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Clinical Sonography & Telecytology
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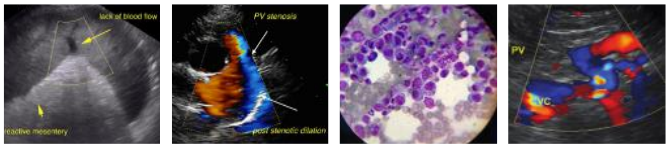


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Pierre Noice

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
16 years

WEIGHT
7.8

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

IMAGING PERFORMED BY
Dr. Brita Kiffney

HOSPITAL NAME
Northshore Veterinary Hospital

REFERRING VET
Dr. Brita Kiffney

INVOICE
15250

DATE
5/18/22

PRESENTING CLINICAL SIGNS

chronic weight loss, well controlled hyperthyroid illness and IRIS stage 2 renal disease. Medication: felimazole 1.25 mg BID eating renal diet

Abnormal PE/Chem/CBC/UA Results: CBC: Chem: SDMA 18 ug/dL (0-14), Creat 2.7 mg/dL (0.9- 2.3) BUN 43 mg/dL (16-37) TT4 is nl at 2 blood pressure is 170

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 left kidney exhibited asymmetrical margination with areas of associated increased cortex hypertrophy, consistent with cortical infarcts. The left kidney was mildly subnormal in size compared to the right measuring 2.9 cm. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced.

Normal renal 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 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 0.44 cm.

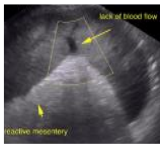
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm.

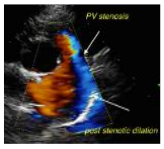
Spleen

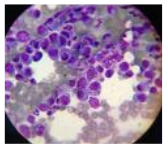
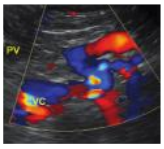
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.





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The gallbladder was non-distended in size. Minor gallbladder debris was present, likely incidental, secondary to fasting or potential nonclinical cholestasis. 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 measured 0.25 cm.

The small intestine presented intact wall layering with subjective propensity for generalized mildly prominent muscularis layer yet without evidence of significant mural hypertrophy, loss of intestinal wall layering or intestinal masses.

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

Pancreas

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

Free Abdomen

No omental masses, lymphadenopathy or peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes, more prominent in the left kidney with left kidney cortical infarcts
- Probable mild IBD
- Possible concurrent low-grade chronic to chronic active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subtle subjective mural changes, which although are nonspecific with potential for normal patient variant, are suggestive of underlying inflammatory enteropathy/IBD given the patients history of chronic weight loss. Further assessment of the small intestinal and pancreatic presentation may include a GI panel to include PLI/TLI/Cobalamin/Folate. Three-view chest radiographs suggested, if not done, to rule out occult thoracic pathology as a potential contributing factor to the patients weight loss. No overt evidence of intraabdominal or gastrointestinal neoplastic criteria.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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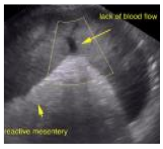
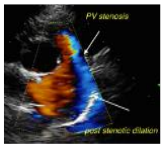
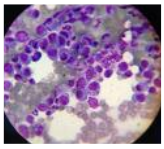
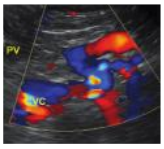

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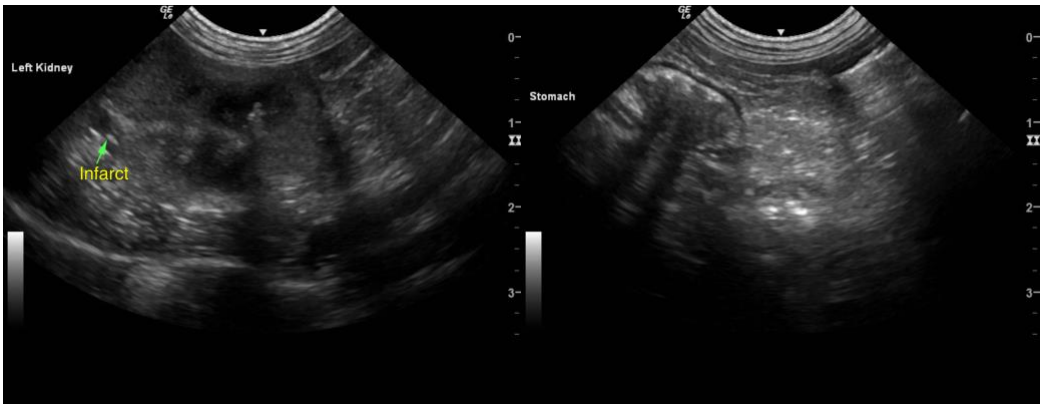

