SonoPath
Clinical Sonography & Telecytology
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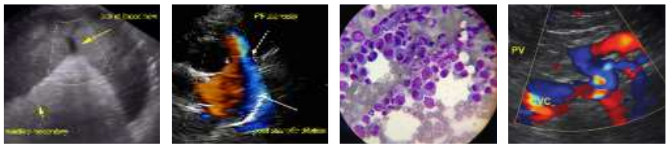


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Izzy Kitties Cat Care Cats

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
15

WEIGHT
10 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SS Imaging Michigan

REFERRING VET
Cat Care of Rochester

INVOICE
12693

DATE
12/2/21

PRESENTING CLINICAL SIGNS

Izzy (Cat Care clinic cat), 15ish yo, FS, DSH History: 1. Found in a parking lot in June 2016 by a client; brought to Cat Care (then relinquished to us by previous owner) 2. History of chronic bowel issues since we adopted her (diarrhea) 3. Recently UFIE; history of e. coli UTI in Jan 2021; treated with Zeniquin; recheck culture negative 4. Recently (last couple months) more finicky about food, more vomiting of bile (sometimes a couple times weekly, sometimes will go 1 week+ before vomiting again) 5. Last BW in 9-21: a. Monos 561 (H)- was 451, 180 b. BUN 39 (H)- was 29, 18 SDMA 11 (N)- was 8 Creat 1.5 (N)- was 1.2, 1.1 c. Mildly low AST/ALP, CK d. fPL 2.4 (N)- was 0.9 e. T4 2.2 (N)- was 2.9, 2.9 6. UA (from today)- low USG (1.014) with some cocci and occ'l WBCs; culture pending Long term meds (multiple years): 1. Tylan 90 mg PO q 24 h 2. Budesonide 1 mg PO q 24h 3. Ondansetron 2 mg PO q 12 h 4. Probiocin (probiotic gel) 1 gram PO q 24 h 5. Vit B12 300 mcg SQ q 7d 6. Has been on RC or Hills prescription GI diets for last several years (canned and dry)

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. Minor dependent sand was present. 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was noted in both kidneys without evidence of concurrent left or right ureter dilation. Subtle evidence of left and right retroperitoneal reactivity to potential inflammation was noted around both kidneys. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

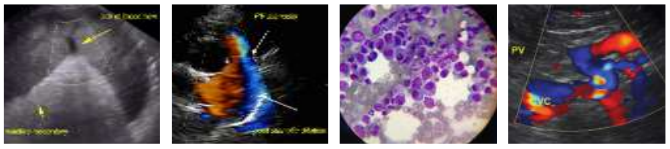
The left adrenal gland was indistinctly visualized yet without overt pathology, subjectively measuring 0.3 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

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. The spleen measured 0.91 cm width.

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



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normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content without evidence of mucus or calculi. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.30 cm diameter. Anechoic content was noted in the common bile duct, without evidence of mucus or calculi.

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. The gastric body wall width measured 0.26 cm.

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. The duodenum wall width measured 0.24 cm. The jejunum wall width measured 0.22 cm. The ileocolic wall width measured 0.30 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 were evident.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild dependent urinary bladder sand
- Bilateral mild to moderate chronic renal changes with mild pyelectasia, subtle signs of retroperitoneal reactivity / potential inflammation
- Sonographically unremarkable gastrointestinal tract
- Nonobstructive proximal common bile duct dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This proximal common bile duct dilation may suggest age-related changes or secondary to underlying cholangitis / cholangiohepatitis, especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

The bilateral pyelectasia noted in both kidneys is nonspecific and may indicate pelvic scarring, pyelectasia owing to chronic renal changes, IV fluid therapy If applicable, while the possibility of low-grade pyelonephritis, given the urinalysis results and subtle evidence of retroperitoneal reactivity, may be possible. Further definitive would include, pending urine C/S, baseline urine protein: creatinine ratio, given the relatively quired urinary bladder sediment, for further renal staging may be considered.

