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Clinical Sonography & Telecytology
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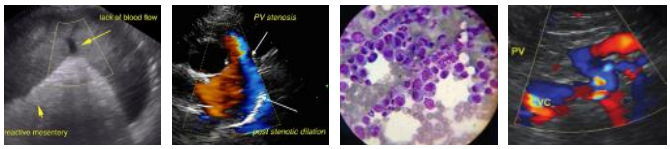

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tia Homann

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

11

WEIGHT

4.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Stoney Trail Animal Clinic

REFERRING VET

Dr. Huet

INVOICE

11324ag

DATE

08/08/2022

PRESENTING CLINICAL SIGNS

History: Chronic vomiting with mild elevation of renal enzymes On gab for scan

Abnormal PE/Chem/CBC/UA Results: Minor elevation of BUN Creatinine

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.

The left kidney was subnormal in size with areas of asymmetrical margination with concurrent hyperechoic cortex echogenicity consistent with cortical infarcts. Potential concurrent right kidney cortical infarcts possible. No evidence of left or right pyelectasia. The left kidney measured 2.7 cm in length. The right kidney measured 3.6 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 0.31 cm width The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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.

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 thin walls and primarily anechoic luminal content. 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 potentially retained ingesta/chyme empty with no signs of ileus, obstruction or foreign material. The pylorus 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 0.25 cm in width. The jejunum wall measured 0.23 – 0.25 cm in width.

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

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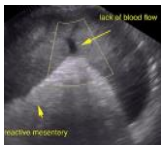

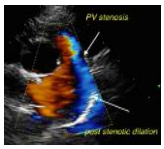

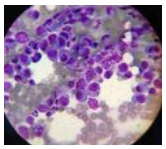
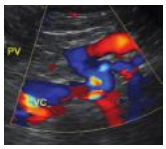

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Pancreas

The pancreas was mildly prominent in size with areas of minor capsule asymmetry and non-homogeneous to mildly hypoechoic parenchyma compared to adjacent omentum with minor pancreatic duct dilation.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Brief sonographic assessment of the heart revealed overtly normal cardiac structure and function without obvious clinical issues. No overt evidence of pericardial effusion or pericardial/cardiac masses was observed. No obvious pathology in the area of the cranial mediastinum.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal GI tract
- Chronic to chronic active pancreatitis pattern
- Mild to moderate chronic renal changes, more prominent in the left kidney with cortical infarcts
- Overtly normal cardiac structure and function

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. Potential for emerging CRD is possible. Primary renal disease may not be a contributing factor to the patient's chronic vomiting given the minor azotemia. Chronic to chronic active pancreatitis would be suspect if evidence of cranial abdominal or subxiphoid discomfort on palpation. Potential for concurrent low grade gastroenteropathy cannot be definitively excluded. Further assessment may include a spec fPL or GI panel to include PLI/TLI/Cobalamin/Folate. As needed GI support with potential hydrolyzed diet trial and empirical deworming if clinically indicated may prove beneficial.

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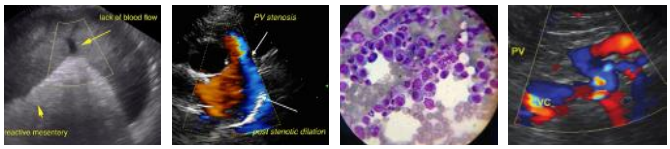

