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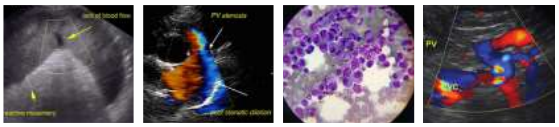


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Hannah Jorgensen

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

South Willamette VC

REFERRING VET

Dr. Willaman

INVOICE

13439

DATE

2/25/22

PRESENTING CLINICAL SIGNS

Presented for lethargy, vomiting, anorexia. RR (60) and HR (230) elevated in clinic. Azotemia, hypokalemia, mild anemia, mild stress hyperglycemia. SQ fluids, phosphorus binder, potassium supplementation, appetite stimulant initiated. Recheck labs 6 days later - mild improvement in BUN/Creat, elevated ALT, abnormal fPl, stress hyperglycemia, hypokalemia unchanged. Hematuria on U/A.
Abnormal PE/Chem/CBC/UA Results: Current Medications SQ fluids 100ml daily, potassium oral gel supplement, mirtazapine 3.75mg q 3rd day. (Capromorelin caused a lot of gagging)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

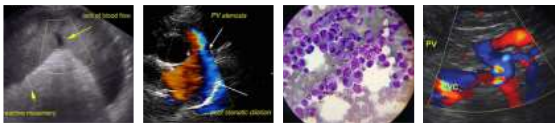
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present in both kidneys. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 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 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width. No evidence of hyperplasia or tumors was noted.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary, non-expansive echogenic nodule was present in the mid-spleen measuring 0.26 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The overall spleen measured 0.60 cm width at the level of the hilus.



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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. Mild retained, nonshadowing ingesta and chyme were present.

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.

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

Pancreas

The pancreas was normal in size with mild hypoechoic to heterogeneous parenchyma compared to the adjacent omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

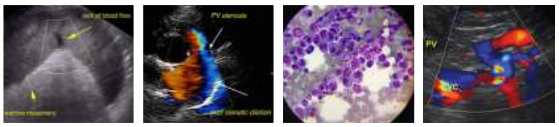
ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes with mild pyelectasia
- Nonspecific yet likely benign splenic nodule - suggestive of probable benign myelolipoma or focal nodular hyperplasia
- Overtly normal gastrointestinal tract with gastric ingesta
- Normal bilateral adrenal glands - no evidence of neoplastic criteria
- Subtly hypoechoic pancreas - nonspecific, potential for low-grade to chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia in both kidneys 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.

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.



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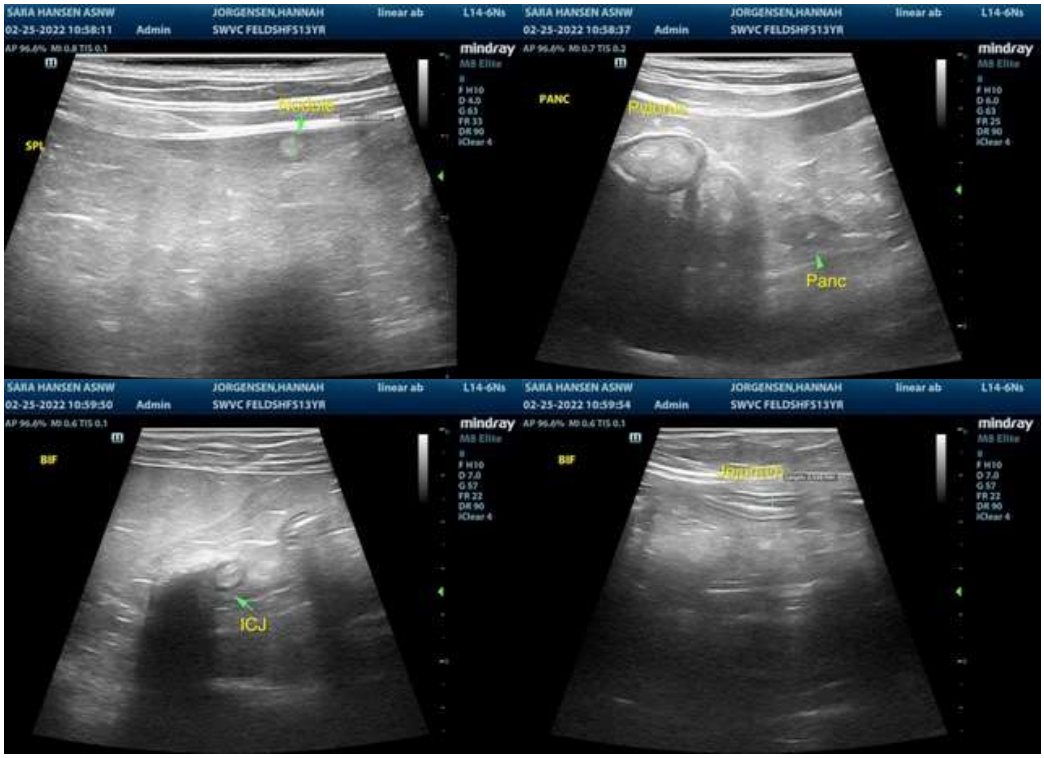
Pancreatitis would be suspected in conjunction with abnormal fPL if evidence of cranial abdominal or subxiphoid discomfort on palpation.

