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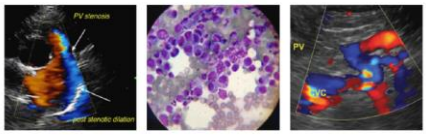

SonoPath
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PATIENT

Dot Kreie

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

6 years

WEIGHT

4.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Advanced Animal Hospital Dr Steele

INVOICE

10334ag

DATE

04/08/2022

PRESENTING CLINICAL SIGNS

History: Weight loss and declining appetite, generalized weakness.

Abnormal PE/Chem/CBC/UA Results: Azotemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Both kidneys presented subnormal in size exhibiting loss of normal corticomedullary architecture including marked loss of corticomedullary border demarcation and reduced medullary volume Asymmetrical renal margination with multiple cortical cysts as well as probable cortical infarcts were present in both kidneys. Bilateral mild pyelectasia was noted along with pinpoint medullary dystrophic mineralization. The degenerative changes appear to be more prominent in the right kidney compared to the left. The left kidney measured 2.5 cm in length. The right kidney measured 2.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm.

Spleen

The spleen exhibited borderline enlargement measuring 0.9 – 1.0 cm in width at the level of the hilus. Areas of mild splenic capsule asymmetry or scalloping were present with subjective uniform decreased parenchyma echogenicity.

Liver

The liver was enlarged yet maintained symmetrical capsule contour with subjective mild reduced parenchyma echogenicity and mild coarse echotexture. Intermittent discrete nondisruptive hypoechoic hepatic parenchymal nodules were present. An example of a hepatic nodule measured 0.26 in diameter. 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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with segmental propensity for subtly prominent muscularis layer yet without evidence of loss of intestinal wall layering, mural hypertrophy or visualized intestinal masses. The jejunum wall 0.22 cm in width. The duodenum wall measured 0.26 cm in width.

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

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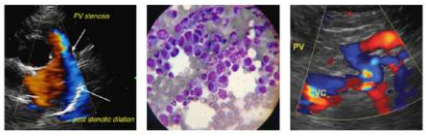

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Multiple mildly prominent enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.23 cm in diameter. Generalized hyperechoic mesentery with intermittent small pockets of scant free fluid were observed.

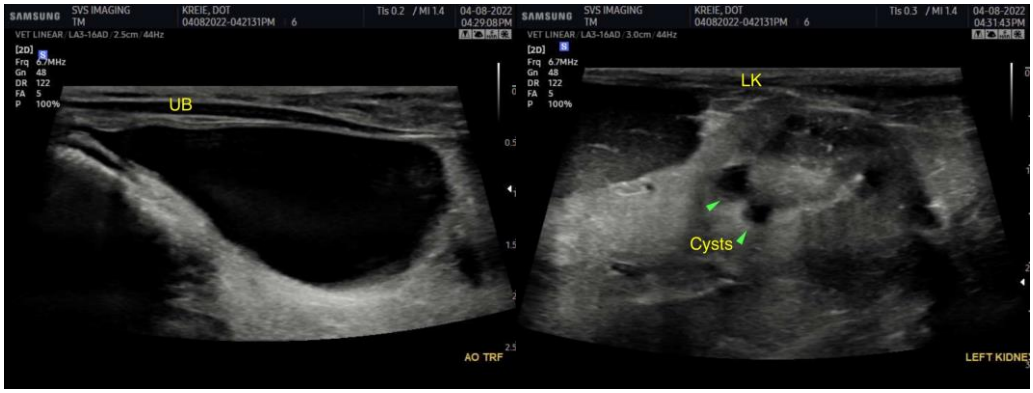
ULTRASONOGRAPHIC FINDINGS

- Bilateral subnormal renal size exhibiting marked chronic degenerative parenchymal changes including critical cysts and likely cortical infarcts-potential dysplasia given the young age of the patient vs bilateral nonspecific chronic nephritis. Chronic renal failure is likely. The bilateral kidneys were not overtly consistent with neoplastic criteria.
- Hepatomegaly exhibiting intermittent discrete hypoechoic parenchymal nodules.
- Borderline splenomegaly exhibiting mild medial capsule asymmetry to scalloping.
- Possible enteropathy.
- Generalized reactive mesentery and scant peritoneal free fluid.

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. Assessment of systemic BP is recommended. The hepatomegaly is nonspecific, given the lack of reported liver enzyme elevations potential for acute hepatic inflammation, vacuolar hepatopathy or occult neoplasia are possible. Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA is warranted for screening cytology.

