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Clinical Sonography & Telecytology
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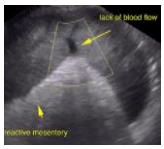
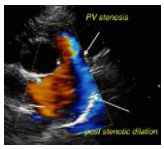
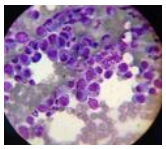
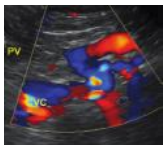




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Cami Wammack

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

21yr

WEIGHT

2.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dallas Ramberg

HOSPITAL NAME

Lone Mountain Animal Hospital

REFERRING VET

Tiffany Moore DVM

INVOICE

11437ag

DATE

08/21/2022

PRESENTING CLINICAL SIGNS

History: P has CKD - managed with SQ fluids q7 days. P has been vomiting more frequently recently and having diarrhea intermittently. O reports ataxia/unstableness at home as well.

Abnormal PE/Chem/CBC/UA Results: hypercalcemia 13.5 Hypokalemia 2.9 HCT 24% Nephroliths noted upon abdominal rads

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 minor non-dependent particulate or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Subnormal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and mild to moderate loss of corticomedullary definition were present. Pinpoint areas of non-obstructive medullary mineralization and mild pyelectasia was present in both kidneys. The left kidney measured 2.6 cm in length. The right kidney measured 2.7 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 a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule exhibited suspected areas of capsule fibrosis or indistinct benign myelolipomas. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory disease. The spleen measured 0.86 cm in width at the level of the hilus.

Liver

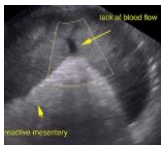
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

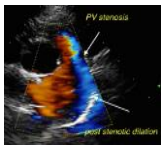
The gallbladder was non-distended in size with primarily anechoic luminal content. The common bile duct was dilated and tortuous without overt post hepatic obstruction measuring 0.33 cm width.

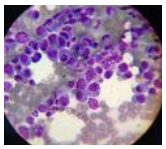
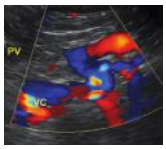
Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with a prominent mucosa layer. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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 measured





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0.20 cm in width. The ileocolic junction measured 0.33 cm in width. The duodenum measured 0.24 cm in width.

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

Pancreas

The pancreas was mildly prominent in size with areas of capsule asymmetry and isoechoic to hypoechoic heterogeneous parenchyma and pancreatic duct dilation.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with medullary mineral and mild pyelectasia
- Unremarkable adrenal glands
- Age related hepatosplenic changes-no evidence of neoplastic criteria
- Mild gastritis, overtly normal small bowel
- Suspect chronic pancreatitis
- Mild non-obstructive proximal CBD dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral 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.

No evidence of intra-abdominal neoplastic criteria was present as a cause of the patient's hypercalcemia. Chronic pancreatitis or potential GI inflammatory process cannot be excluded. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Age related CBD dilation with potential for past episodes of cholangitis accounting for this finding if clinically indicated. Non-obstructive CBD dilation may at times result in low grade lethargy and anorexia.

Depending on the degree of azotemia, minor uremic gastritis is possible. Continued GI support and therapy for CKD is recommended.

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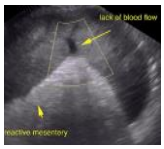
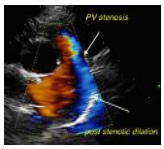
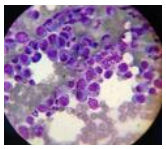
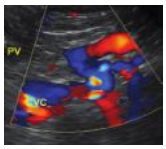

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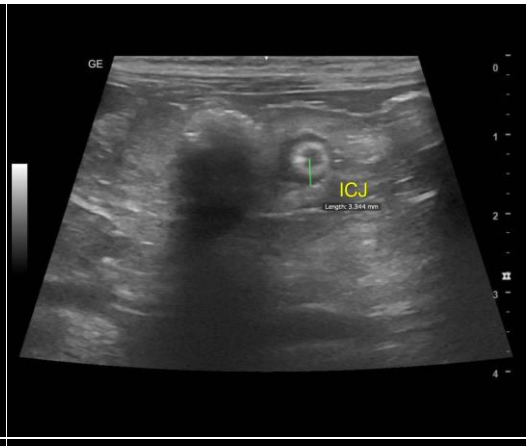

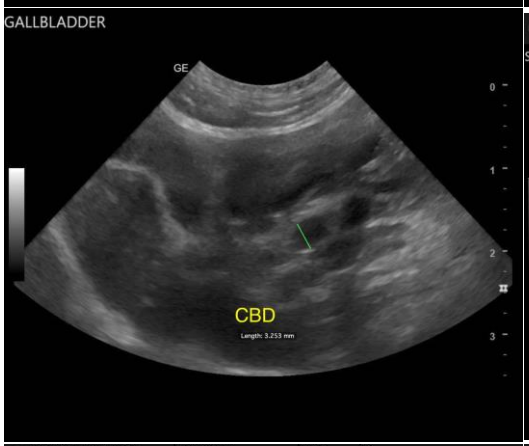

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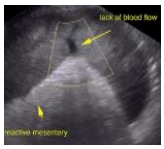

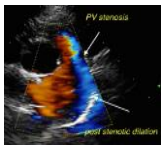

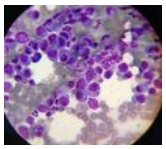
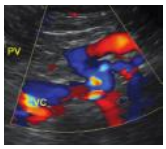

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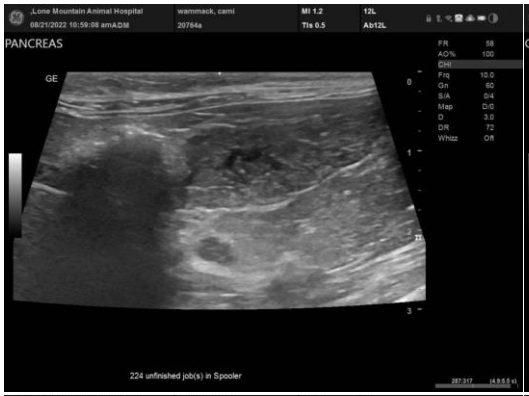

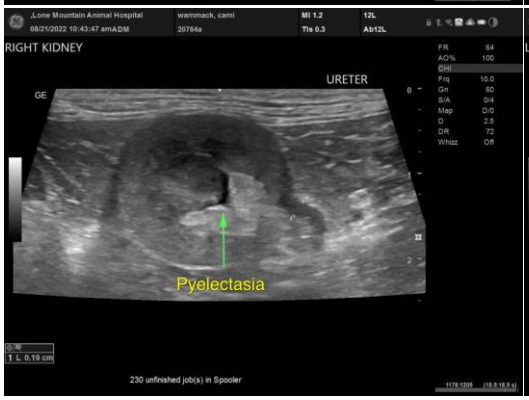

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com