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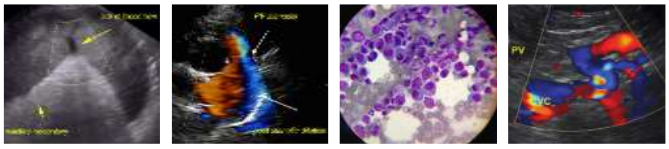

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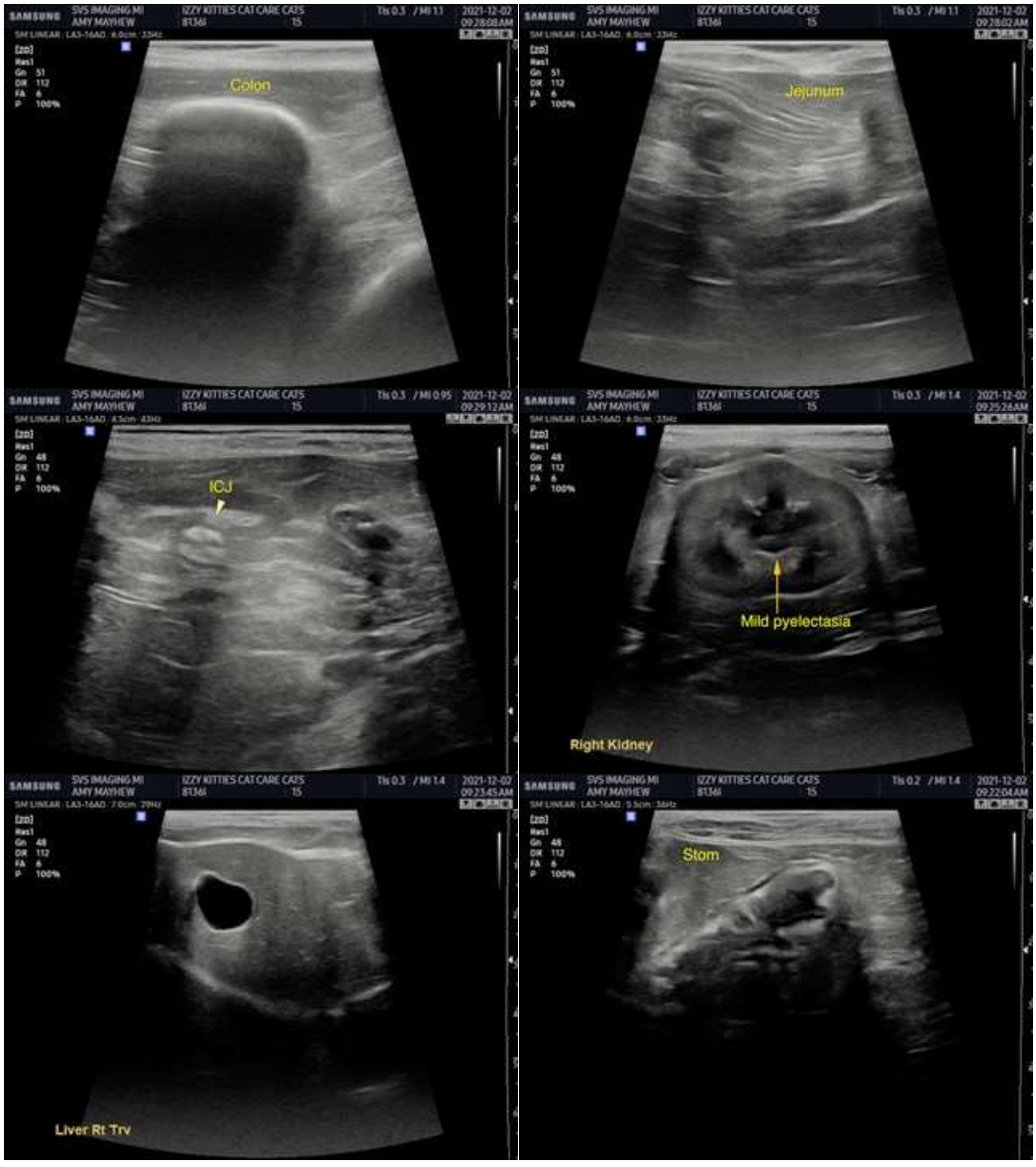
No overt evidence of structural gastrointestinal pathology, although long-term medication may be suppressing intestinal mural changes. continued as-needed gastrointestinal support based on the clinical impression of the patient would be appropriate. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.



