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Clinical Sonography & Telecytology
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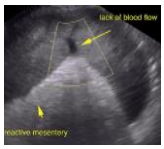

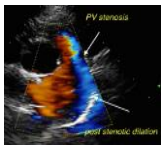

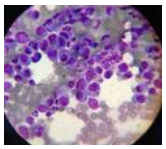
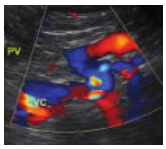

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1-800-838-4268 info@sonopath.com

PATIENT

Scrappy Stewart

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8

WEIGHT

6.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Sharkaway

INVOICE

11086ag

DATE

07/09/2022

PRESENTING CLINICAL SIGNS

History: CHRONIC KIDNEY DISEASE STAGE 2 UNCONTROLLED DM

Abnormal PE/Chem/CBC/UA Results: ANOREXIA AZOTEMIA HYPERTENSIVE SUSPECTED SOFT MASS VS FOOD IN THE CRANIAL ABDOMEN WITH MODERATE PAIN IN PALPATION

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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. Bilateral areas of pinpoint to focal medullary mineral were present. Mild pyelectasia was noted bilaterally. The renal medullary volume was subjectively reduced. The left kidney measured 3.2 cm in length. The right kidney measured 3.3 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 pinpoint areas of mineralization. The left adrenal gland measured 0.4 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 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 0.50 cm in width at the level of the hilus.

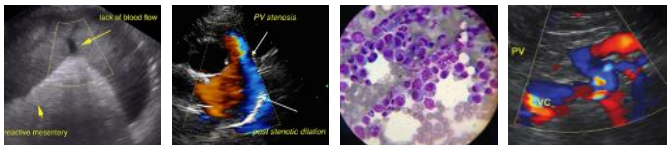
Liver

The liver exhibited potential for mild enlargement with normal 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 with minor nondependent luminal debris which could be owing to fasting or 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 contained minor retained pyloric fluid with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.28 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 jejunum wall



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measured 0.21 cm in width. The duodenum wall measured 0.20 cm in width. The ileocolic wall measured 0.38 cm in width.

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

Pancreas

The pancreas was normal in size and contour with subtle uniform hypoechoic parenchyma. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No peritoneal effusion was present.

Intermittent focal, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.6 cm x 0.48 cm.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic to degenerative renal changes with mild pyelectasia and pinpoint to focal medullary mineral
- Overtly normal GI tract
- Intermittent benign/reactive mesenteric lymph nodes
- Suspect low grade to mild chronic active pancreatitis
- Left adrenal dystrophic mineralization-normal age related variant
- Subjective mild hepatomegaly-overtly benign, suspect mild metabolic or reactive

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

No evidence of intra abdominal neoplastic criteria was observed. A spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended to rule out occult GI disease. Depending upon the degree of azotemia and serum GLU levels, hospitalization with IVF therapy and regular insulin therapy with monitoring or renal response and serum GLU levels with as needed GI support may prove beneficial.

Potential Causes of Diabetic Dysregulation
This is a suggestive checkoff list when faced with an unregulated diabetic patient:

UTI
Dietary indiscretion/intolerance
Pancreatitis
Hyperthyroidism/hypothyroidism
Exogenous steroids (including topical eye meds)
Cushing's
Acromegaly
Owner compliance
Insulin quality issues
Antibodies to insulin
Underlying Neoplasia
Diffuse liver disease

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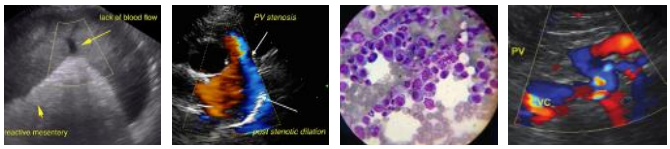

