with subnormal left kidney size
- Subjective mild hepatomegaly with solitary intraparenchymal cyst/cystic biliary adenoma-subjectively benign
- Minor gallbladder debris-likely incidental given no hepatic enzyme elevations/cholestasis
- Overtly normal GI tract with gastric ingesta
- Possible low-grade pancreatitis
- Bicavitary effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable) with a less likely potential of right kidney pyelonephritis. Full urinary workup with urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree some of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

Possible low-grade pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec fPL could be considered.

Assuming normal ALB level and no evidence of significant GI / hepatic disease or significant pancreatitis, a definitive cause of the effusion was not obvious. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Effusion analysis cytology +/- C/S is recommended.

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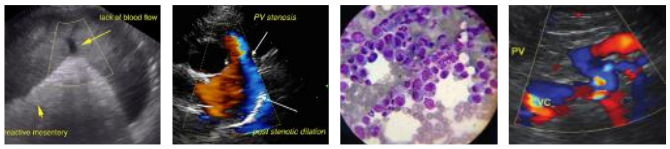

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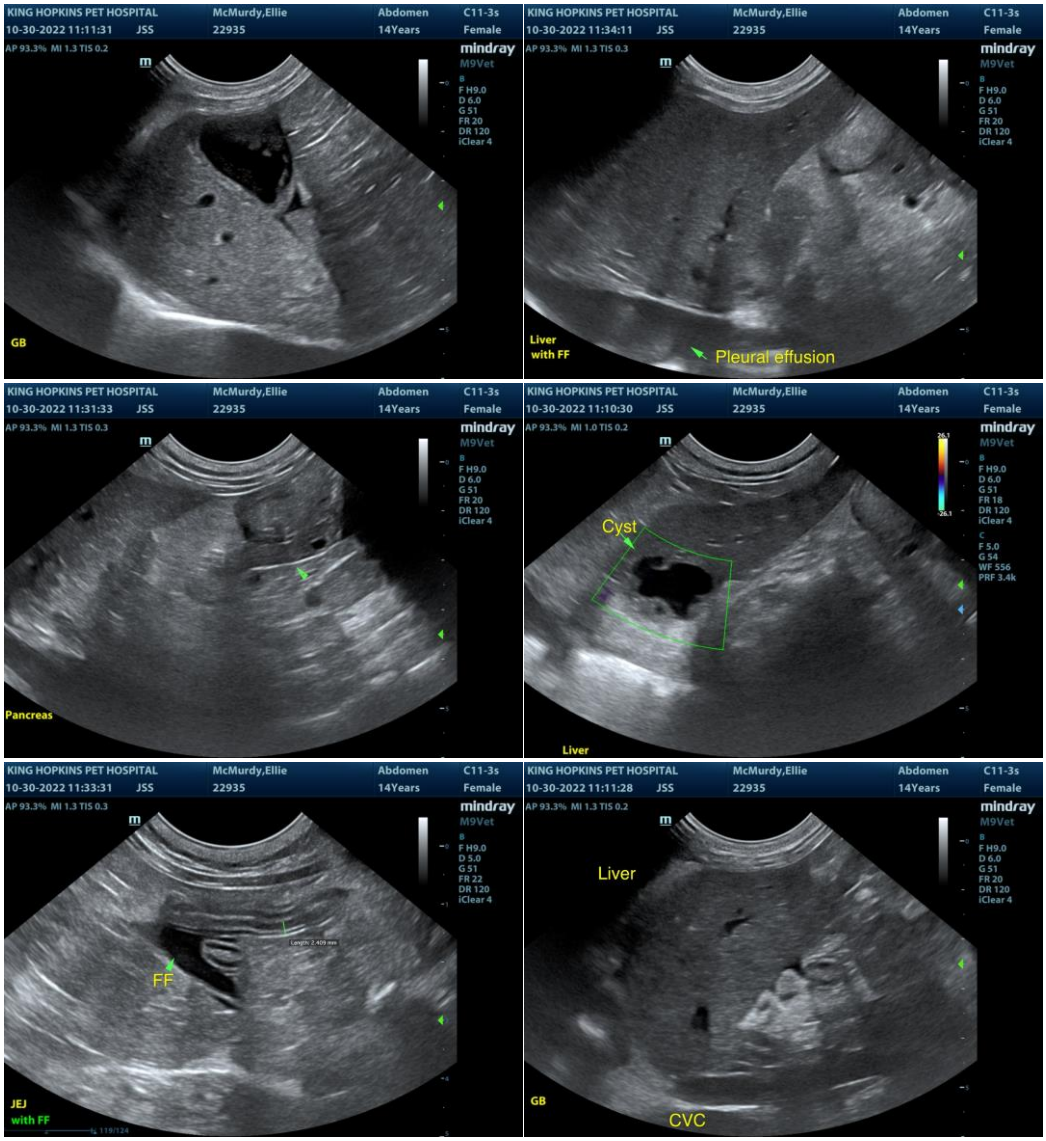

