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VETERINARY ULTRASOUND SERVICES
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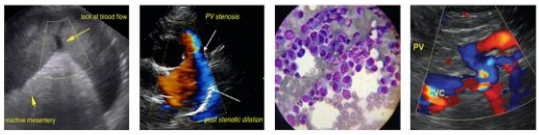

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Louie Kislan

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
2009

WEIGHT
7.1

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

IMAGING PERFORMED BY
Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME
White Haven VH

REFERRING VET
Dr. Gallagher

INVOICE
11420ag

DATE
08/19/2022

PRESENTING CLINICAL SIGNS

History: Seizure like episode increasing in frequency, inappetance, weight loss, irregular kidneys on palpation, 5/6 heart murmur Keppra 20mg/kg TID, Plavix 18.75

Abnormal PE/Chem/CBC/UA Results: BUN 53, CREAT 2.5, SDMA 24.9, HCT 29, neutrophilia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. The 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. Moderate loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild pyelectasia was present in the left kidney

The left kidney measured 3.6 cm in length. The right kidney measured 3.7 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 dystrophic mineral. The left adrenal gland measured 0.31 cm width. No overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited normal size, asymmetrical capsule contour and subtle hypoechoic to non-homogeneous parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 0.81 cm width at the level of the hilus.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent discrete non-disruptive hypoechoic nodules were present, an example measuring 0.74 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume.

The gallbladder was non-distended in size with primarily anechoic luminal content. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The proximal CBD measured 0.27 cm in diameter.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate progressively shadowing ingesta with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.20 cm in width.

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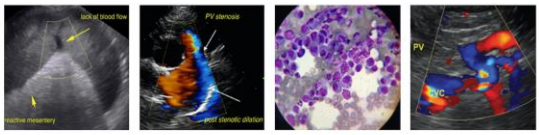

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.24 cm. The jejunum wall measured 0.24 cm in width.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. 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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral moderate chronic interstitial nephrosis renal pattern with mild left kidney pyelectasia
- Normal hepatic vascular volume with mild parenchymal remodeling with nonspecific subtle parenchymal nodules
- Mild proximal CBD dilation
- Gastric ingesta
- Possible low-grade pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic nephropathy which may include chronic changes with potential for non-specific nephritis i.e. interstitial nephritis or other.

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

The liver nodules were nonspecific and may indicate nodular/regenerative hyperplasia, hematopoiesis or granulomas considered most likely. Correlation with bile acids to assess hepatic functionality or ultrasound guided FNA of the nodules using 25-gauge needle and assuming normal coagulation parameters may be considered. Sonographic monitoring for evidence of progression would be a more conservative approach.

The CBD dilation finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

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 some of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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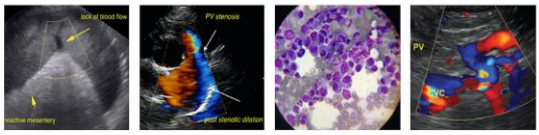

