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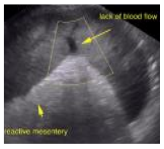
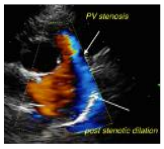
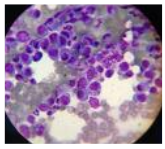
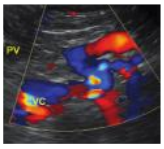
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Mario Watson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

24 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Leidberg

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Miller, Creature Comfort

INVOICE

14604

DATE

4/4/22

PRESENTING CLINICAL SIGNS

History: Mario has not been in clinic for several years. He is now 24lbs. A week ago, he ate some jerky he proceeded to vomit and was not producing stools. Radiographs reveal small kidneys.
Abnormal PE/Chem/CBC/UA Results: ALT mildly elevated at 141.

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 were noted. Aortic trifurcation was normal.

The left kidney was subnormal in size, measuring 2.8 cm length. Cortical hypertrophy was present, exhibiting primarily uniform increased cortex echogenicity. Mild hydronephrosis was present, exhibited by pelvic fluid dilation, extending mildly into the lateral diverticula. No evidence of left retroperitoneal inflammation or left hydroureter.

The right kidney was enlarged in size. Asymmetrical margination was present. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. 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. Pinpoint medullary mineral was present. No evidence of right retroperitoneal inflammation. The right kidney measured 5.3 cm in length.

Adrenal Glands

Both adrenal glands were indistinctly visualized owing to patient size yet without pathology. The left adrenal gland subjectively measured 0.27 cm. The right adrenal gland measured 0.37 cm.

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.

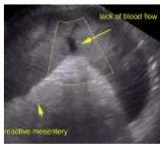
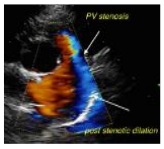
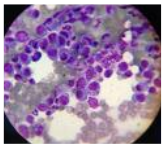
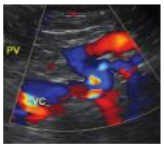
Liver

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 visualized gastric walls were overtly normal. The lumen of the stomach contained moderate ingesta, exhibiting progressive distal acoustic shadowing. No overt evidence of mechanical pyloric outflow obstruction.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental digesta/chyme was present in the small intestine.

The colon walls were overtly normal. Formed to semi-formed feces was present in the descending and proximal colon respectively.

Pancreas

The left pancreatic limb was normal in size and contour with heterogeneous to mildly echogenic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Minor left pancreatic duct dilation was present.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present. A subjective increased amount if intraabdominal fat was present.

ULTRASONOGRAPHIC FINDINGS

- Left kidney subnormal size, exhibiting marked chronic degenerative changes and mild nonobstructive hydronephrosis
- Right kidney compensatory hypertrophy with nonspecific increased corticomedullary echogenicity
- Low-grade hepatopathy
- Overtly normal gastrointestinal tract with gastric and segmental small intestinal ingesta/chyme
- Mildly heterogeneous to echogenic left pancreas

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. Monitoring of systemic blood pressure would be ideal. Functionality of the left kidney is highly questionable. Periodic to serial monitoring of renal parameters and urinalysis is suggested.

Potential for mild reactive or low grade inflammatory hepatopathy possible given the mildly elevated ALT.

Potential for low-grade to chronic pancreatitis could be present, correlation with spec FPL may be considered.

The presence of gastrointestinal ingesta may indicate postprandial presentation. Some degree of metabolic delayed gastric emptying could be considered if documented NPO. Monitoring for normal gastric emptying, as needed gastrointestinal support and therapy for constipation (if clinically indicated) would be reasonable.

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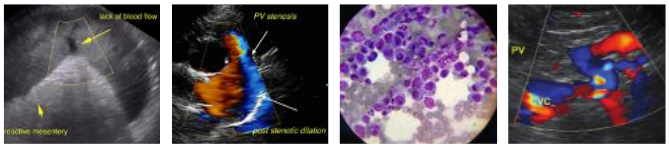

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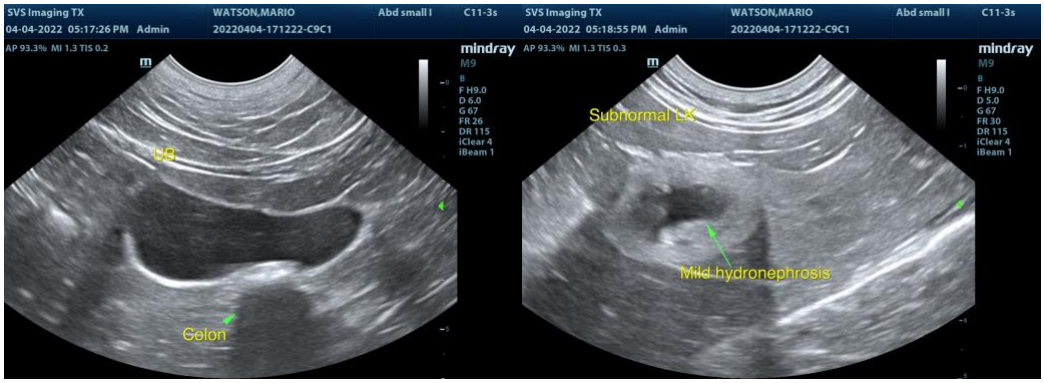