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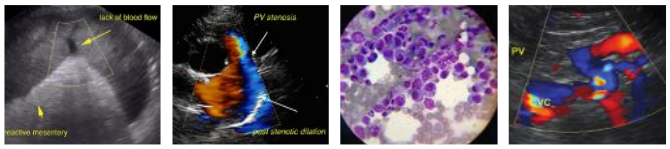

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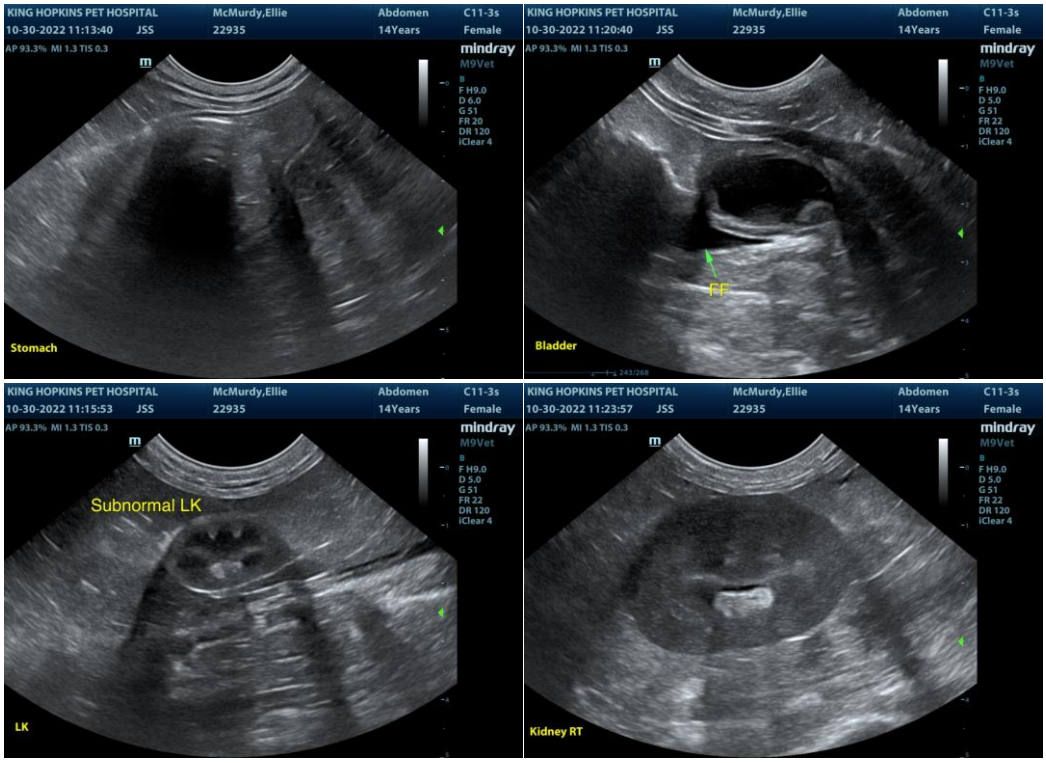

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com