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Clinical Sonography & Telecytology
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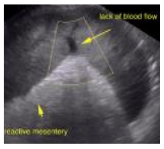
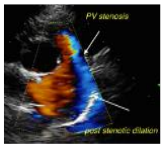
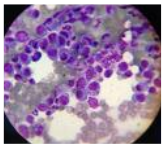
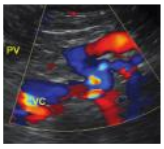





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Samson Dyer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years 3 Months

WEIGHT

14.50 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Ward

INVOICE

21894

DATE

4/6/23

PRESENTING CLINICAL SIGNS

History: Samson, a 13 yr old Neutered Male DSH presents today for not acting like his normal self. O states she got home last night, and P was extremely lethargic. P's eyes were sunken in and you could see the bone at the top of his head. O also saw P urinating outside of the litterbox on their camera at home. P is just laying around in one spot all day and complains when he goes up stairs. O's husband gave P 100mls of fluids last night and another 100mls this morning. P has had a decreased appetite but ate some wet food last night and a little this morning. O also states she can feel P's spine, and she has never been able to do that. O also states O smells a bad odor coming off P but is unsure where it's coming from. P is indoor only.

Abnormal PE/Chem/CBC/UA Results: Hydration: markedly dehydrated Mentation: QAR EENT: No nasal discharge; clear no discharge OU; clean no debris AD, mild to mod waxy debris, no erythema AS; No cough on tracheal palpation. Oral Cavity: heavy dental tartar present, halitosis CV/Respiratory: Grade III/VI murmur, no crackles/wheezing auscultated. Normal bronchovesicular sounds. Musculoskeletal: Ambulatory x4, but weak. Muscle wasting along spine. BCS 7/9 CBC/Chem: mild anemia, marked azotemia, electrolyte imbalances UA (cysto): SG 1.006, RBCs and debris present

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 overt sediment, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

The right kidney was borderline prominent in size with asymmetrical margination was present in the right kidney. 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. The right kidney measured 4.3 cm in length. Nonobstructive medullary to pelvic mineral to small renoliths were present.

The left kidney was mildly subnormal in size (compared to normal kidney size for felines and compared to the right kidney) with asymmetrical margination. 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. The left kidney measured 2.9 cm in length. Nonobstructive medullary to pelvic mineral to small renoliths were present. Minor pyelectasia was noted in the left kidney. An example of left kidney pelvic renolith measured 0.5 cm in diameter.

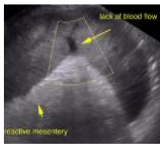
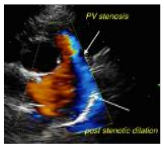
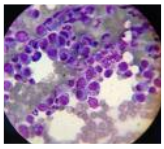
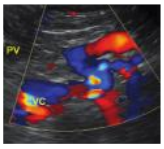
Adrenal Glands

No overt pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 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

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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 0.83 cm in width at the level of the hilus.

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 stomach presented intact wall layering with a normal wall layer ratio. Luminal gas was present in the stomach with possible minor nonshadowing ingesta/chyme. No evidence of mechanical pyloric outflow obstruction.

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 small intestinal wall width measured 0.26 cm. The ileocolic wall measured 0.47 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 was evident.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic nephropathy, exhibiting borderline subnormal left kidney size and likely mild right kidney compensatory hypertrophy and bilateral nonobstructive mild renolithiasis.
- Structurally unremarkable gastrointestinal tract
- Sonographically normal urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the bilateral kidneys is consistent with chronic nephropathy or chronic renal failure in conjunction with marked azotemia and decreased urine specific gravity. No evidence of intraabdominal or urinary tract neoplastic criteria.

Hospitalization with diuresis protocol with monitoring of urine output and body weight, monitoring of systemic BP, and as needed gastrointestinal support with assessment of renal response is recommended. Urine culture and sensitivity +/- baseline UPC level, if evidence of proteinuria, for additional renal staging may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is suggested to assess for or rule out occult intestinal or pancreatic disease as a contributing factor to the patients loss of muscle mass.

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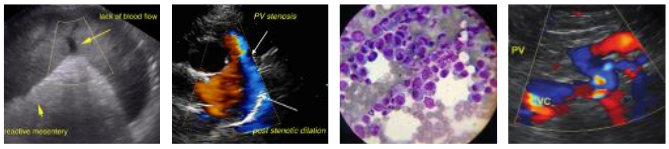

