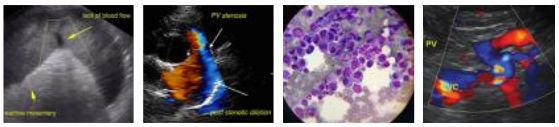


PATIENT

Jigg Landauer

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

13 years

WEIGHT

12.67 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Corvallis VH

REFERRING VET

Dr. Gross

INVOICE

15002

DATE

9/27/22

PRESENTING CLINICAL SIGNS

Pet originally presented to have a senior panel (Chem, CBC, UA, T4) done prior to a comprehensive oral health assessment and cleaning under anesthesia. Pets chemistry panel showed abnormal liver and renal values. Pet is not losing weight in fact is is overweight and gaining weight. Her PE in February was mostly wnl (overweight) and her last lab work in 2020 was unremarkeable. Abnormal PE/Chem/CBC/UA Results: Chem: ALT 576, AST, 258, BUN 58, Creatinine 1.7, PSL 122 CBC, T4 wnl UA pH 7.5 with 1+ proteinuria (cysto) Current Medications None, pet got 100 mg gabapentin and 2 mg of butorphanol IV prior to US

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. 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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and symmetrical margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 3.5 cm in length.

Normal size and asymmetrical margination were present in the right kidney with associated hyperechoic cortical parenchyma, consistent with cortical infarcts. A mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient was noted. No evidence of pyelectasia was present. The right kidney measured 3.9 cm in length.

Adrenal Glands

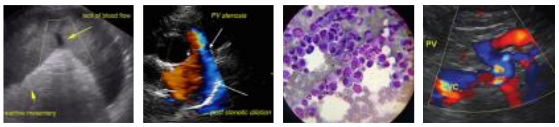
The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.56 cm width. The right adrenal gland measured 0.40 cm width.

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/ Gallbladder

The liver exhibited subjective mild enlargement with maintained symmetrical capsule contour. Uniform, mild increased parenchyma echogenicity compared to the spleen and falciform fat was noted with mild coarse echotexture. No masses or nodules were present. The hepatic and portal



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vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content with very minor echogenic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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 moderate ingesta exhibiting progressive distal acoustic shadowing. The stomach was otherwise normal.

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.

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

Pancreas

The left limb of the pancreas was normal in size and contour with subtle hypoechoic to nonhomogeneous parenchyma compared to adjacent mildly hyperechoic peripancreatic omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

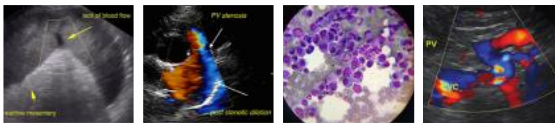
ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with right kidney cortical infarcts
- Hepatopathy exhibiting mild uniform parenchyma hyperechogenicity - suspect cholangiohepatitis
- Mild gallbladder debris
- Suspect low-grade to minor chronic active pancreatitis left limb
- Gastric ingesta

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.

Assuming normal clotting status screening hepatic FNA cytology using a 25-gauge needle, is warranted for further assessment primarily to assess for or possibly identify inflammatory cell type if present. Minor potential for occult to round cell hepatic neoplasia, which may present in a similar sonographic manner, as well as nonobstructive cholestasis. Triad Disease is considered unlikely, given the normal GI presentation and lack of GI signs / weight loss.



