



PATIENT PRESENTING CLINICAL SIGNS

Mars Woodside History: Azotemic, decreased appetite, upper respiratory noise, eye discharge, concern for renal failure

Medication: Clavamox, Cyproheptadine, Pepcid, Cerenia, Prazosin, Gabapentin, Aventi kidney

SPECIES

Feline

Labs 8/30/21 - BUN 104, crea not read, potassium 8.1, sodium 130, glob 6.1. Labs 9/1/21 - BUN 12, crea 0.4, AST 163. CBC 8/30/21 - WBC 21.5 w/neutrophilia and low normal lymphocytes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Cornish Rex

Urinary System

The urinary bladder was normal in size and tone with focal mild generalized prominent ventral apical and dorsal urinary bladder walls. Urinary bladder wall measured up to 0.40 cm in width. Mild non-dependent particulate sediment was present. The urethra was normal in structure and tone to a depth of 2.0 cm.

SEX

Neutered Male

The area of the aortic trifurcation was free of pathology.

AGE

2 years

Both kidneys were normal in size with maintained 1:3 cortex/medulla ratio with mild uniform increased cortex echogenicity. No evidence of pyelectasia or overt pyelonephritis. The left kidney measured 3.9 cm. The right kidney measured 4.2 cm.

Adrenal Glands

WEIGHT

4.7 Pounds

Both adrenal glands were subjectively normal. The left adrenal gland measured 0.34 cm in width. The right adrenal gland measured 0.32 cm in width.

Spleen

INTERPRETED BY

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

The spleen was subnormal in size, indicating suspected volume contraction, measuring 0.41 cm in width. 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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with moderate, echogenic, non-organized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

HOSPITAL NAME

Stanglein VC

Gastrointestinal

REFERRING VET

Dr. Stanglein

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. Gastric body wall measured 0.25 cm.

INVOICE

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subtle segmental to generalized increased mucosa echogenicity was noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.20 cm. Ileocolic wall measured 0.25 cm.

DATE

9.2.2021



PATIENT Normal visible colon wall layers were present with subjective semiformal to soft feces.

Mars Woodside

Pancreas

SPECIES 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.

Feline

BREED *Free Abdomen*

Cornish Rex No overt lymphadenopathy or omental masses. A small pocket of scant free fluid was noted in the left lateral abdomen.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Focal to generalized mild cystitis
- Bilateral interstitial nephrosis renal pattern
- Intact gastrointestinal wall layering with non-specific subjective increased small intestinal mucosa echogenicity
- Mild gallbladder debris

AGE

2 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

4.7 Pounds

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

Subjectively, the bilateral kidneys do not appear to be end stage with potential for acute to possibly chronic nephropathy, non-specific nephritis or other. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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(Canine and Feline)

Given the subtle mural changes noted in the small intestine and decreased body condition, a GI panel to include PLI, TLI, cobalamin and folate may be considered.

Though rare and poorly studied in cats, Addison's disease could be considered a potential differential diagnosis in this case, given the vague clinical signs, recurrent azotemia and previous hyperkalemia.

IMAGING PERFORMED BY

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ARDMS/RVT

ACTH Stim Procedure in Cat:

½ vial of 125ug Synthetic ACTH (Cortrosyn) IM with blood samples taken just prior to the IM injection then precisely at 30 and 60 minutes for 3 total samples. Addisonian cats have very low to non-existent baseline cortisol while 30 and 60-minute values were < 1.3 ug/dl (Peterson et. al. 1989). Minimal studies have been performed and the normal reference range is much higher at 4.5-14 ug/dL so a higher post injection value that is under normal reference range is theoretical possible.

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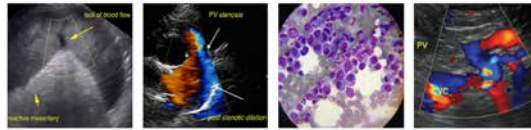
If you happen to perform this test on this patient please email the results to info@sonopath.com for a current study we are doing at SonoPath.com on sonographic appearance of adrenal glands in cats in course of Addison's disease.