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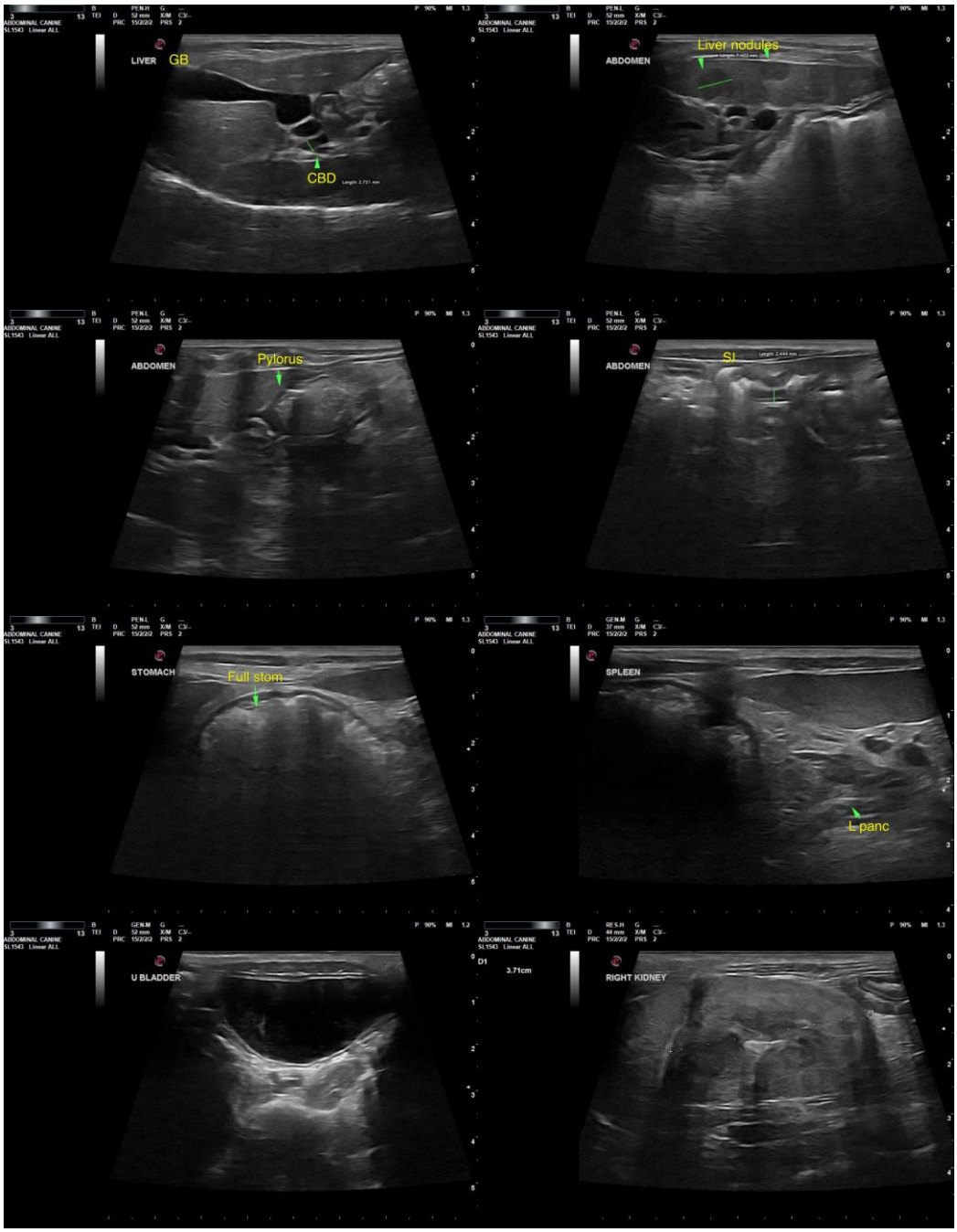

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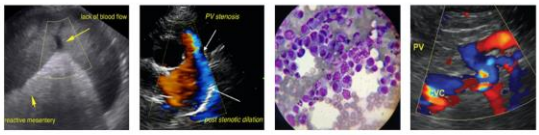

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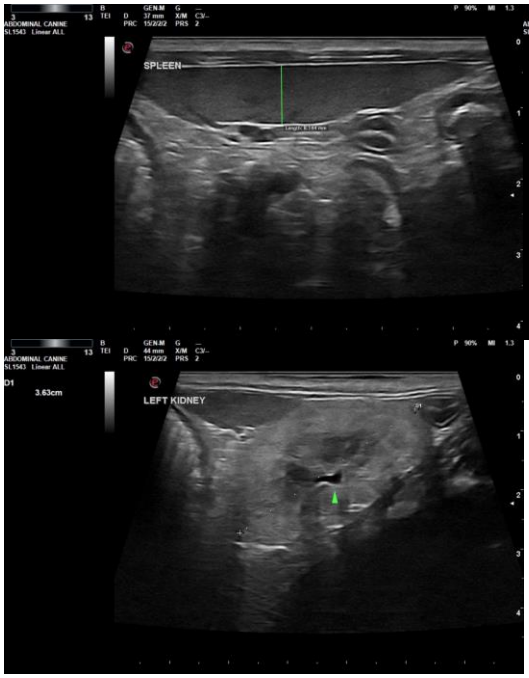

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com