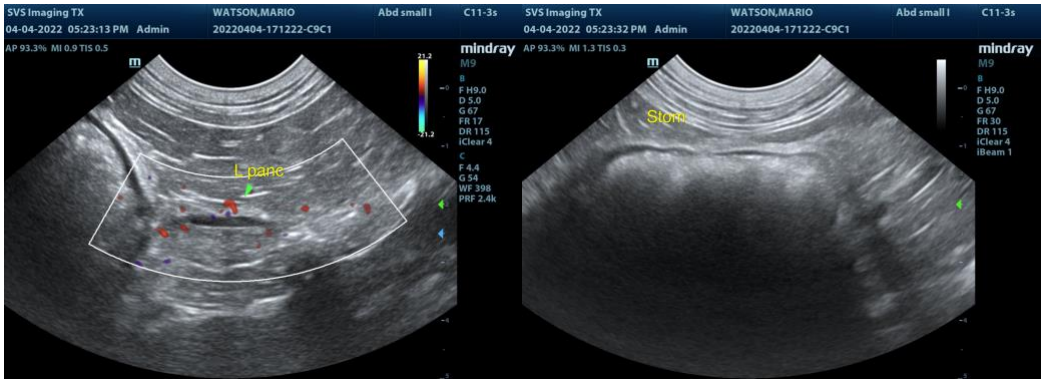

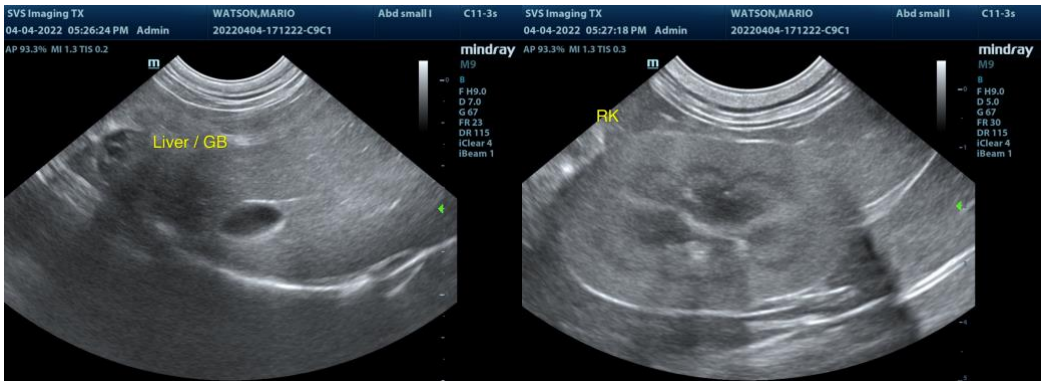

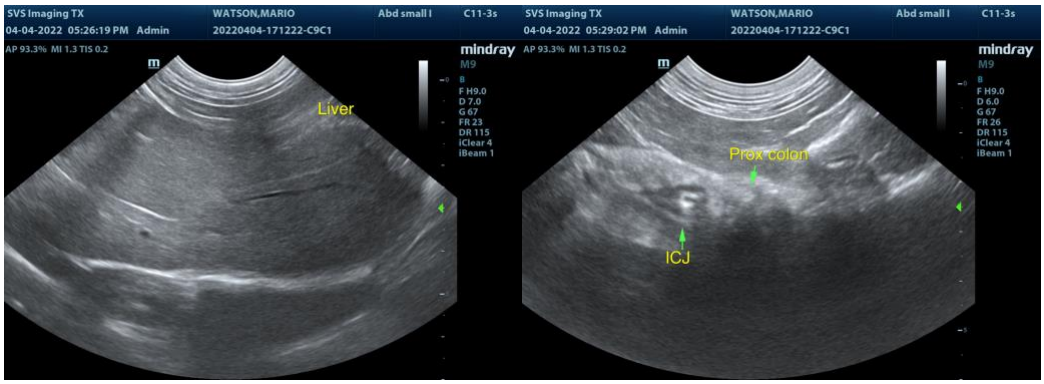

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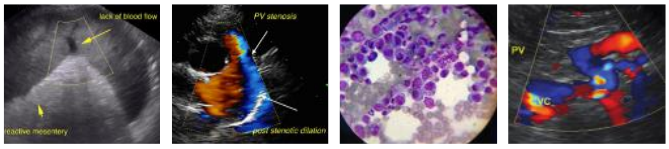

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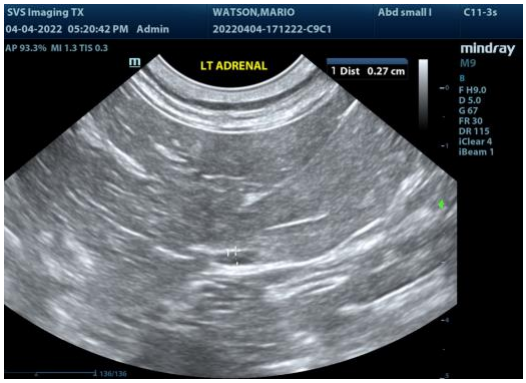

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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