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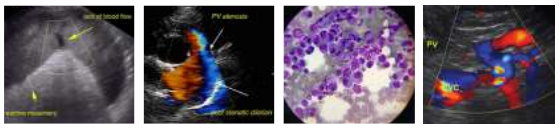


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Jake Richman

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

15 years

WEIGHT

5.68 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Cone

INVOICE

12265

DATE

9/17/21

PRESENTING CLINICAL SIGNS

Lethargic and inappetent for 1-2 days. 1.3 lb weight loss since last year. History of sensitive stomach and chronic intermittent vomiting; no recent increase in vomiting. Physical exam findings: thin (BCS 2/9) and dehydrated with pale gums. Quiet bordering on lethargic. Current Medications Started Amoxicillin 9/15/21
Abnormal PE/Chem/CBC/UA Results: Neutrophilia (27,360 N=2500-8500), monocytosis (912 N=0-600), basophilia (304 N=0-150), anemia (HCT 25 N=29-48) with moderate anisocytosis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Mild, primarily dependent sediment was present. This may Indicate cellular debris or mucus. No calculi were present within the urinary bladder lumen. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

The medulla of the left kidney was replaced by primarily anechoic fluid with small amounts of mineral. Discernable left cortex was present with concurrent left hydroureter exiting the left kidney and extending caudally to the level of the urinary bladder. Suspect focal area of mineral in the distal left ureter at the level of the duodenal papilla. The left kidney measured 3.7 cm in length. Associated left retroperitonitis was present.

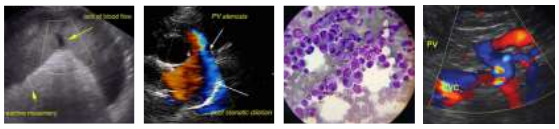
Normal renal size with asymmetrical margination was present in the right kidney. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. No evidence of pyelectasia was noted. The renal medullary volume was subjectively reduced. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 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.



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Liver/ Gallbladder

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

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 small intestine exhibited intact wall layering with subjective propensity for segmental to generalized mildly prominent muscularis layer. The duodenum wall width measured 0.30 cm. The jejunum wall width measured 0.26 cm. The Ileocolic wall width measured 0.31 cm.

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 were evident.

Free Abdomen

Intermittent 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 lymph node measured 0.35 cm width. Small pockets of concurrent peritoneal free fluid were present.

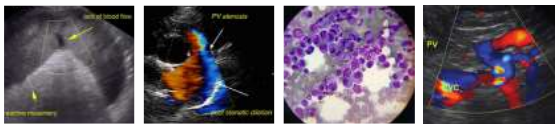
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild urinary bladder sediment / pyuria
- Left kidney obstructive hydronephrosis with concurrent left hydroureter and suspect distal left ureter mineral at the level of the ureteral papilla
- Associated left retroperitonitis
- Right kidney chronic interstitial nephrosis
- Suspect chronic enteropathy - possible chronic IBD

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S on a sterile urine sample is recommended. Further assessment may include contrast urography or CT. However, the functionality of the left kidney is highly questionable at this stage.



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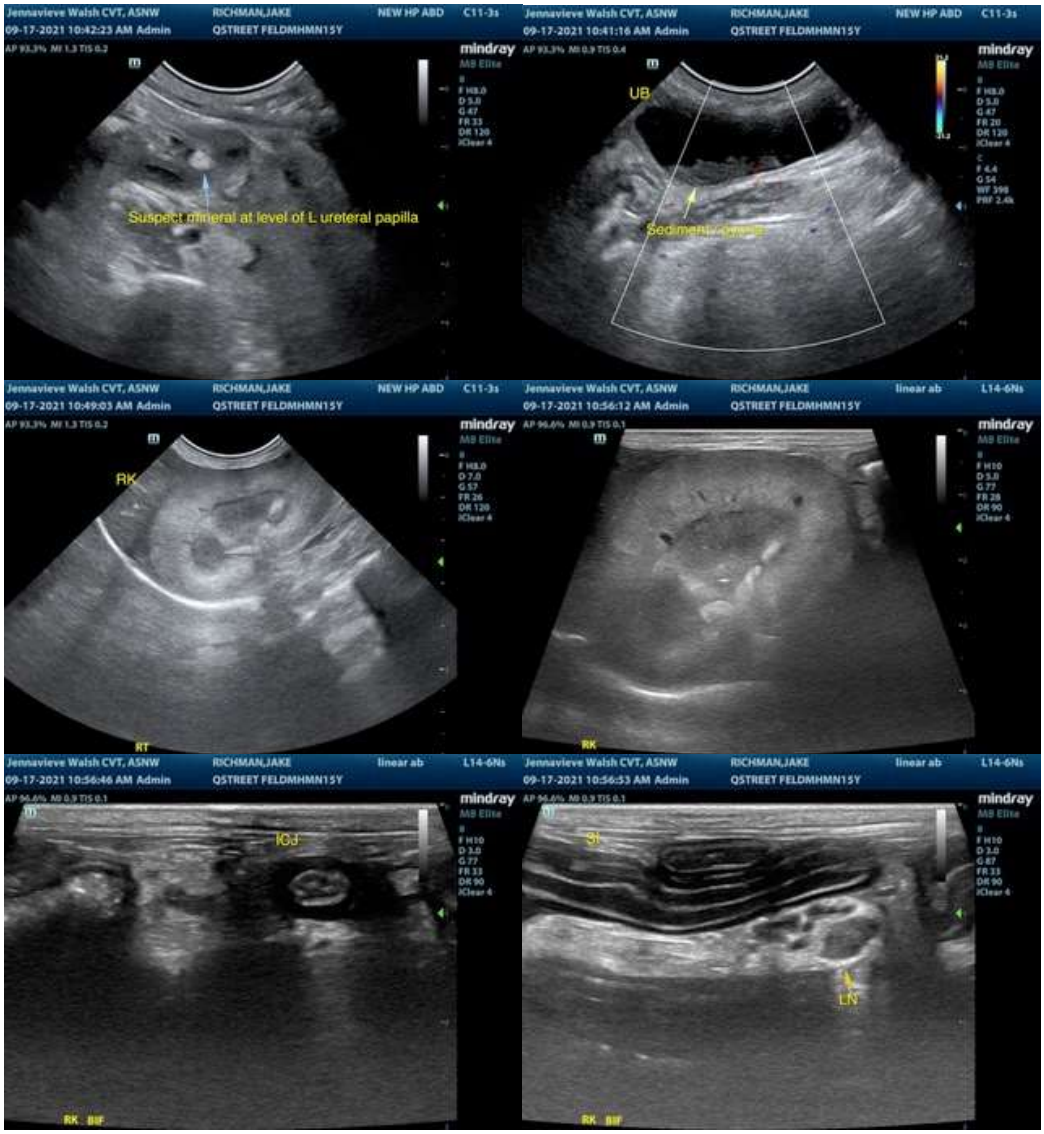
A GI panel to include PLI/TLI/Cobalamin/Folate as well as three-view chest radiographs to rule out occult thoracic pathology, given the patient's weight loss, may be considered.

