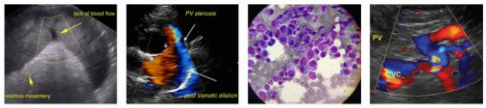


PATIENT

Sushi Williamson

SPECIES

Feline

BREED

DSH

SEX

FI

AGE

10yr

WEIGHT

9.68lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Falmouth Animal Hospital

REFERRING VET

Dr. Hauser

INVOICE

DATE

09/19/2022

PRESENTING CLINICAL SIGNS

Weight loss, licking at sides/kidney area. Borderline azotemic. Proteinuria. Urine c/s pending. Current meds: Fluoxetine by rDVM Sedated with butorphanol and alfaxalone.

Abnormal PE/Chem/CBC/UA Results: BUN 44 sl H creat: 1.4 WNL. SDMA: 13 WNL; U/A: cysto SG 1.025 pH 6 protein 2+ BL: 3+. WBCS 2-5 RBCS 75-100. Bact: none, epithelial: rare.

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.

Both kidneys were subnormal in size with asymmetrical contour and areas of loss of cortex parenchyma consistent with cortical infarct. Moderate loss of corticomedullary definition was present. maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 2.9 cm in length. The right kidney measured 2.8 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 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

Spleen

The spleen exhibited borderline increased size measuring 1.0 cm in width at the level of the hilus. Mild areas of asymmetrical capsule contour were present. Finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma was present. 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 uniform and hypoechoic to the spleen with a mild coarse echotexture. Subtle evidence of mild hepatic congestion likely owing to sedation.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

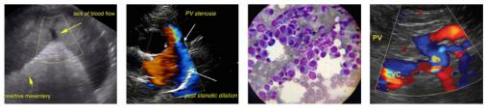
Gastrointestinal

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 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 measured 0.26 cm in width. The ileocolic wall measured 0.36 cm in width.

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

Pancreas



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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

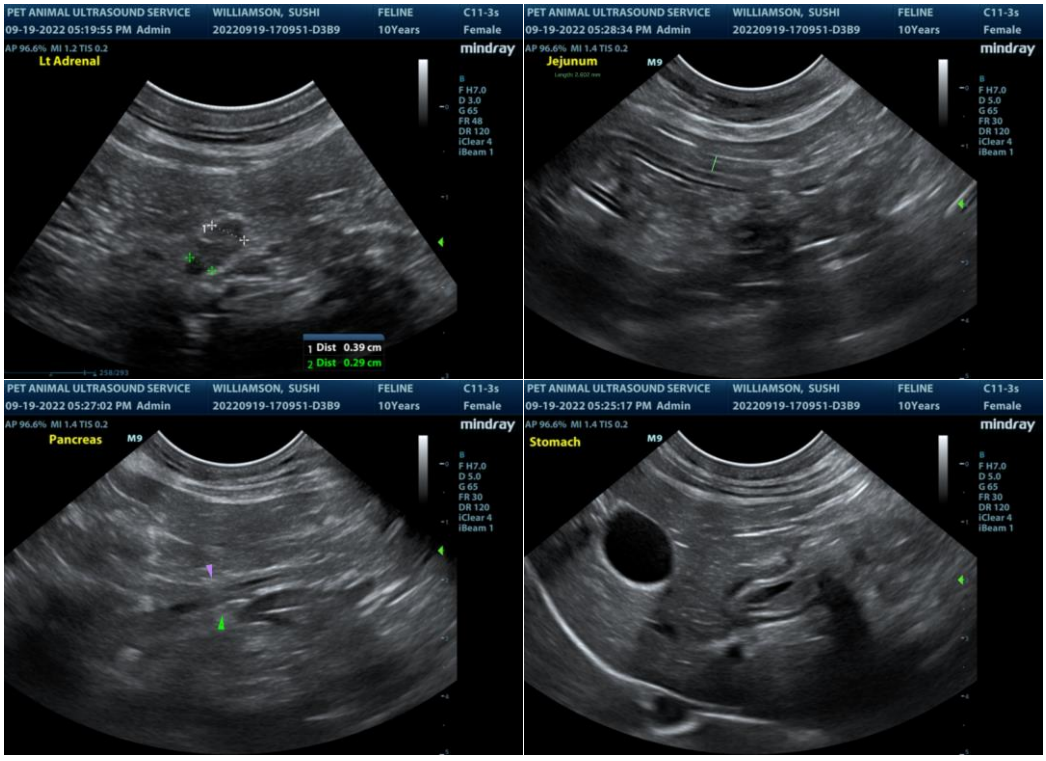
Focal, mildly prominent to enlarged colic nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 0.28 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic degenerative renal changes with cortical infarcts
- Sonographically unremarkable GI tract
- Borderline splenomegaly-likely sedation/anesthesia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the kidneys, no overt evidence of abdominal visceral pathology as a contributing factor to the patient's weight loss. Baseline UPC level is suggested on a sterile urine sample. CKD therapy may be considered pending further renal staging. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs to rule out occult thoracic pathology are recommended. If evidence of persistent splenomegaly, a screening splenic FNA using a 25g needle could be considered.