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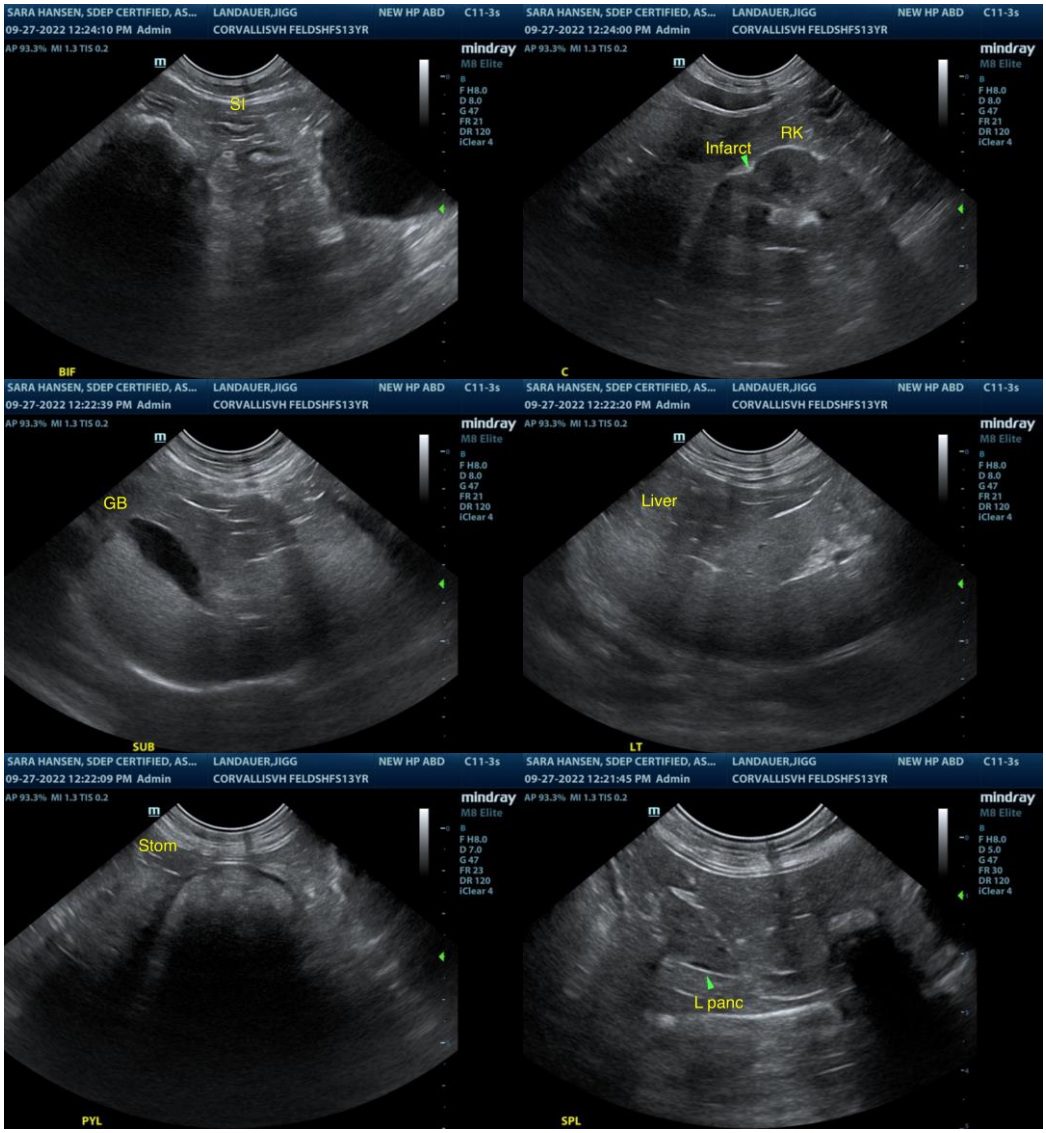
No overt anesthetic contraindications, assuming normal albumin, glucose, and cholesterol levels. Hepatosupportive medications and if significant oral disease is present, reassessment of hepatic enzymes following dental prophylaxis would be reasonable.



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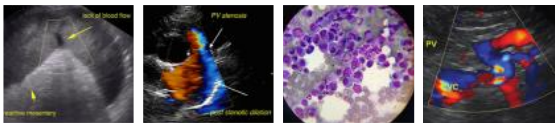

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AnimalSoundsNW.com 541-357-9423

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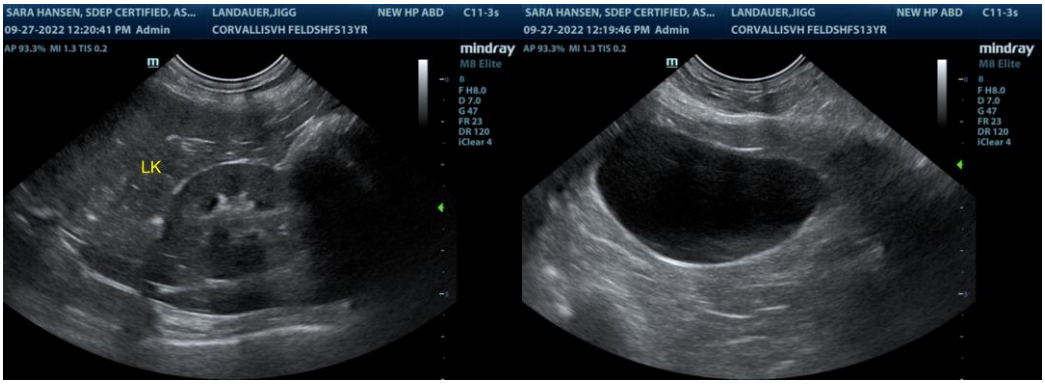

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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