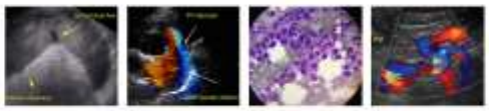
PAUS
Pet Animal Ultrasound Service



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

PATIENT

Miss Piggy Lunn

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15 years

WEIGHT

8.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County VS

REFERRING VET

Christina Poor BVetMed

INVOICE

12607

DATE

11/12/21

PRESENTING CLINICAL SIGNS

Diagnosed hyperthyroid 1/19, well controlled but appetite is poor. Medication: Felimazole 5 mg BID

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

The kidneys were mildly subnormal in size compared to normal renal size for the species. 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 left kidney. The left kidney measured 2.9 cm in length. The right kidney measured 2.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.22 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

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 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 contained moderate, echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.20 cm.

The small intestine exhibited intact wall layering with segmental propensity for mildly prominent muscularis layer, as well as increased mucosa echogenicity. The jejunum wall width measured 0.28-0.31 cm. No evidence of loss of intestinal wall layering or distinct intestinal masses was noted.

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

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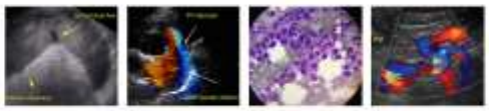

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Pancreas

The pancreas exhibited mild prominent size and mild asymmetrical contour with heterogenous parenchyma compared the adjacent omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

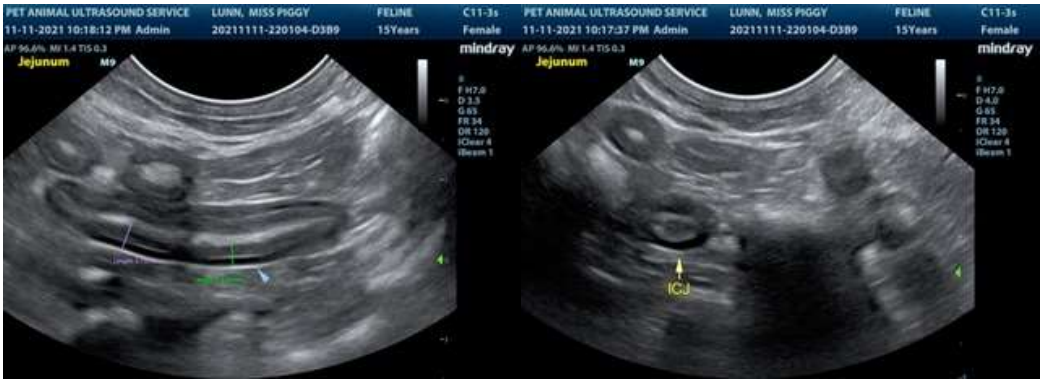
- Bilateral chronic renal changes with mild left kidney pyelectasia
- Heterogeneous prominent pancreas - potential for chronic to chronic active pancreatitis
- Suspect chronic inflammatory enteropathy
- Gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia in the left kidney may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

Although not definitive, the small intestine exhibited subtle to mild mural changes which may suggest chronic inflammatory enteropathy. However, given the lack of reported gastrointestinal signs or reported weight loss, this finding is nonspecific. Potential for low-grade to chronic pancreatitis would be suspected If evidence of cranial abdominal or subxiphoid discomfort on palpation.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. 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 of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. As-needed gastrointestinal supportive care or empirical therapy for inflammatory enteropathy or gastric stasis may be considered if clinically indicated. Screening three view chest radiographs are suggested.