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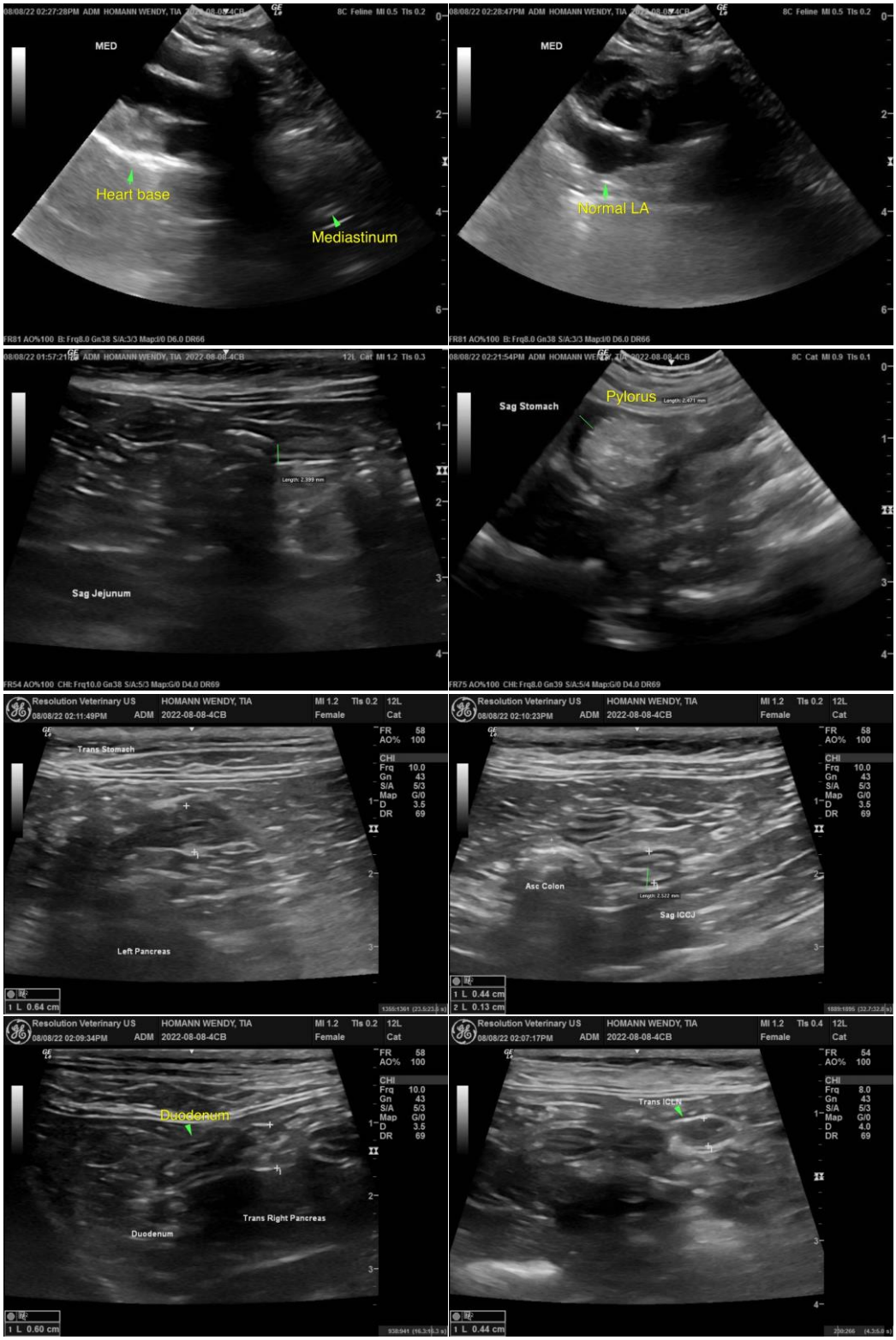

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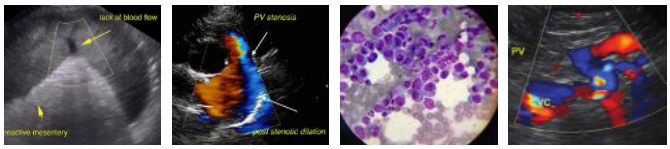

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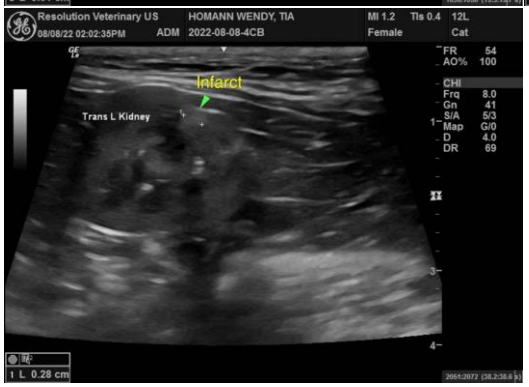

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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