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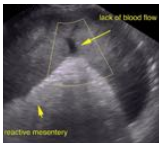

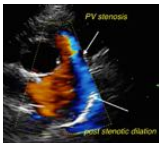

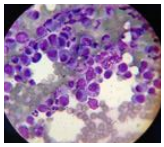
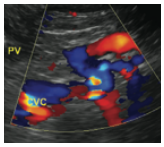

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1-800-838-4268 info@sonopath.com

PATIENT

Daniel Alexander Wilson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

9.6 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Arpaia

INVOICE

31549

DATE

7/11/22

PRESENTING CLINICAL SIGNS

P presented for weight loss (3 pounds over the last 2 years), change in food preference (rejecting canned with texture, only eating pate texture) and vomiting. C notes patient vomits about once weekly for years P is on Standard process Renal Support supplement, recently started on Cerenia PRN History of 2/6 systolic murmur, difficult to auscultate on recent exam (purring) Jan 2022 Abdominal radiographs showed mineralization of left kidney
Abnormal PE/Chem/CBC/UA Results: 7/9/22 labwork: CBC WNL chemistries, ma 11.5. renal tech positive, BUN 53, CREA 2.3, proteniuria (2+). SDMA 11.2 Vitamin D and B12 levels pending January 2022 labwork showed CKD stage 2 (BUN 44, CREA 2.7, MA 0.6)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder revealed a 0.7 cm echodense mass associated with the bladder wall. The mass does not appear to have blood flow on color Doppler. Otherwise, the bladder was normal with the urethra visible 1.0 cm beyond the cystourethral junction.

The left kidney exhibits severe hydronephrosis with ureteral dilation. The proximal ureter measures 0.8 cm. The left kidney measures 4.4 cm. There is complete loss of corticomedullary differentiation. The source of ureteral obstruction is not evident.

The right kidney exhibits poor corticomedullary differentiation. There is diffuse mineralization present within the renal (cortex / medulla / pelvis). There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The right kidney measures 4.2 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 0.37 cm in height. The right adrenal gland measures 0.27 cm in height.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

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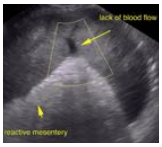
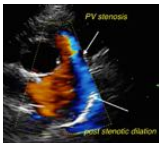
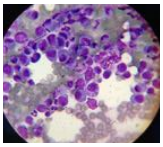
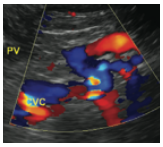

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Gastrointestinal

The stomach is empty. The gastric wall is (0.22) cm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The duodenum has a mildly increased wall thickness up to 0.31 cm with intact wall layering that exhibits the normal 1:3 muscularis to mucosa ratio. The visualized portions of the jejunum and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The jejunal wall measures up to (0.23) cm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to (1.3) cm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal. The pancreas measures 0.74 cm at the hilus.

Free Abdomen

There is a scant amount of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Hydronephrotic left kidney with suspected ureteral obstruction.

Thickened duodenal wall.

SECONDARY FINDINGS:

Chronic renal changes.

Soft-tissue opacity in the bladder that is suggestive of a blood clot.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the azotemia is relatively stable compared to January it may be that the hydronephrosis is not acute. Abdominal radiographs are recommended to see if a radiopaque ureterolith can be detected. CT or contrast procedure can also be considered. Monitoring of the bladder lesion is recommended, as there was no evident blood it is most likely a clot and may be associated with renal hematuria. A urine culture is also recommended.

The changes in the duodenum are possibly suggestive of infiltrative bowel disease, including both inflammatory bowel disease or gastrointestinal lymphoma. Recommendations include:

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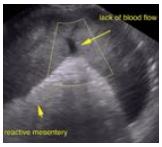
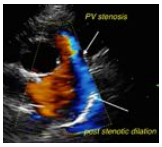
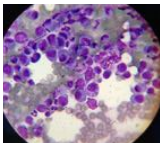
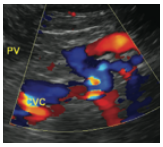