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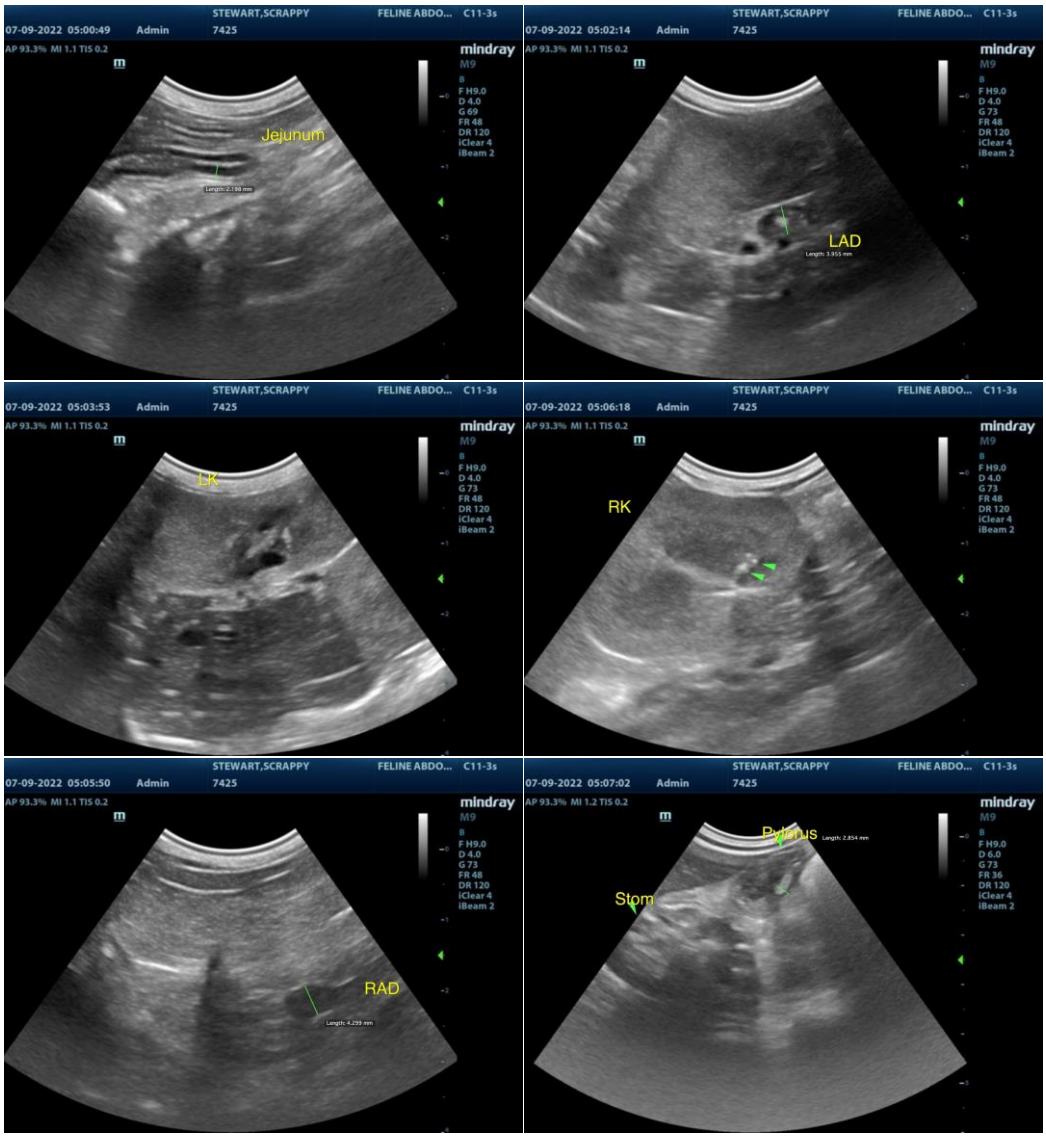

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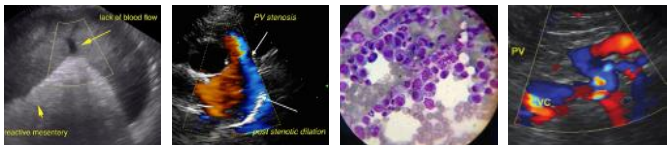

