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Clinical Sonography & Telecytology
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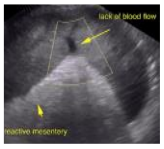
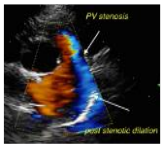
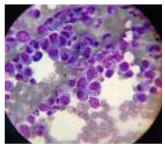
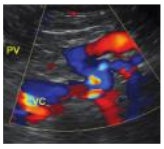




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lucy Trudeau

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6

WEIGHT

2.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Bowmont Animal Clinic

REFERRING VET

Dr Asemadahun

INVOICE

15469

DATE

11/15/22

PRESENTING CLINICAL SIGNS

Anorexic lethargic for last 3-4 days

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended containing primarily mild anechoic urine. Full evaluation of the urinary bladder walls was prohibited owing to lack of urine distention. Suspect regionally adhered, uniform, mildly hyperechoic sediment along the ventral to ventroapical luminal surface was noted. Potential for regional cystitis is possible. No evidence of neoplastic criteria was noted.

The area of the aortic trifurcation was free of pathology.

The left kidney was subnormal in size exhibiting asymmetrical margination and reduced medullary volume. Moderate to marked loss of corticomedullary border demarcation and mild pyelectasia were also noted in the left kidney. The left kidney measured 1.8 cm in length.

Normal renal size with asymmetrical margination was in the right kidney. The right kidney exhibited variable primarily uniform, hyperechoic cortex. Hyperechoic medullary striations were noted with pinpoint medullary mineral. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The right kidney measured 3.3 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 0.23 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm width.

Spleen

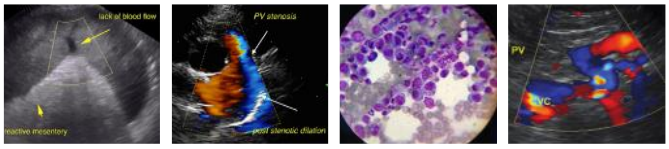
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 was empty with no signs of ileus, obstruction, or foreign material.



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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with segmental mild duodenojejunal corrugation. No evidence of mechanical obstruction or intestinal masses was noted.

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

Pancreas

The pancreas was normal in size with subtle areas of capsule asymmetry and nonhomogeneous regional mild hyperechoic pancreatic parenchyma compared to adjacent omentum.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Dystrophic left kidney exhibiting subnormal left kidney size
- Right kidney chronic interstitial nephrosis renal pattern and likely compensatory hypertrophy
- Suspect congealed to mildly adhered ventroapical urinary bladder sediment, possible mild regional cystitis
- Possible low-grade pancreatitis and segmental enteritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. The functionality of the left kidney is likely compromised and potentially questionable. Monitoring of systemic BP and renal parameters going forward is advised.

Low-grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL and/or full GI panel to include PLI/TLI/Cobalamin/Folate to rule out occult GI disease, especially given the anorexia, or if weight loss going forward is noted going forward, is recommended.

Emerging right kidney neoplasia i.e., lymphoma is considered an unlikely differential diagnosis yet sonographic monitoring of the right kidney is likely ideal, or if evidence of progressive azotemia.

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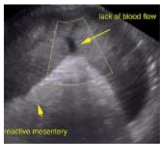

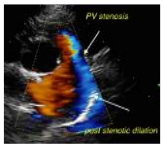

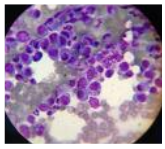
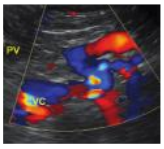

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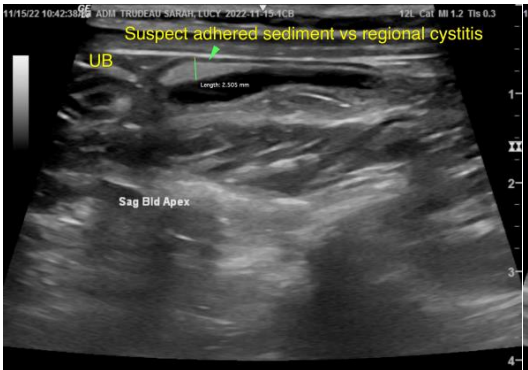

