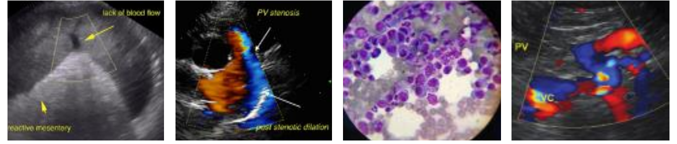
SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Pluton Torres Navarro

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7 yr

WEIGHT

5.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Rivera

INVOICE

11031ag

DATE

07/04/2022

PRESENTING CLINICAL SIGNS

History: 7yr o ld neutered dsh presented for losing weight this past year. Owner moved to tennesee an dis taking the other cat but this cat is staying with her mother. Pet was due for vaccines in June.

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, grade II/VI heart murmur, pulses strong and synchronous, normal bronchovesicular sounds. Oral cavity: Mild dental tartar, light pk MM Musculoskeletal: BCS = 3.5-4/9. Ambulatory x 4 1) CBC: RBC 3.65 (6.54-12.20), HCT 13.6 (30.3-52.3), HGB 4.8 (9.8-16.2), RETIC-HGB 34.2 (13.2-20.8) 2) CHEM: CREA 4.2 (0.8-2.4), BUN 79 (16-36), PHOS 14.7 (3.1-7.5), CHOL 357 (65-225) 3) UA (cysto): SG 1.010, PROT 100mg/dL, GLU 50mg/dL, LEU 500Leu/uL, BLD 20 Ery/uLWBC 4/hpf, RBC 5/hpf, no bacteria or crystals detected. 4) SDMA: 28 (0-14) 5) TT4:1.2 (0.8-4.7) blood pressure Averages: Systolic 155 Diastolic 105 MAP 124 BPM 161

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.

Normal renal size with asymmetrical margination was present in both kidneys. 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 left kidney measured 3.9 cm in length. The right kidney measured 4.3 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 0.55 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width.

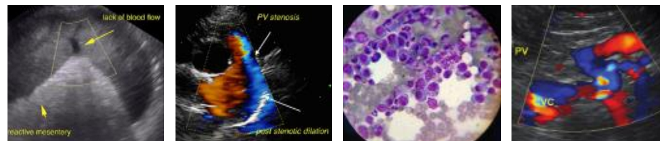
Spleen

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. The spleen measured 0.53 cm in width at the level of the hilus.

Liver

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



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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 in width.

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 duodenum wall measured 0.20 cm in width. The jejunum wall measured 0.25 cm in width.

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

Pancreas

The left and right pancreatic limbs were mildly prominent in size with hypoechoic to non homogeneous 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.

Free Abdomen

No omental masses, significant overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly prominent to hypoechoic pancreas-suggestive of mild active to chronic active pancreatitis
- Overtly normal GI tract
- Bilateral chronic nephropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the kidneys is consistent with chronic nephropathy which may include chronic renal disease or possible nonspecific chronic nephritis i.e. interstitial nephritis or other. The anemia in this patient may be consistent with chronic renal disease. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

A CBC pathology review could be considered.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for structurally insignificant GI disease. Three view chest radiographs are suggested if not done to rule out occult or concurrent thoracic pathology as a contributing factor to the patient's weight loss.

Empirically and pending additional diagnostics, CRD therapy with supportive care for subjective mild pancreatitis and GI support with continued monitoring of body weight and HCT levels would be reasonable.

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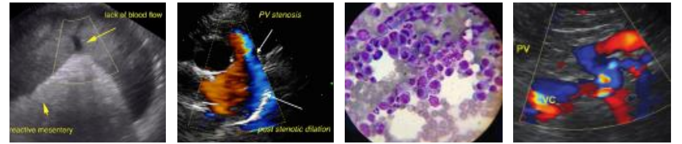

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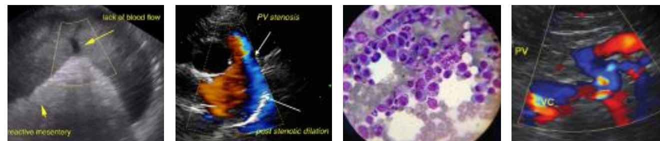

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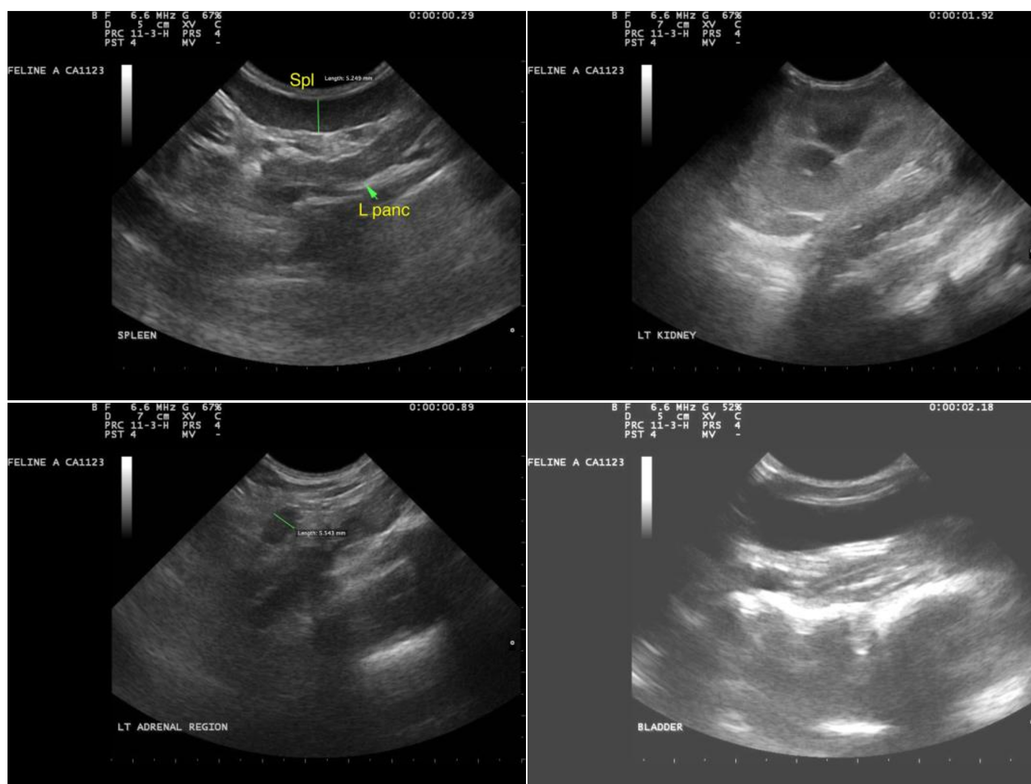

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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