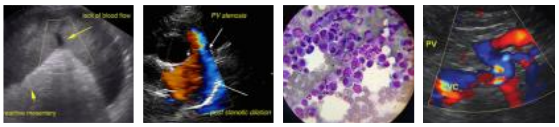


PATIENT

Floki Guthrie

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6 years

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland

REFERRING VET

Dr. Bugarovich

INVOICE

14367

DATE

7/22/22

PRESENTING CLINICAL SIGNS

seen 5/12/22 for vomiting and decreased app, abd palpation non-diagnostic, obese and slightly tense -ran labwork/rads, liver enzymes elevated, started on denosyl, cerenia, mirtazapine, vit B12 -seen 6/23/22 for decreased app, lethargy, hiding, some V, tachy mm -4lb wt loss since 1/22/22
Abnormal PE/Chem/CBC/UA Results: Current Medications cerenia, denosyl, may have gabapentin on board for sedation

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 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 area of the aortic trifurcation was free of pathology.

The left kidney was enlarged in size measuring 5.1 cm length with asymmetrical margination and mild nonuniform cortex. Moderate hydronephrosis exhibited by replacement of the majority of the medullary parenchyma with primarily anechoic fluid exhibiting mild echogenic changes potentially indicative of fluid cellularity was present. Subtle evidence of associated left retroperitoneal reactivity was noted.

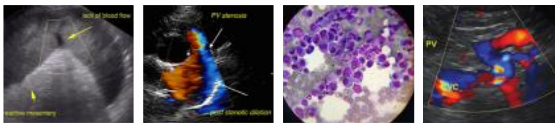
The right kidney was borderline subnormal in size with asymmetrical margination including focal lateral cortical infarct. Marked loss of corticomedullary border demarcation was present. Nonuniformly hyperechoic right kidney cortex was present with no evidence of pyelectasia or concurrent hydronephrosis. The right kidney measured 3.1 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 0.50 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width. No overt evidence of left or right adrenal pathology was noted.

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 presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited sonographically unremarkable wall layering with mild to moderate retained anechoic fluid present in the stomach. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.31 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 small intestinal wall width measured 0.20 cm.

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

Pancreas

The pancreas exhibited normal size and primarily maintained symmetrical capsule contour with subtle hypoechoic to nonhomogeneous parenchyma compared to adjacent omentum.

Free Abdomen

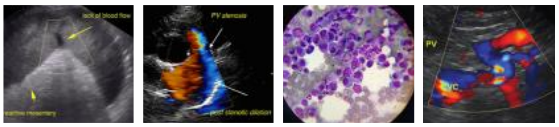
No omental masses, lymphadenopathy or evidence of peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged left kidney with moderate to severe hydronephrosis
- Right kidney borderline subnormal size with moderate to marked chronic degenerative changes and cortical infarcts
- Hepatopathy exhibiting uniform mild parenchyma hyperechogenicity - metabolic/reactive/ vacuolar hepatopathy, inflammatory hepatopathy i.e., cholangiohepatitis, lipidosis, potential for round cell hepatic neoplasia possible
- Potential low-grade pancreatitis
- Mild gastric hypomotility, sonographically unremarkable small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Obvious left ureter obstruction was not evident yet cannot be definitively excluded. Chronic left kidney pyelonephritis with less likely potential for left kidney neoplastic criteria is possible. Ultrasound-guided pyelocentesis of the left kidney for collection of fluid for urinalysis and C/S +/- screening left kidney cortex FNA for cytology could be considered.



