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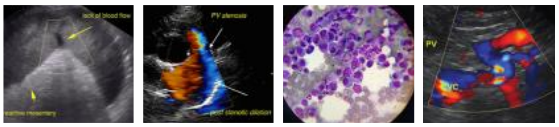


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Cami Galster

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4y

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Faithful Friends AC

REFERRING VET

Dr. Stender

INVOICE

16773

DATE

5/9/23

PRESENTING CLINICAL SIGNS

pu/pd, weight loss over 2 months. history of vomiting certain foods 2 years. has done well on Purina One weight control dry. appetite normal. L foreleg amputated due to severe trauma 2yr ago. Primary Question/Differential to Be Answered in This Exam cause of pu/pd and weight loss, what do kidneys show but also has history of vomiting certain foods

Abnormal PE/Chem/CBC/UA Results: sdma 20 hi, BUN 71 hi, creat 2.3 hi normal, usg 1.020, ur. protein 3+, urine culture negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

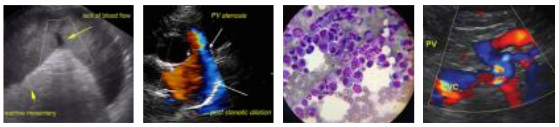
Normal size and contour were present in the kidneys. No evidence of renomegaly was noted. Both kidneys exhibited subtle cortical hypertrophy and mild loss of corticomedullary border demarcation. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation or pyelectasia. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.8 cm in length. The right kidney measured 4.3 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 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

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.



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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 sonographically normal intact visualized gastric wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental nonshadowing intestinal ingesta / chyme was present. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.30 cm width.

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

Pancreas

The pancreas was normal in size and contour with isoechoic, mildly heterogeneous parenchyma compared to adjacent omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

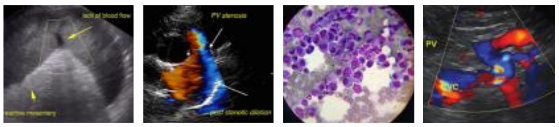
ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Nonspecific nephropathy with medullary rim sign
- Gastric ingesta
- Structurally unremarkable small bowel with mild segmental ingesta / chyme
- Mild heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If no evidence of inflammatory sediment on urinalysis, baseline UPC is suggested, given the current proteinuria or if persistent proteinuria.

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. Overall, a definitive cause of the patient's weight loss was not obvious. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological



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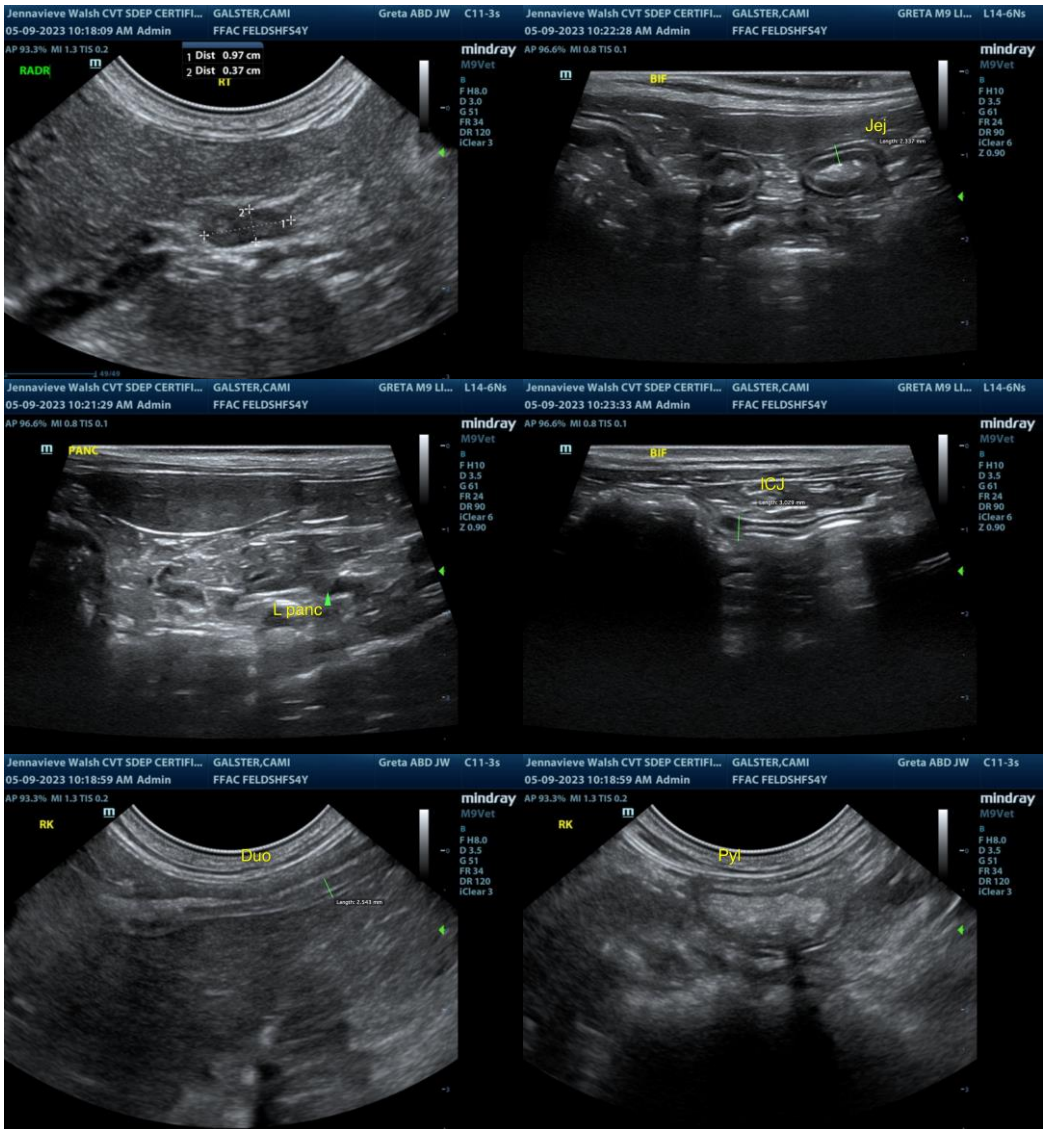
/ musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