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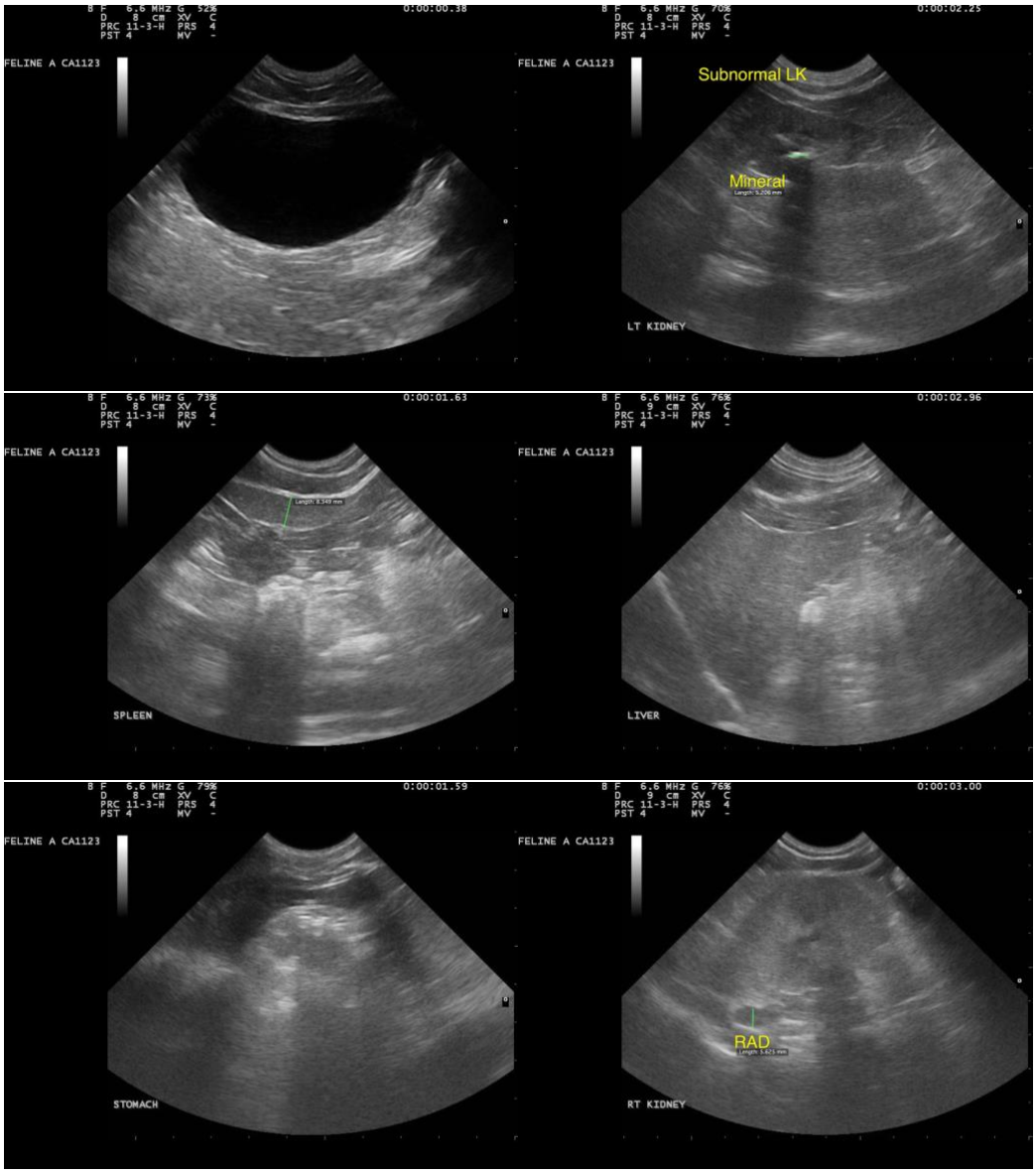

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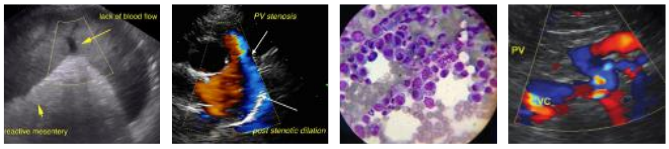

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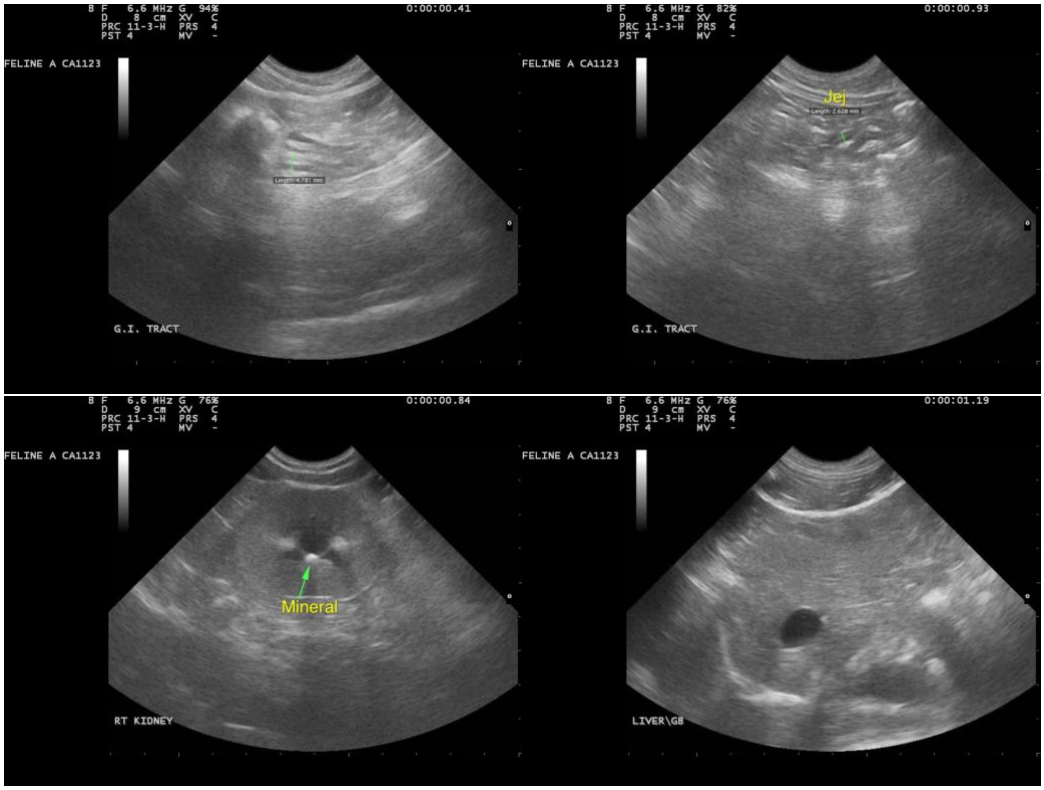

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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