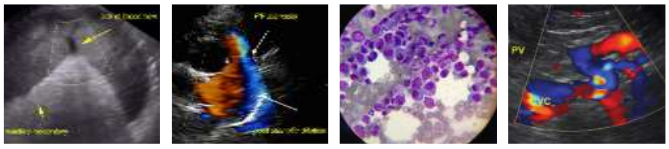
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Cherise Hance

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7.9

WEIGHT

10.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tam Mengine, DVM , DABVP (canine / feline)

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Tam Mengine, DVM , DABVP (canine / feline)

INVOICE

13225

DATE

2/1/22

PRESENTING CLINICAL SIGNS

Azotemia initially identified on wellness labs 1 year ago (creat 1.9). Has been on renal diet since. Recheck values this year - BUN / SDMA normal but creat 2.5. Urine SpGr 1.040, normal U/A culture pending. Normal blood pressure. CBC / Chem /. T4 otherwise normal

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. 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 normal in size and contour. Both kidneys exhibited a subjective maintained 1:3 cortex / medulla ratio with mild uniform increased cortex echogenicity and mild loss of corticomedullary border demarcation. No evidence of pyelectasia was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 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 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

Spleen

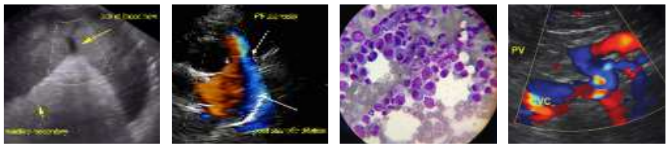
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.0 cm in width at the level of the hilus.

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. The gastric body wall width measured 0.24 cm.



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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 jejunum wall width measured 0.25 cm. The duodenum wall width measured 0.25 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

Potential for focal benign to reactive jejunal or pancreaticoduodenal lymph node was present. This lymph node was not consistent with inflammatory or neoplastic changes and likely incidental. No effusion was noted.

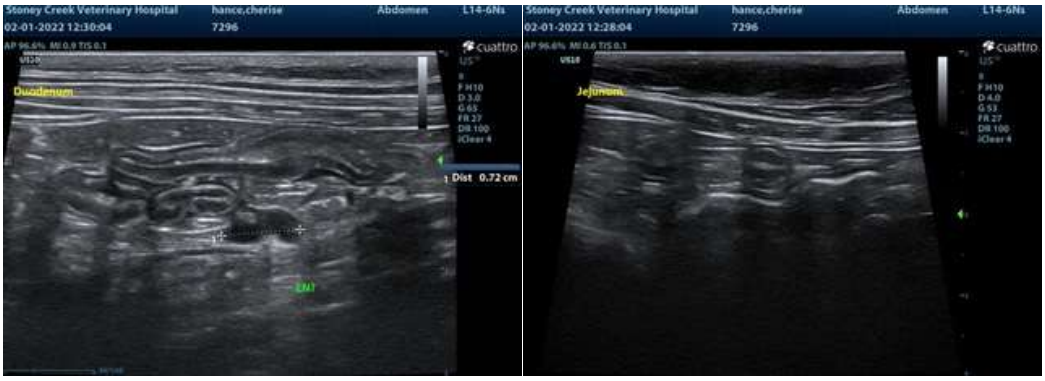
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild nonspecific chronic renal changes
- Otherwise sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the kidneys is most consistent with chronic renal changes or nephropathy. Considerations may include early chronic renal changes with potential for mild interstitial nephritis or other. Given the normal urine specific gravity, conservative therapy for early CKD which may include current renal diet, monitoring of blood pressure, and periodic urinalysis is recommended. Recheck sonogram is suggested if persistent / progressive azotemia, worsening urine specific gravity, or evidence of PU/PD is noted.