Further assessment of the weight loss and inappetence may include a GI panel with PLI/TLI/Cobalamin/Folate as well as three view chest radiographs to rule out occult thoracic or esophageal pathology.



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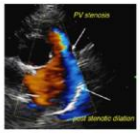
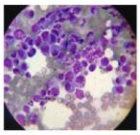
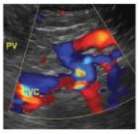

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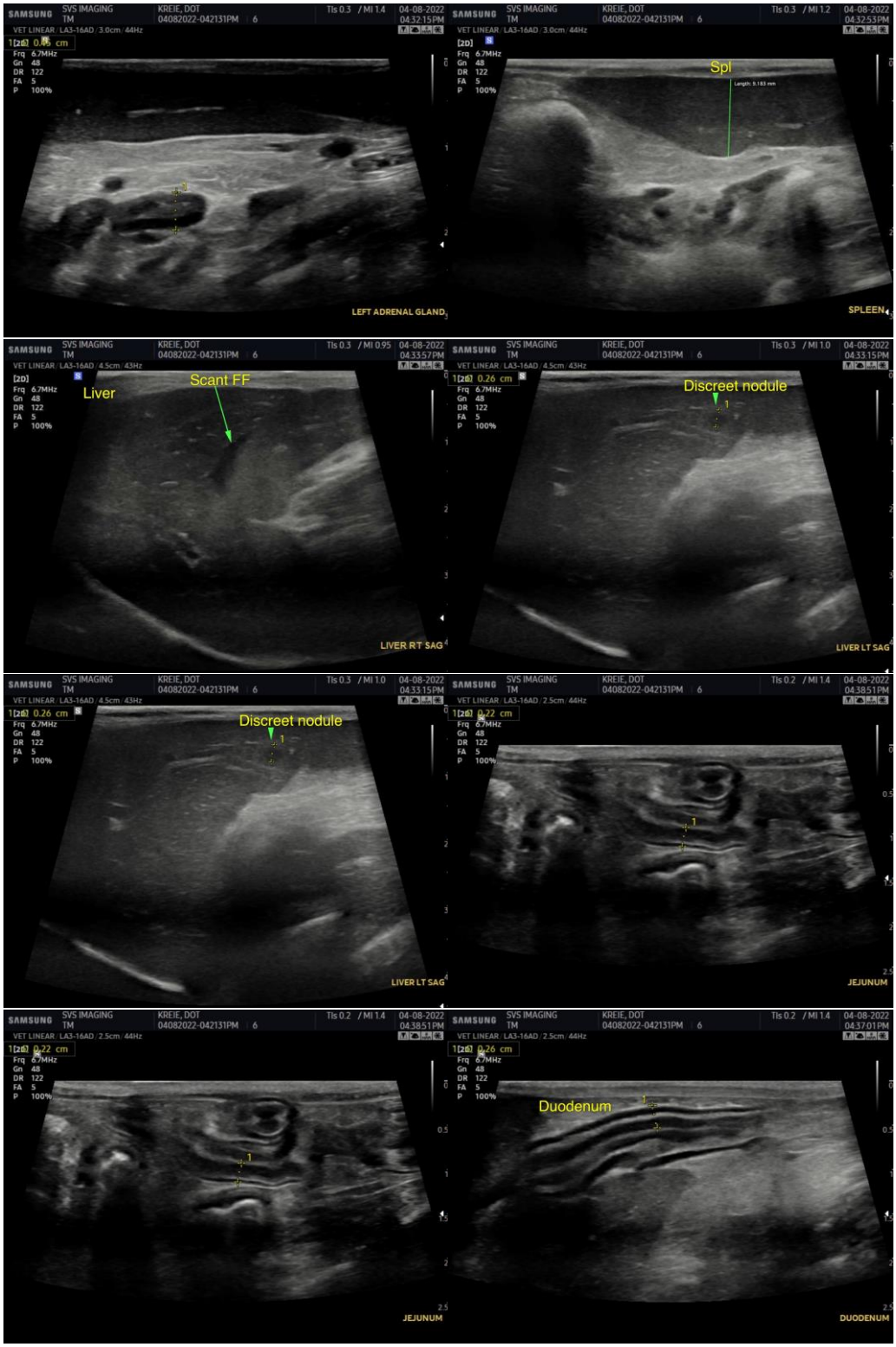

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not

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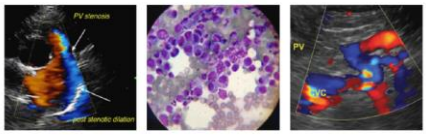

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visible in the image/video clips provided.

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