Left nephrectomy, as well as gastrointestinal biopsies, may be considered in this patient. A minor potential for nonobvious neoplastic process Involving the urinary bladder trigone or left ureteral papilla cannot be definitively excluded, yet is considered less likely.



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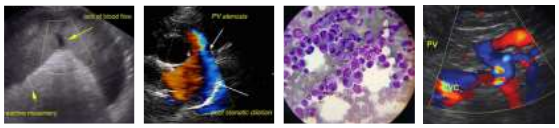

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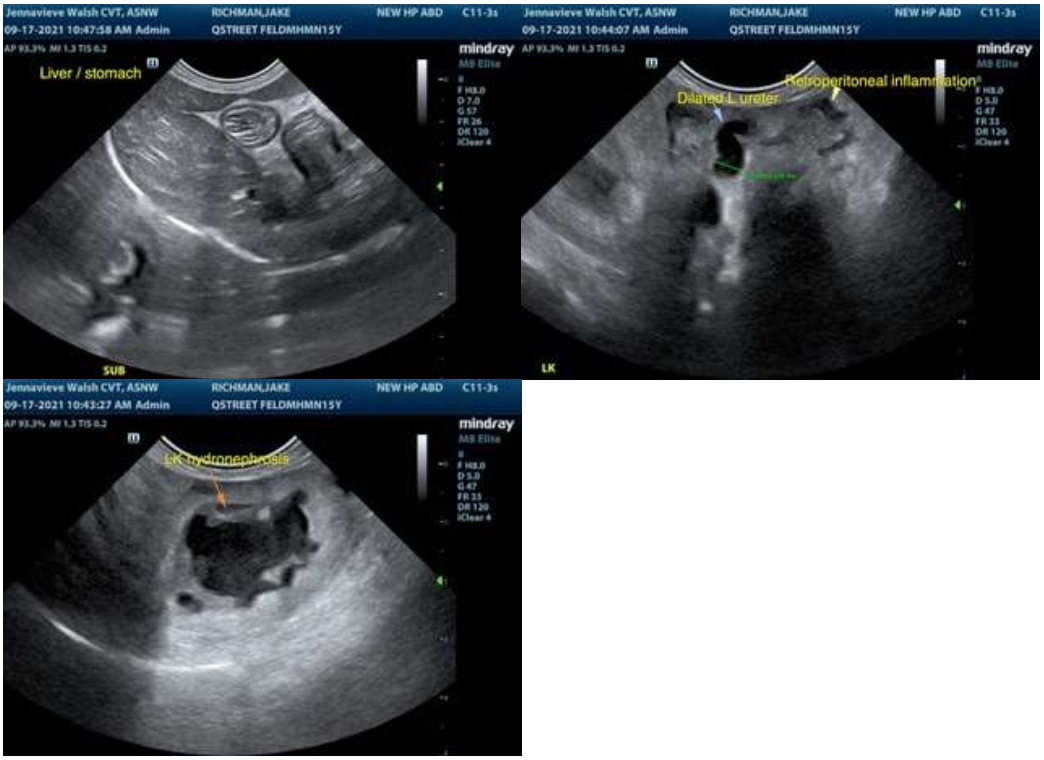

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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