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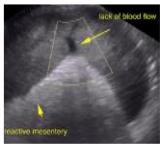

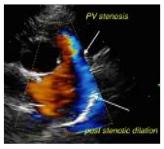

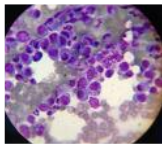
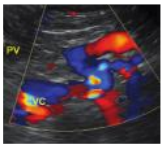

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1-800-838-4268 info@sonopath.com

PATIENT

May Chan

SPECIES

Feline

BREED

DSH

SEX

F/S

AGE

13 years

WEIGHT

9.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Lara Cabugawan

INVOICE

17117

DATE

6/20/23

PRESENTING CLINICAL SIGNS

Presented for second options regarding recent dx of DM / severe azotemia, hematuria. PE hypothermia, severe dehydration, enlarge bilateral kidneys, dental ds.

Abnormal PE/Chem/CBC/UA Results: CBC/ CHem in house UA test - negative ketones / +++ glucose UCS - pending

Glucose > 686, creatinine not read, BUN >130, PHOS >16.1, Potassium 7.4, Na/K ratio 17, globulin 6.5, ALP <10, TBili 1.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended containing anechoic urine with mild nondependent particulate sediment and focal areas of dependent to adhered lumen mineral. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

No evidence of pathology in the area of the aortic trifurcation.

Borderline enlarged renal size with asymmetrical contour were present in both kidneys. Pinpoint to focal areas of medullary mineralization were noted. 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. Within the left and right retroperitoneal space, ill-defined retroperitoneal free fluid with potential for fluid echogenic cellular component or possible proliferative left and right retroperitoneal tissue was present. The left kidney measured 4.7 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 overtly normal in size and maintained a symmetrical capsule contour with generalized mild nonhomogeneous hepatic parenchyma with evidence of parenchymal remodeling. Normal hepatic vascular volume. No visualized hepatic masses or nodules.

The gallbladder was non-distended in size containing anechoic content with mild, echogenic gallbladder sediment. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct measured 0.2-0.3 cm in diameter.

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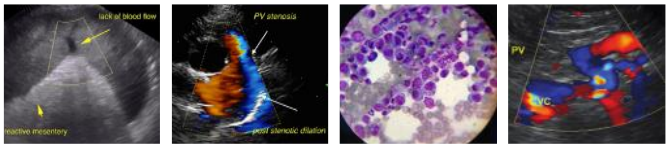

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Gastrointestinal

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 width measured 0.25 cm.

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 jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.32 cm width.

Normal visible colon wall layers were present with semi-formed to soft fecal matter.

Pancreas

The left limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia. Regional peripancreatic hyperechoic omentum was noted.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

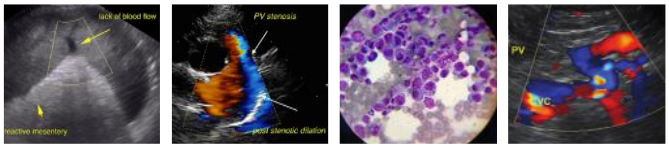
ULTRASONOGRAPHIC FINDINGS

- Severe bilateral nephropathy exhibiting marked loss of corticomedullary border demarcation, medullary mineral
- Associated moderate to severe left and right retroperitonitis
- Hepatic parenchymal remodeling
- Mild gallbladder sediment with nonobstructive proximal common bile duct dilation - suspect mild cholangitis
- Active pancreatitis with mild peripancreatic peritonitis
- Nondistended urinary bladder with urinary bladder sediment and pinpoint dependent to focally adhered lumen mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the bilateral kidneys may include severe, potentially end-stage nephritis such as pyelonephritis with associated significant left and right retroperitonitis. Potential end-stage kidney disease, given the degree of azotemia, pending assessment of urine specific gravity, is of concern. Unilateral or bilateral renal neoplastic criteria with left and right retroperitoneal infection, and potential for emerging retroperitoneal abscess, are possible. Correlation with pending urine C/S is recommended.