No overt evidence of intraabdominal neoplastic criteria was noted. Early CKD therapy could be considered.



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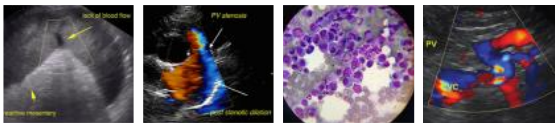

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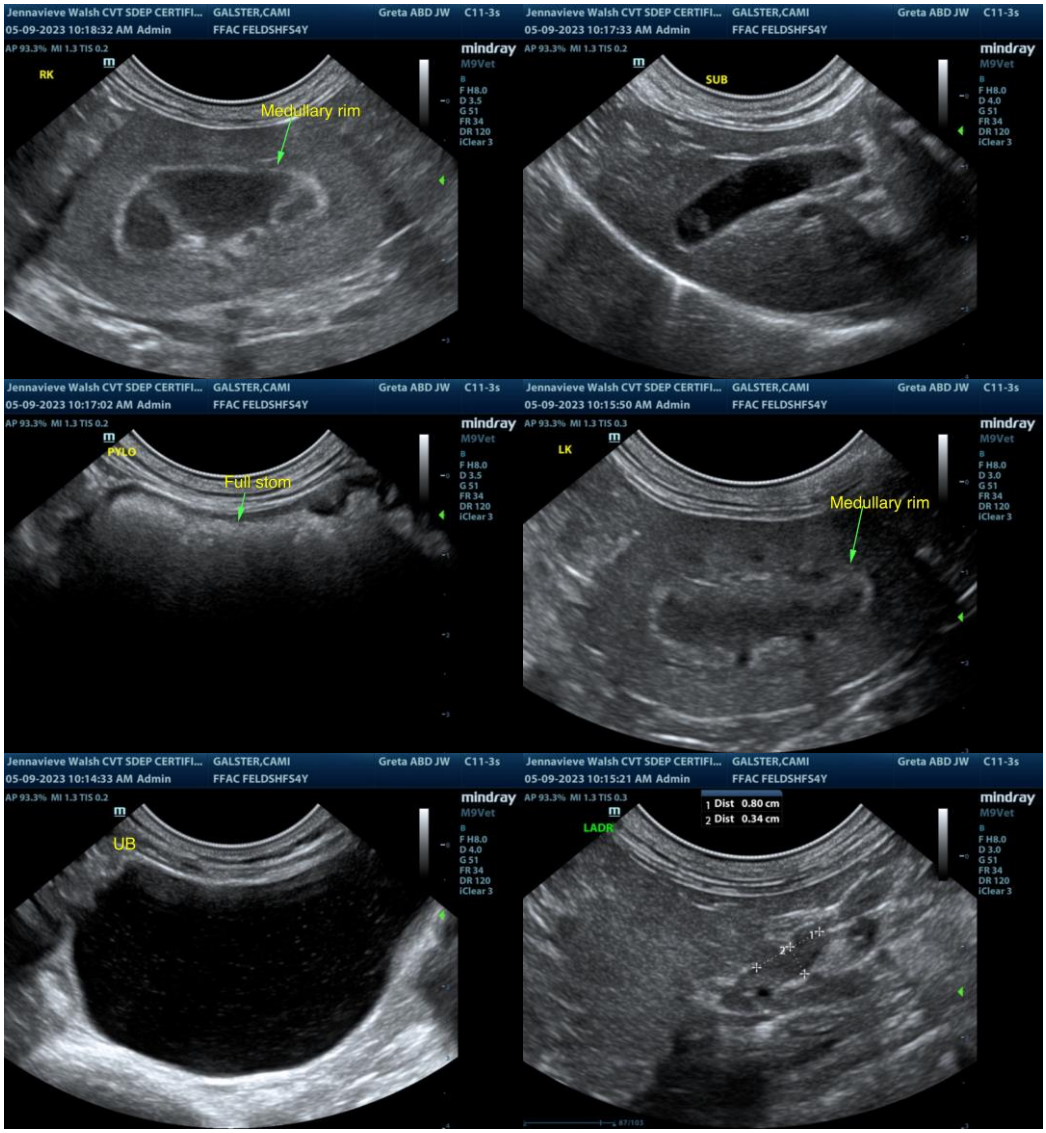

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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