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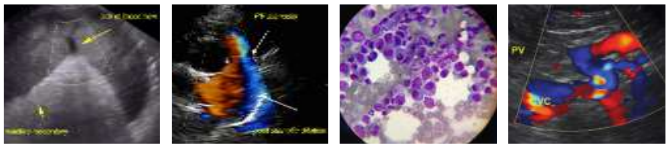

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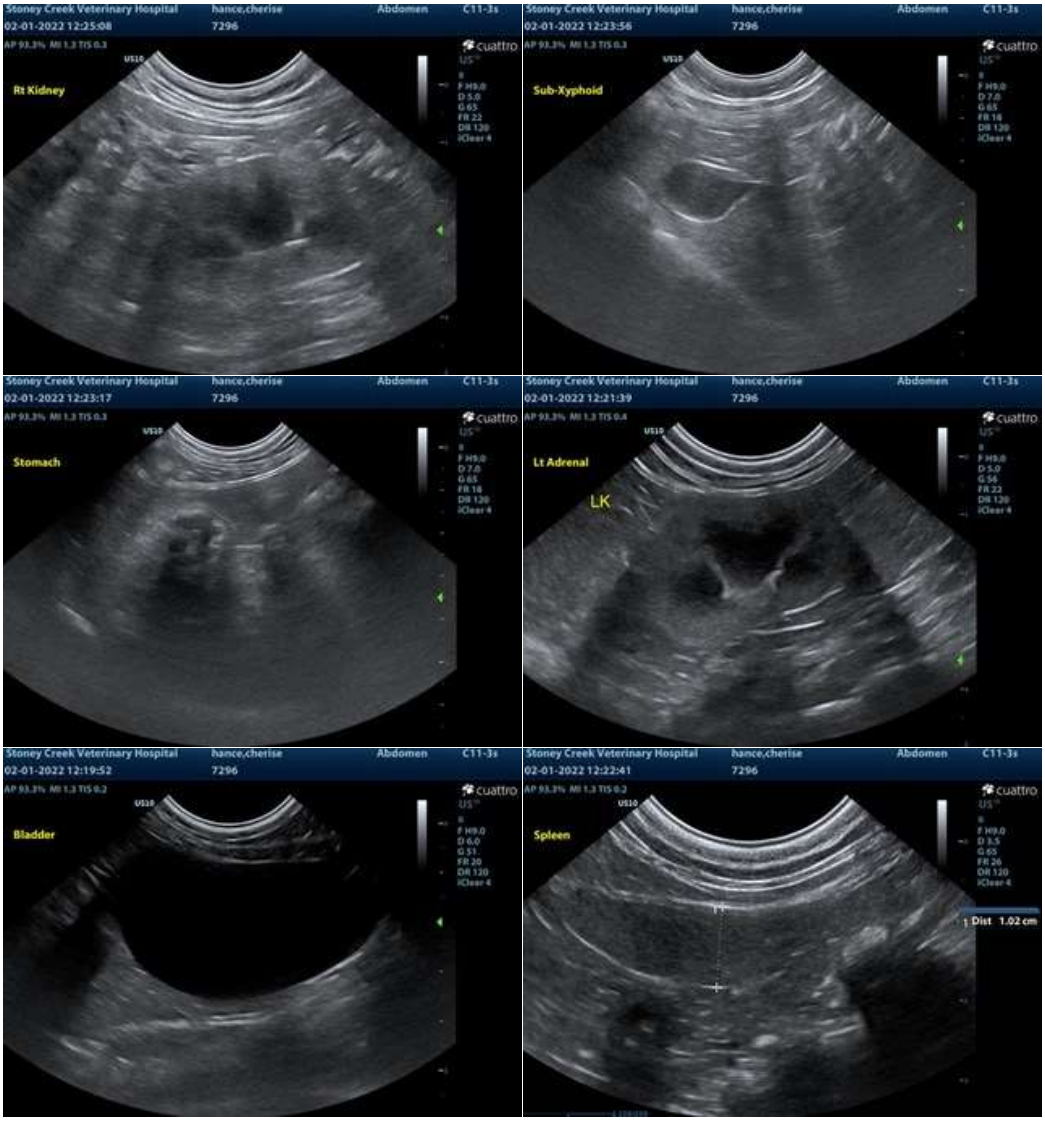

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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