Subjectively, the kidneys did not appear to be end-stage. However, advanced chronic kidney disease may be possible given the degree of azotemia. Hospitalization with diuresis protocol with monitoring of urine output, body weight, and renal response may prove beneficial.

Although no current ALT elevation, a potential for mild reactive or low-grade inflammatory hepatopathy such as low-grade cholangiohepatitis is possible, given the previous ALT elevation.

Empirically, as-needed gastrointestinal support and medical therapy for potential low-grade or chronic pancreatitis in addition to CRD therapy would be reasonable.



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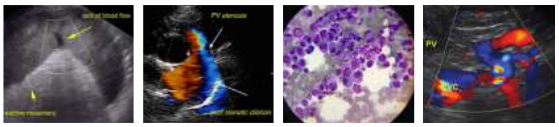

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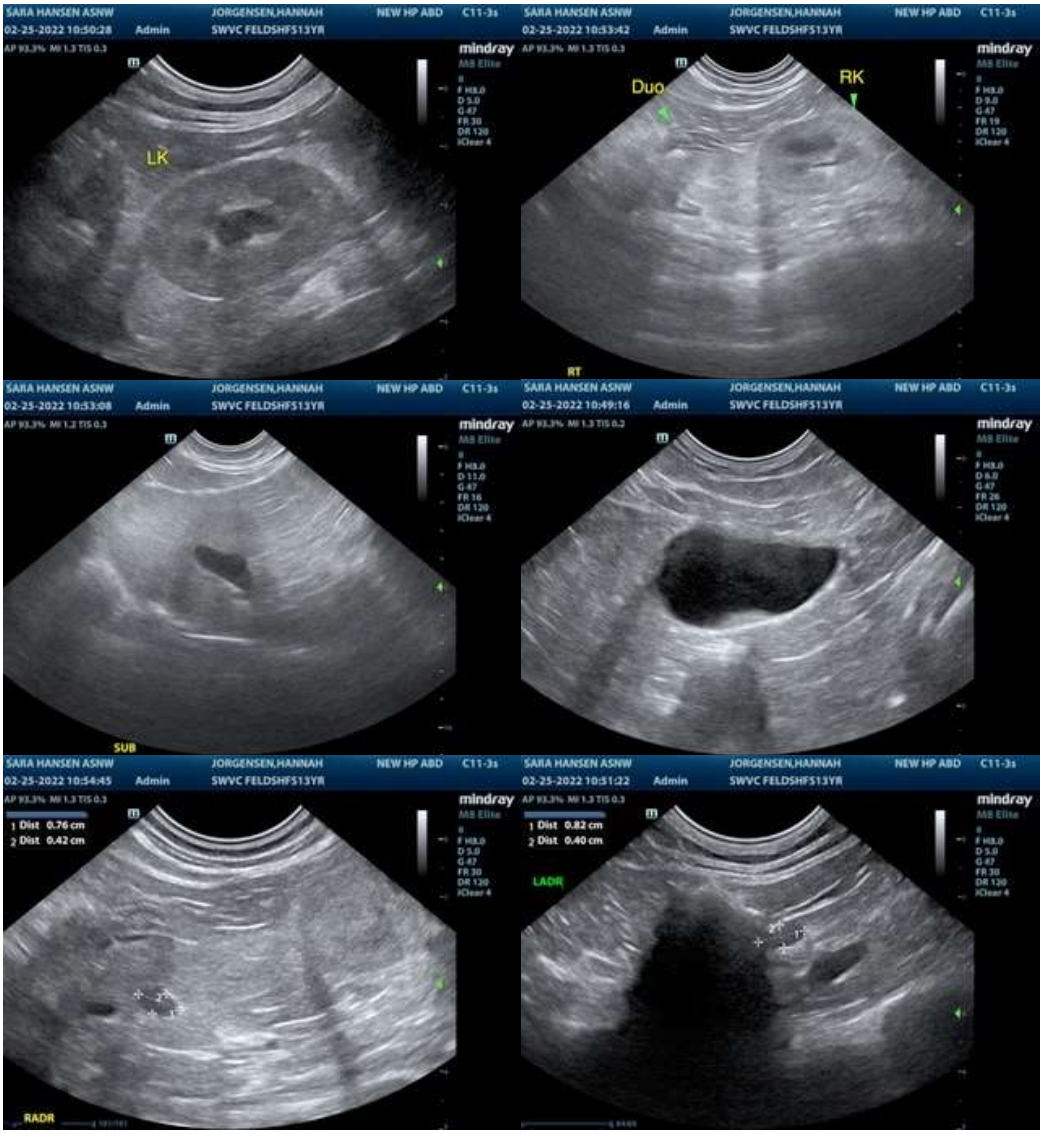

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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