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SEX

Neutered Male

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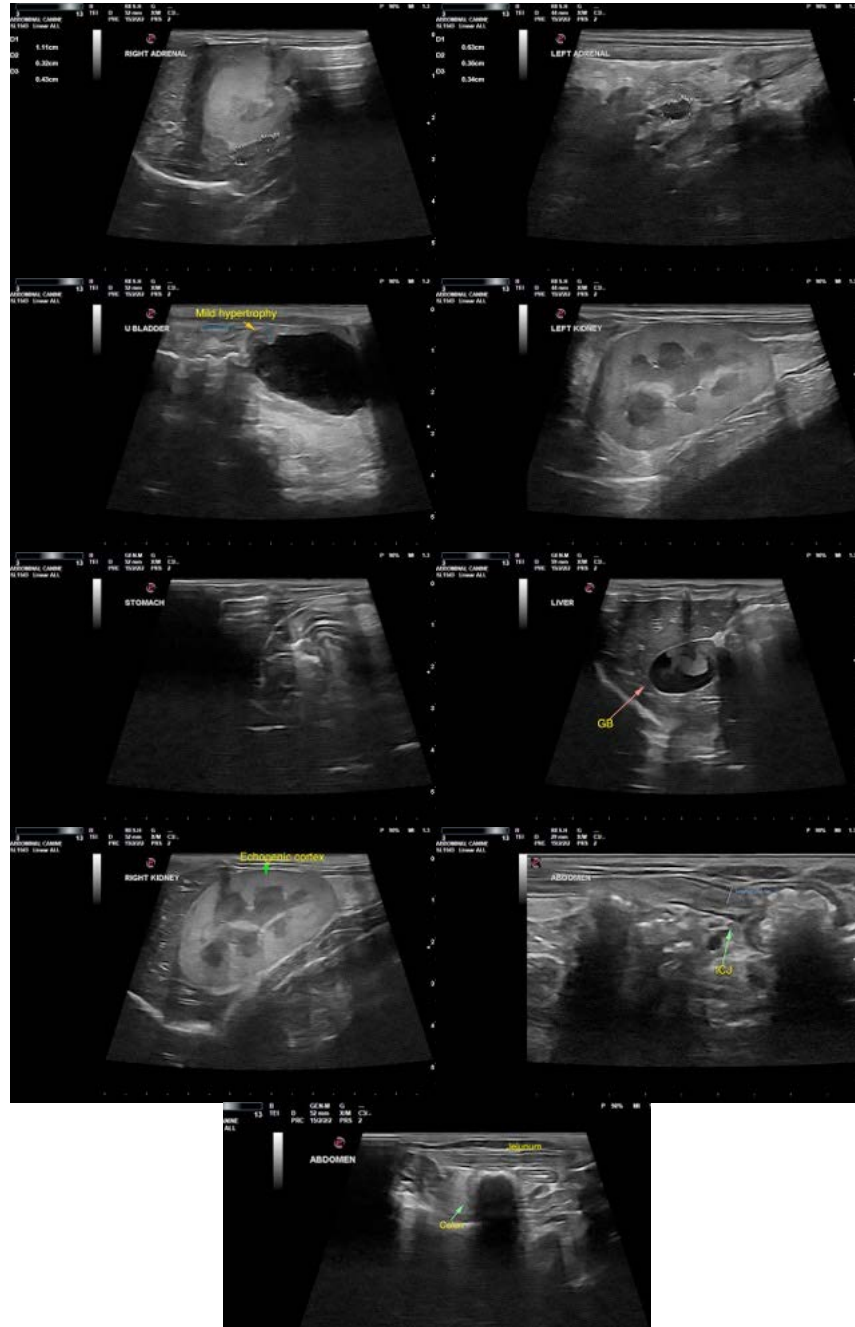
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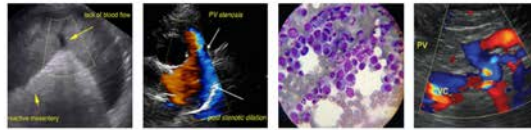
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

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SEX

Neutered Male

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