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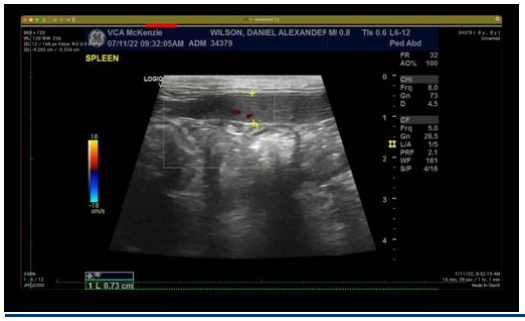
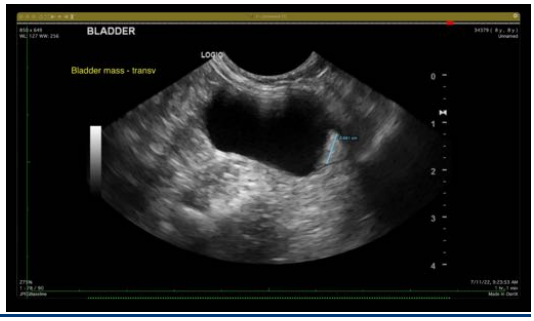
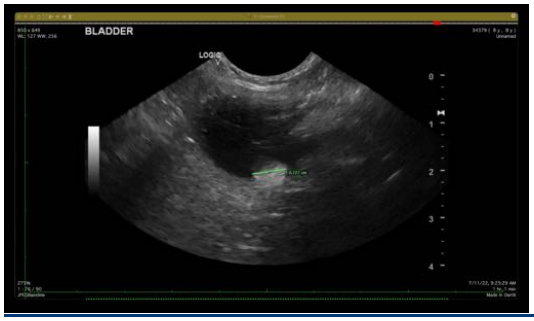
- fecal parasite testing and empiric fenbendazole treatment
- trials with a novel protein or hydrolyzed diet
- A complete GI panel.
- Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance . If there is concurrent lymphadenopathy, ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered. (dog only - Resting cortisol levels could also be considered).

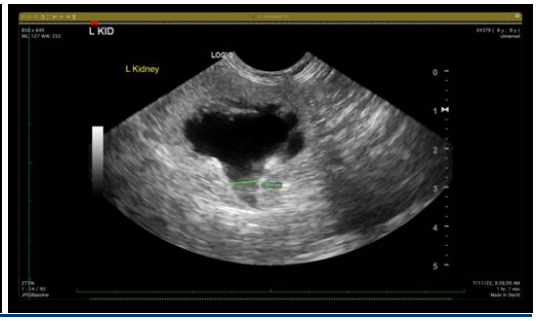
The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

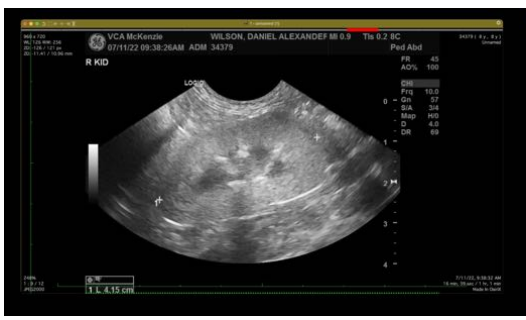
- a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- urine culture should also be considered, particularly if urine sediment is active
- dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines

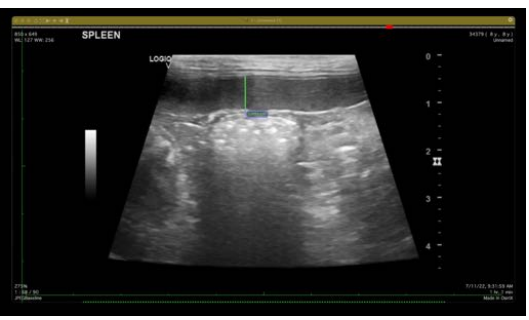












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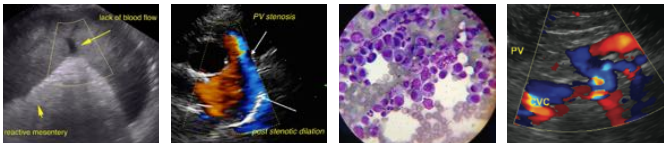

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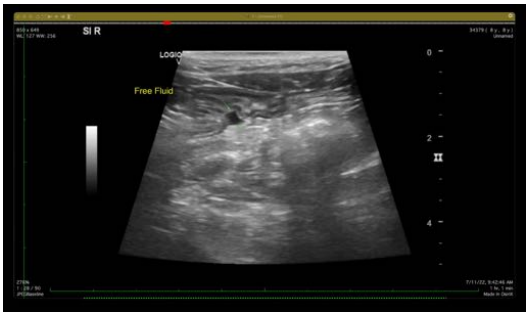

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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