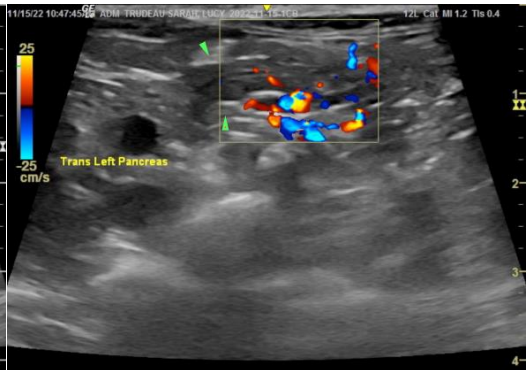

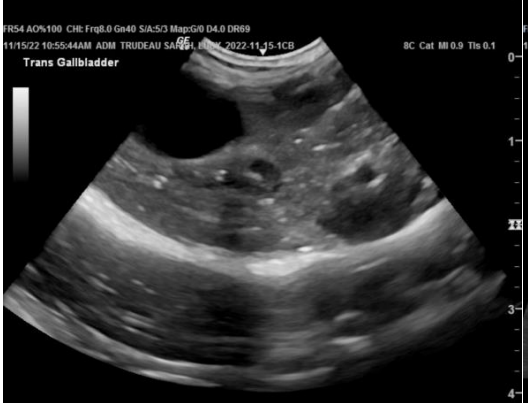

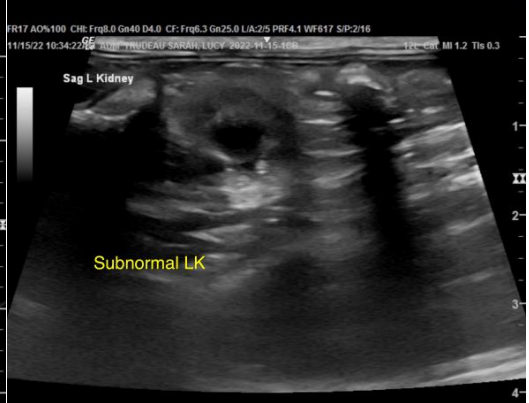

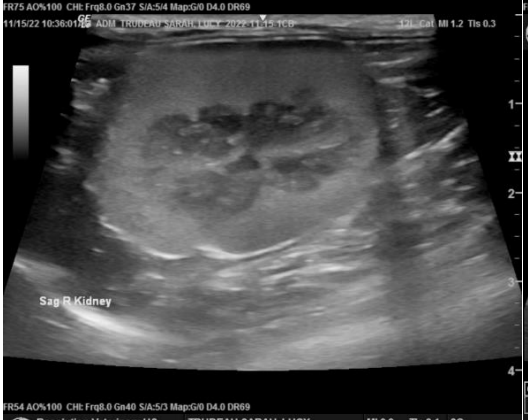

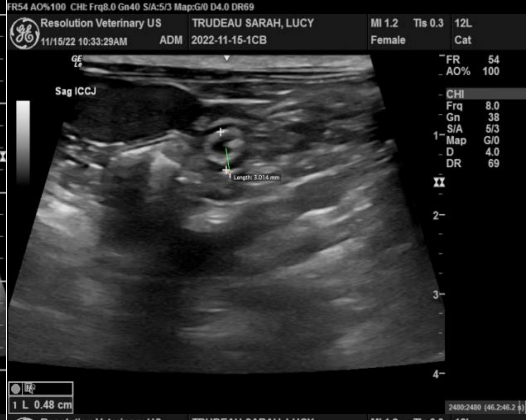

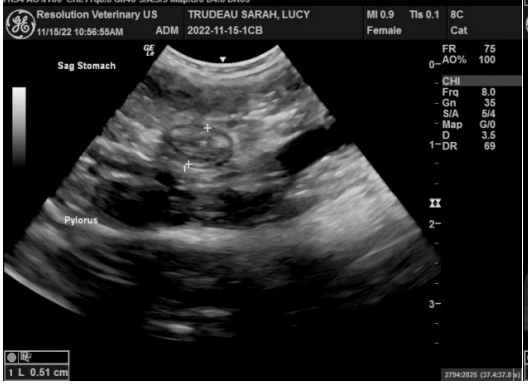

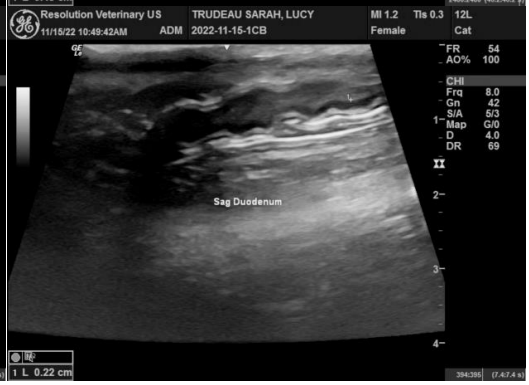

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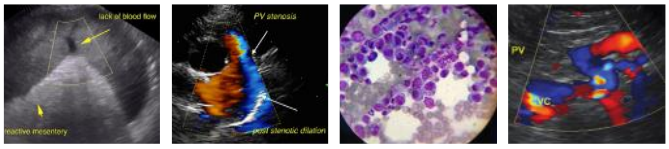

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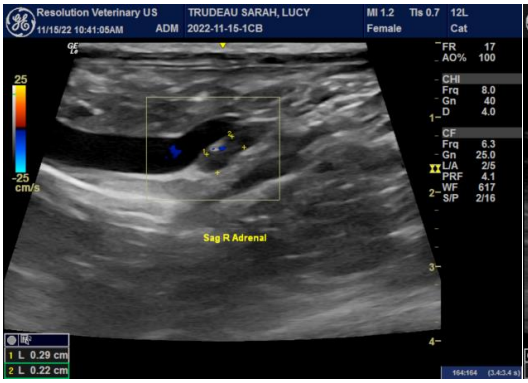

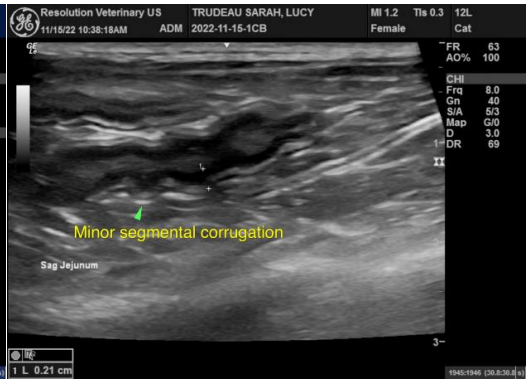

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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