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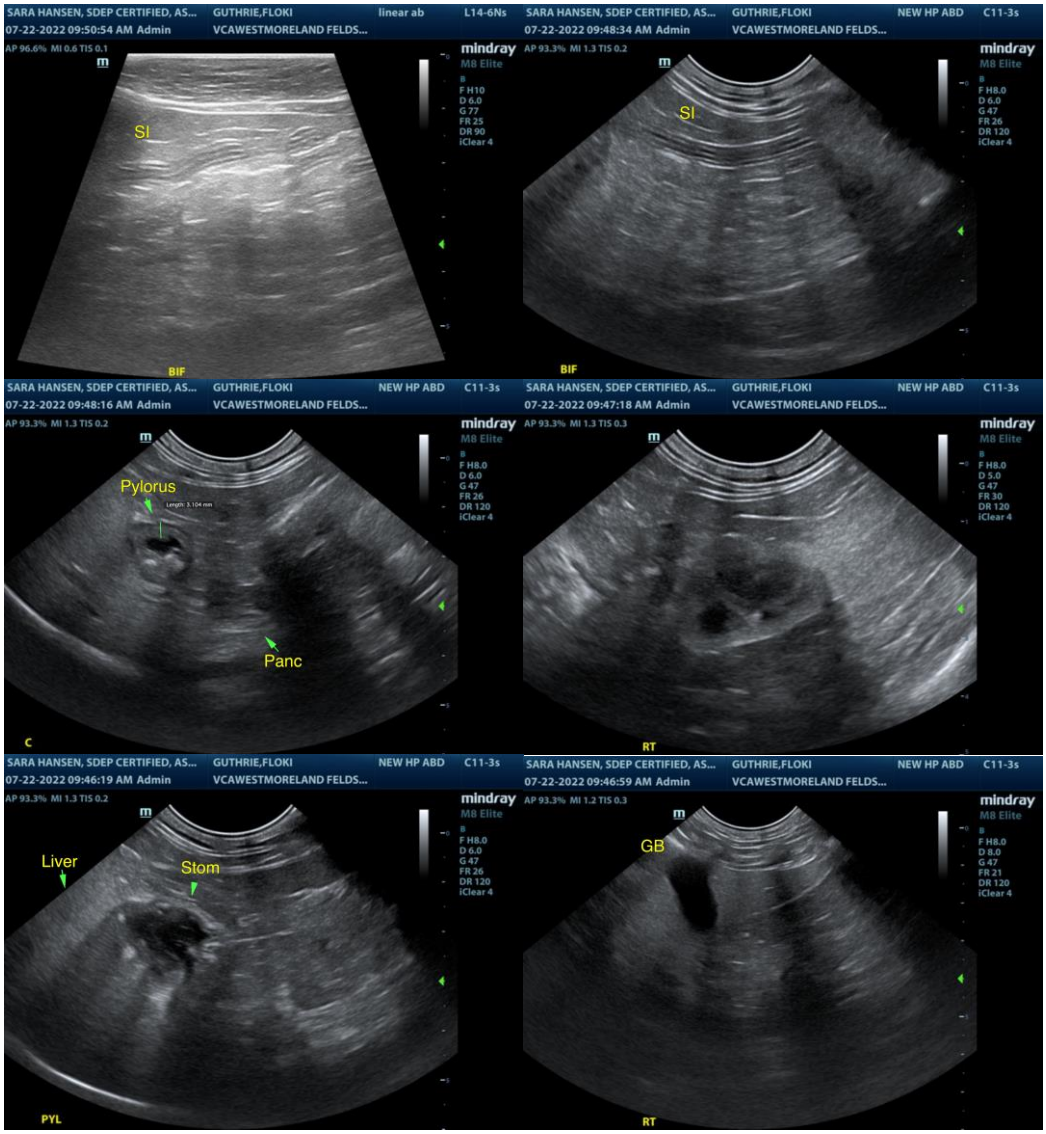
Assuming normal clotting status, concurrent screening hepatic FNA, using a 25-gauge needle, for cytology for potential assessment or identification of inflammatory cells if present and to rule out hepatic neoplastic criteria is warranted.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Continued hepato-gastrointestinal support with conservative therapy for potential low-grade pancreatitis would be reasonable. Eventual left nephrectomy may be indicated.



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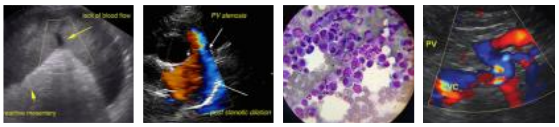

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AnimalSoundsNW.com 541-357-9423

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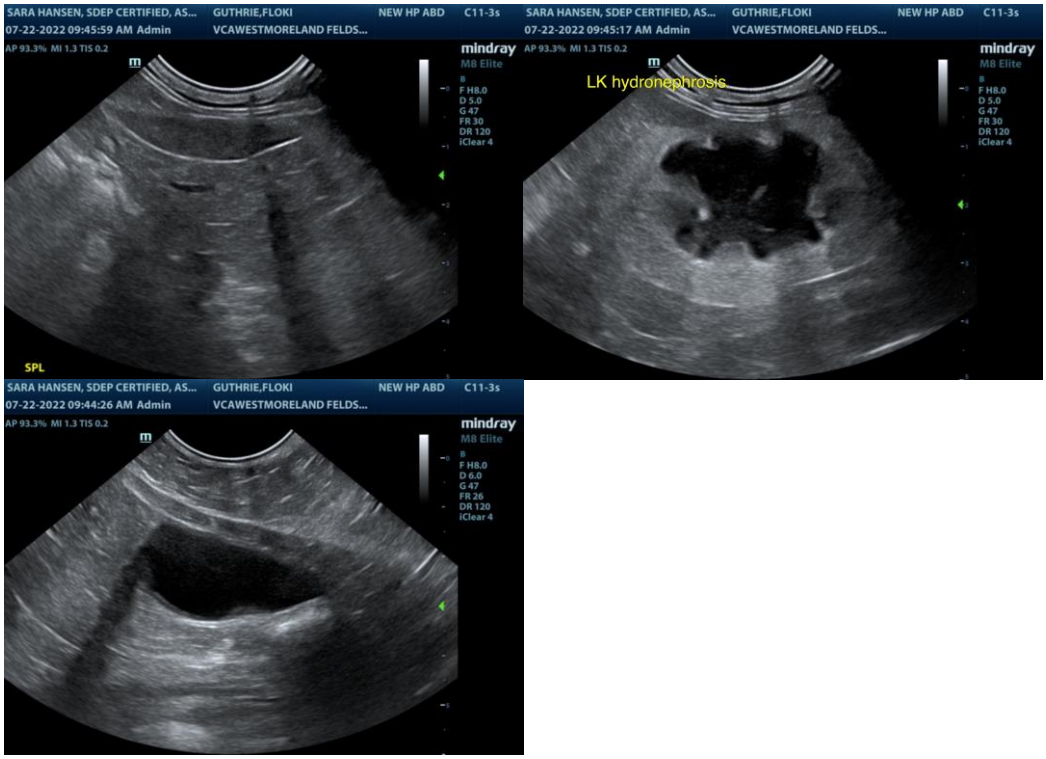

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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