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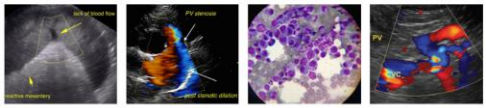

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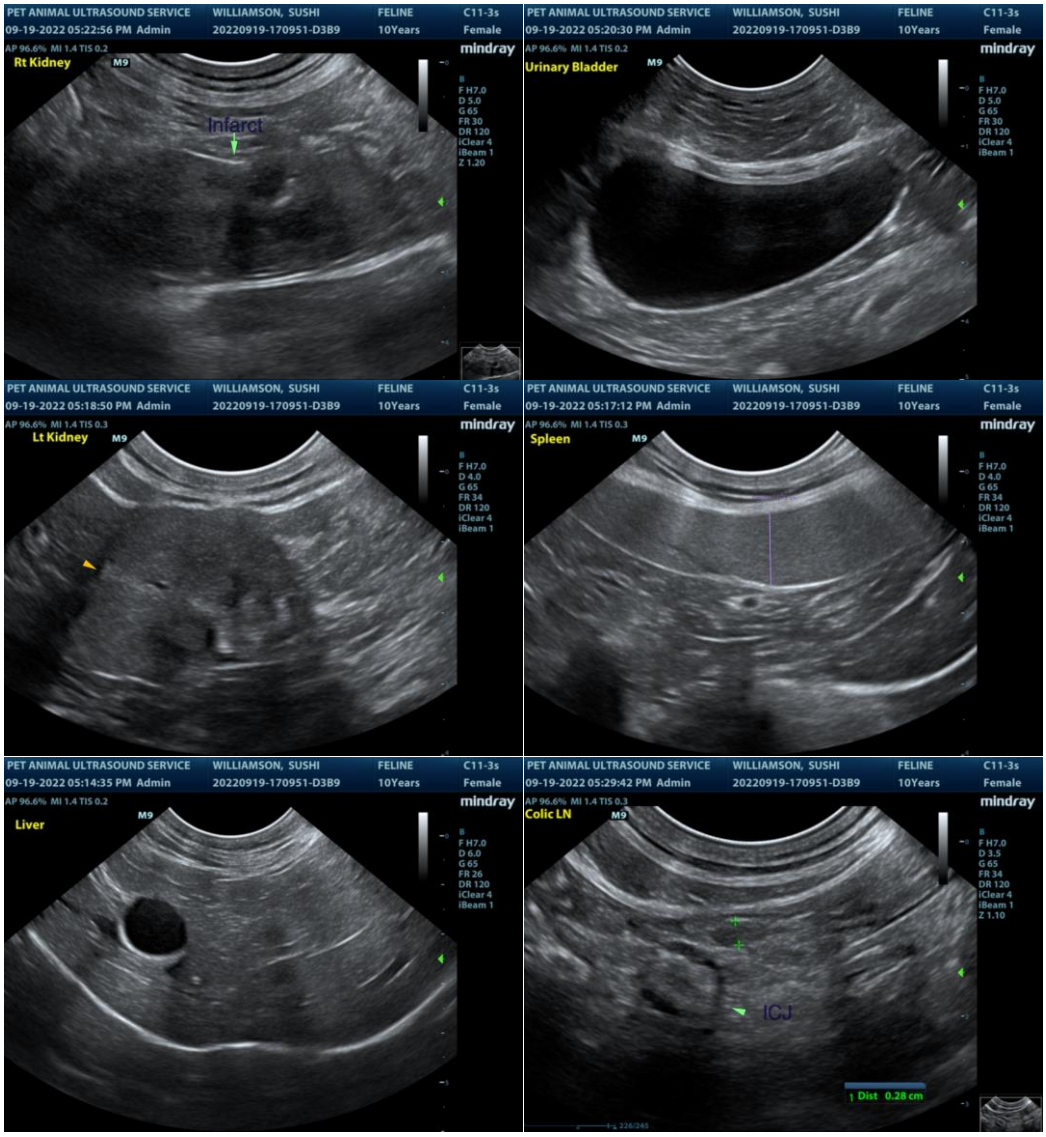

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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