Empirically, hospitalization with aggressive diuresis protocol, antibiotic therapy pending urine C/S with monitoring of urine output and body weight, and assessment of renal response would be reasonable. If the patient can be stabilized, FNA cytology of an accessible kidney cortex, as well as retroperitoneal space for cytology and potential C/S may be considered. However, extremely guarded to unfavorable



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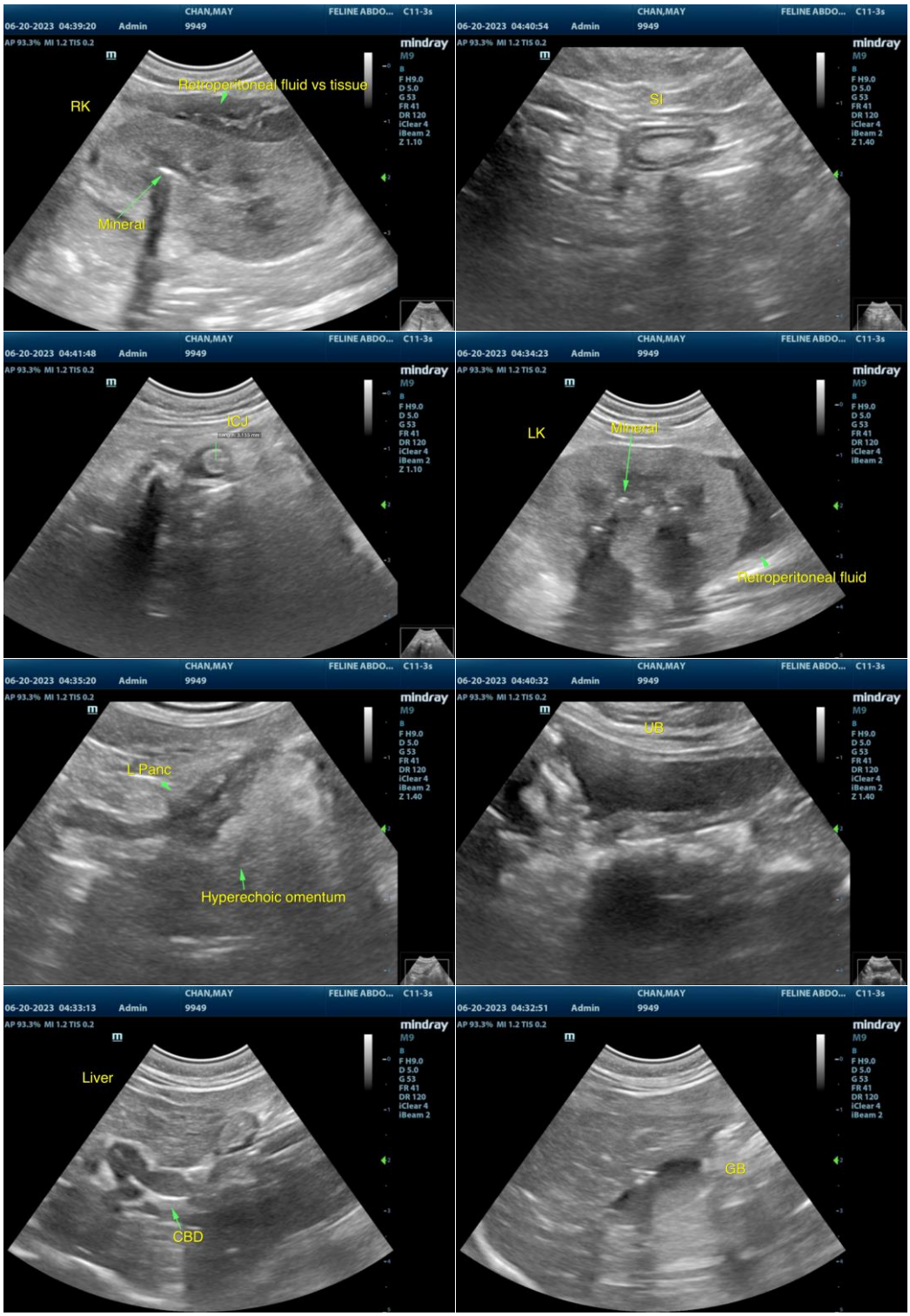
prognosis, given the degree of azotemia, renal presentation combined with active pancreatitis, and diabetes, is suspected.



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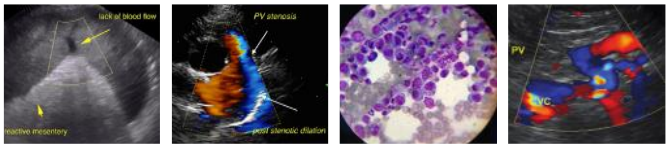

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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