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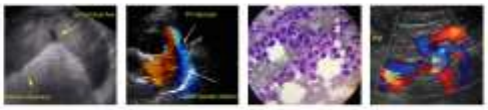

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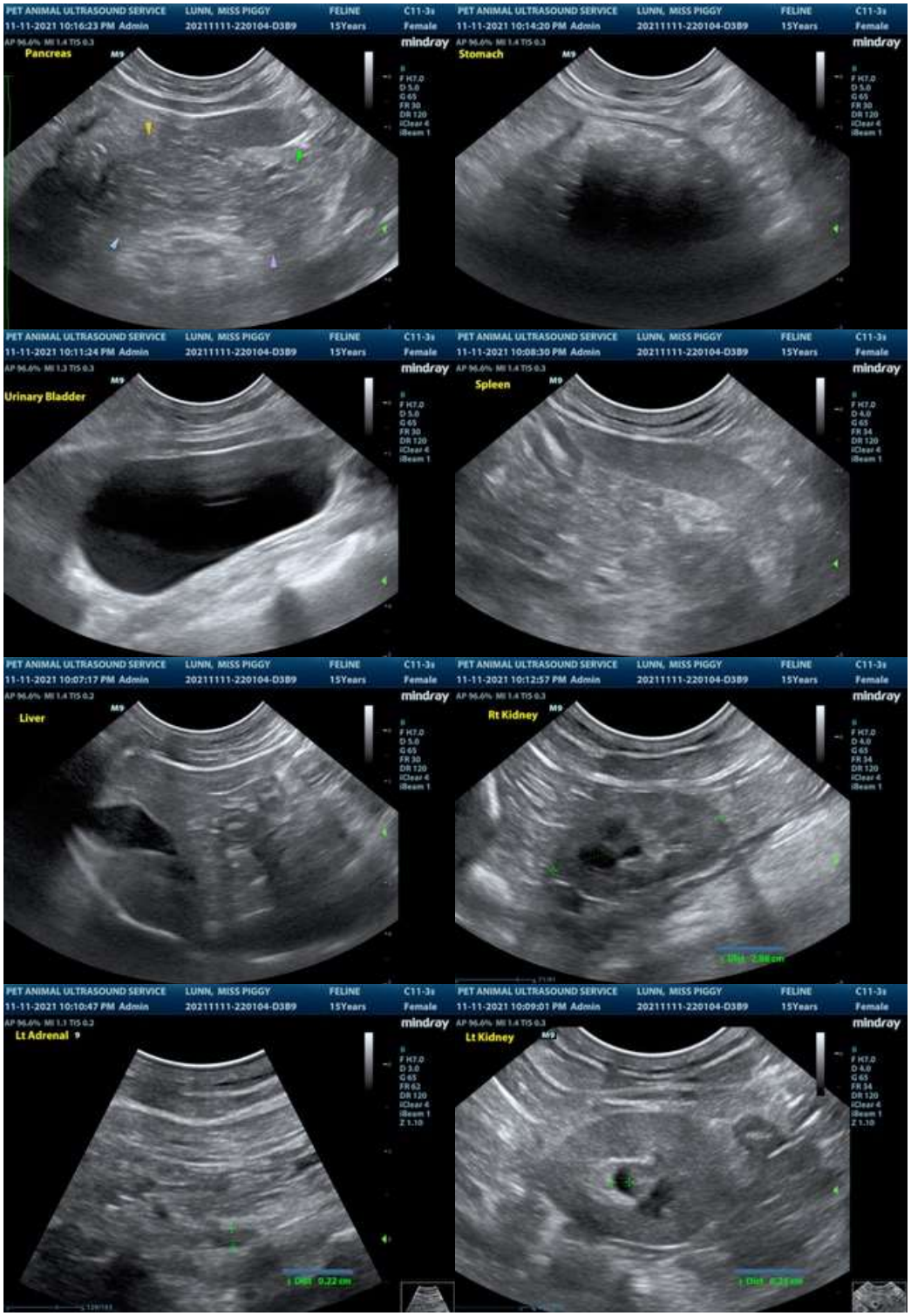

The information and recommendations provided are based on the images presented by the

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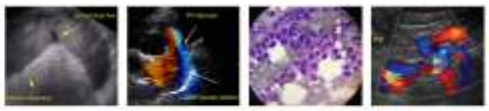

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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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