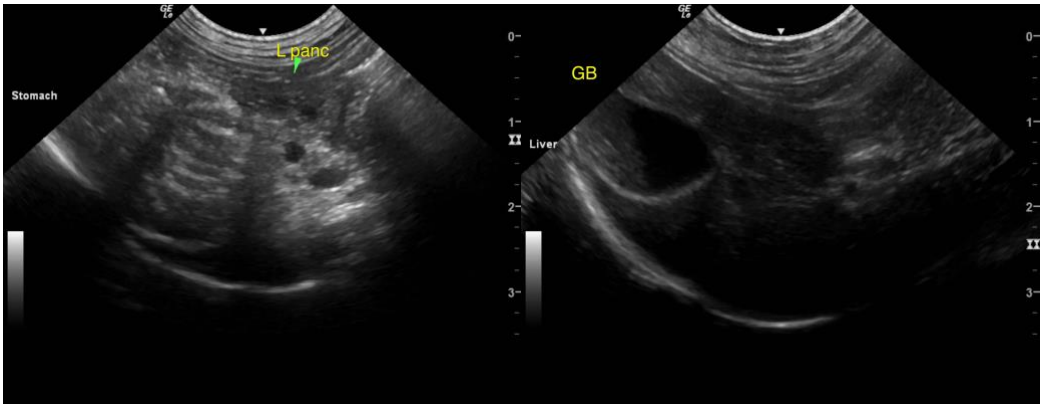

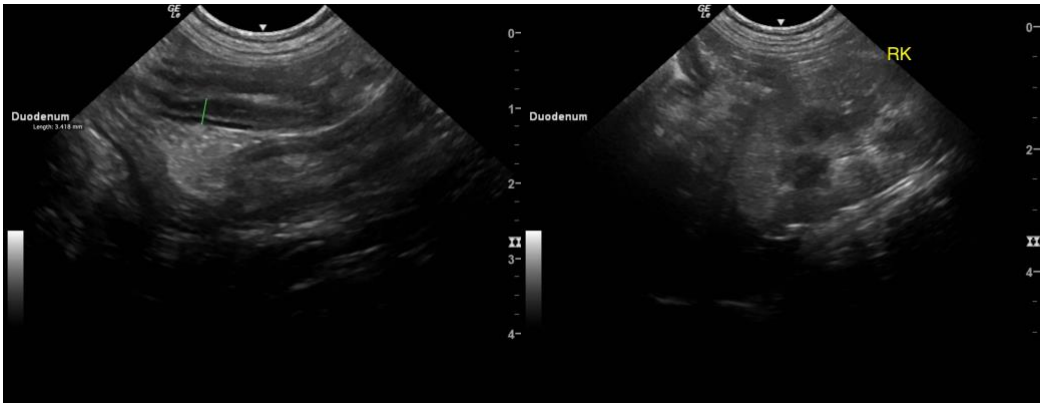

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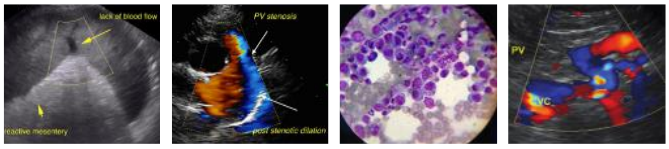

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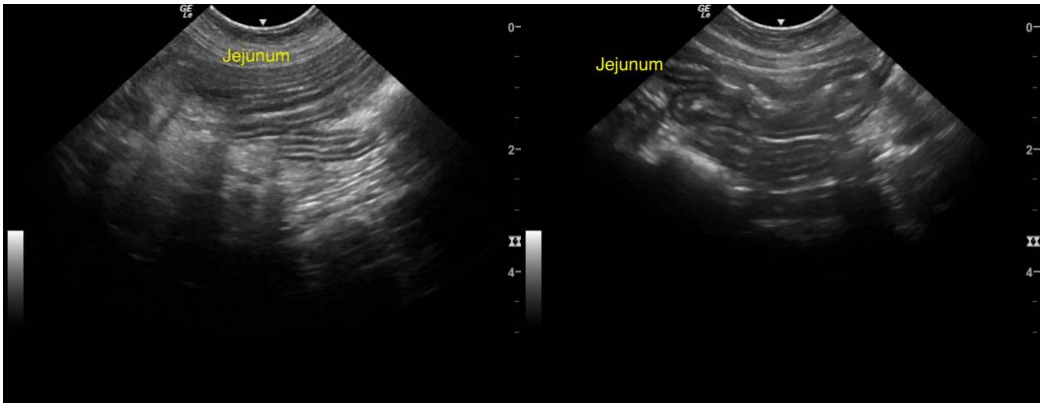

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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