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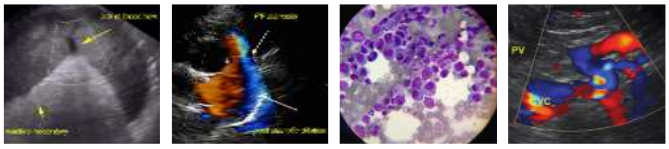

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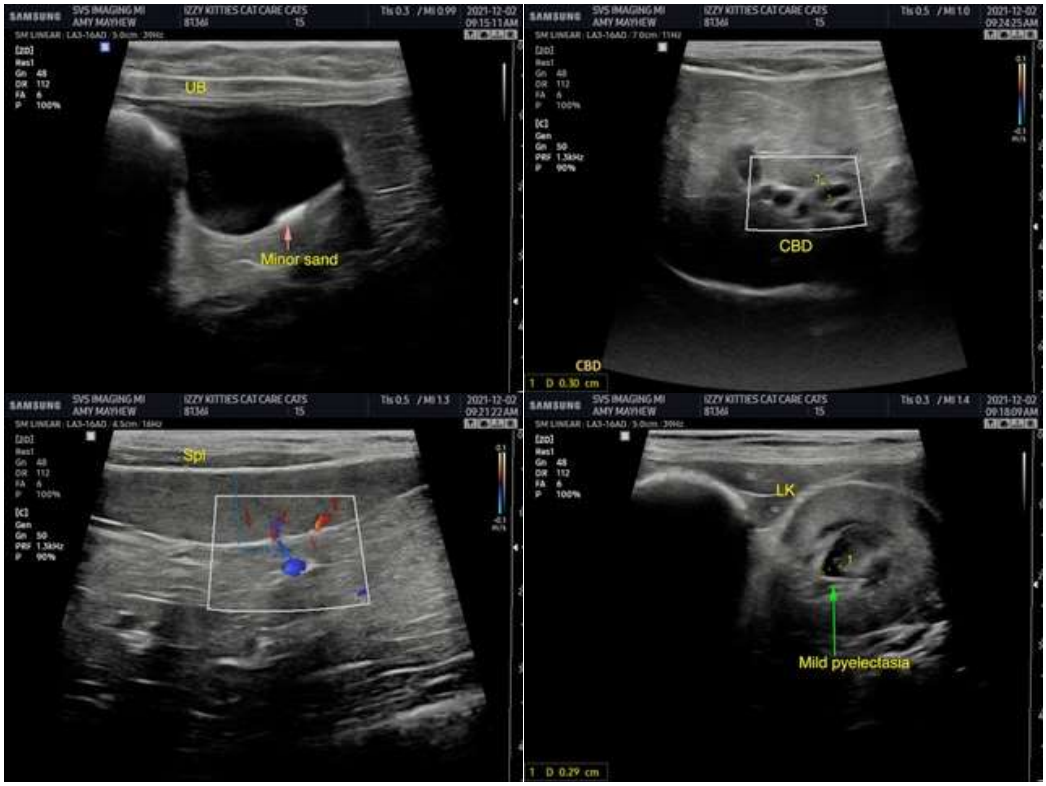

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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