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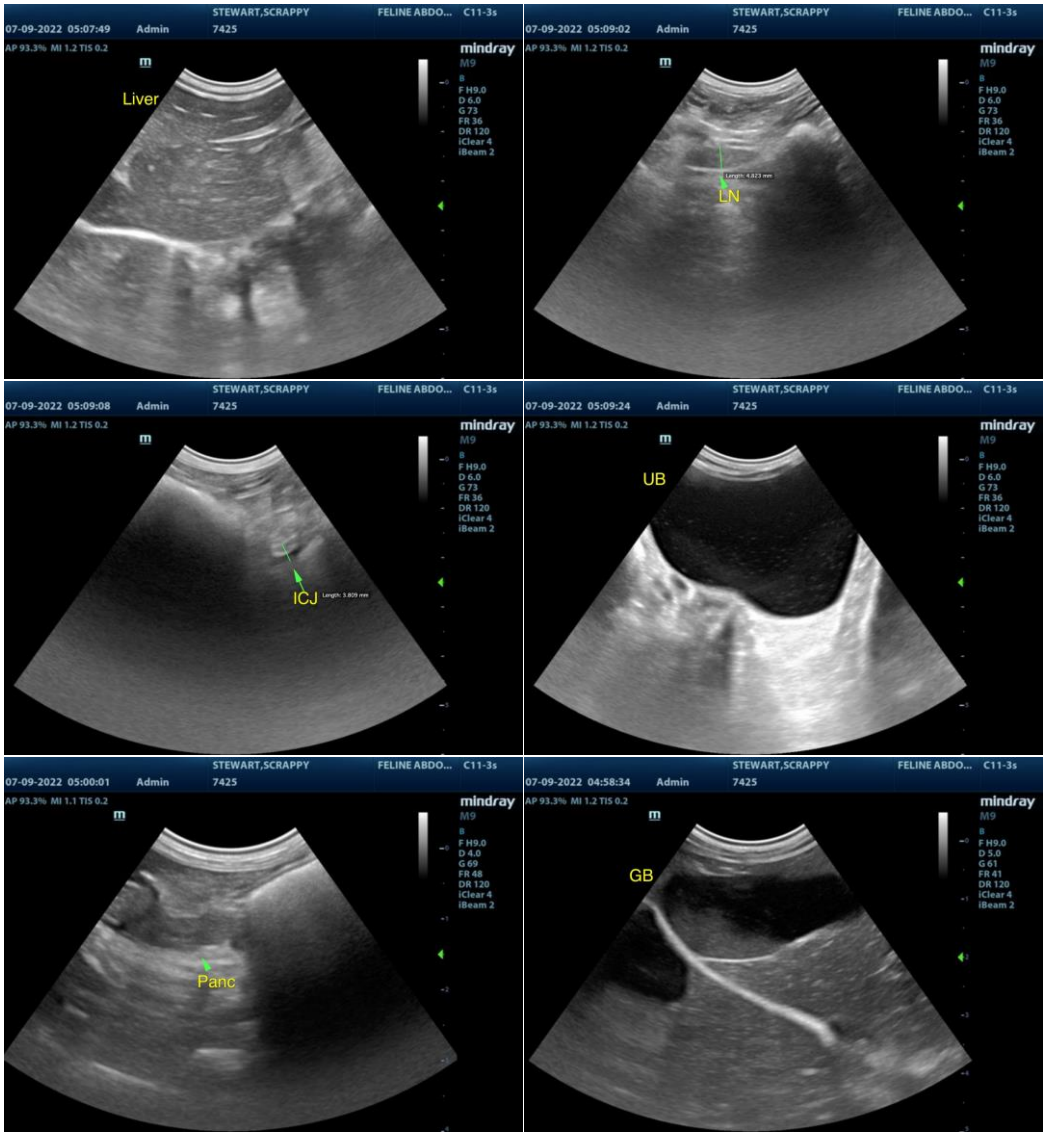

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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