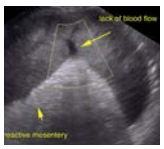
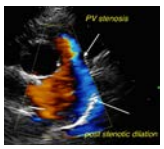
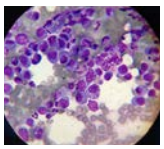
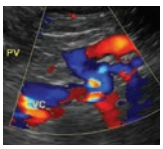
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Bunny Owens

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15 Years

WEIGHT

11.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

39814

DATE

7/26/22

PRESENTING CLINICAL SIGNS

Two week history of urinary incontinence - large amounts of urine voided while lying down and while walking. No evidence of neuro disease on exam. Bladder small on initial exam, was very large today but could be expressed with some effort. No uroliths in distal urethra on rads. On labwork, new azotemia (BUN 51 / Creat 3.0), else normal CBC? Chem / T4. U/A - SpGr 1.017 else unremarkable. Culture pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is markedly distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visualized to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The right kidney is hyperechoic, and exhibits moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The right kidney measures 3.7 cm.

The left kidney is hyperechoic, and exhibits moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 3.8 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 4.4 mm at the cranial pole and 4.1 mm at the caudal pole.

Spleen

The spleen is of appropriate size (7.8 mm at the hilus) 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

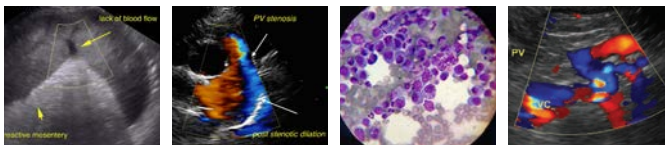
The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

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

Gastrointestinal

The stomach is empty. The gastric wall is normal (2.4 mm thickness) with deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 3.1 mm. Overall wall layering is preserved. The duodenum is normal with wall thickness of 2.8 mm.



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The visible portions of the colon are of normal thickness (1.1 mm) with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The left and right limbs of the pancreas are hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence 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:

- Normal urinary bladder and pelvic urethra

SECONDARY FINDINGS:

- Chronic renal changes
- Focally thickened small intestines
- Diffusely hyperechoic liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no visible cause for the urinary incontinence. A urine culture is recommended along with a complete neurologic exam to assess for neurologic causes for incontinence. CT scan or cystoscopy may be necessary to rule out intrapelvic disease.

The changes in the small bowel and liver are suggestive of chronic infiltrative bowel disease and either a chronic reactive hepatopathy or cholangiohepatitis. The changes in the pancreas may represent past episodes of pancreatitis, or may be a normal age related variant. There is no report of gastrointestinal signs in the history. However, a GI panel should be considered to further investigate the significance of these changes. Definitive diagnosis would require biopsy of both the liver and the affected small bowel. Ultrasound guided sampling of the liver could 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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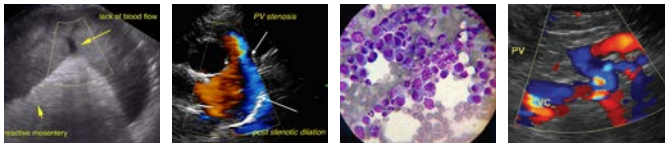

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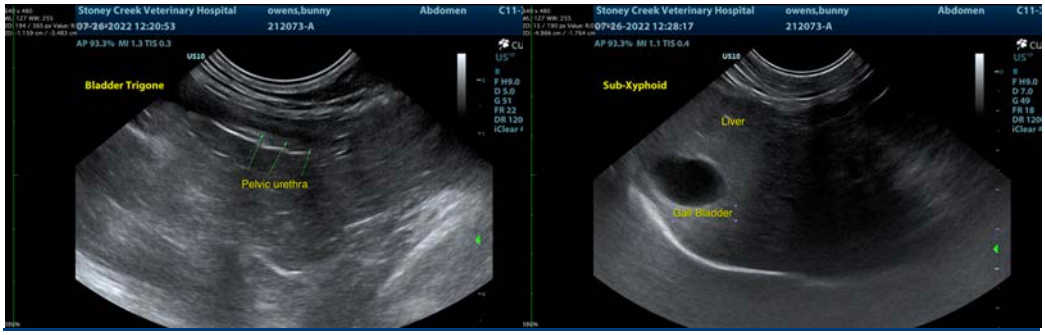

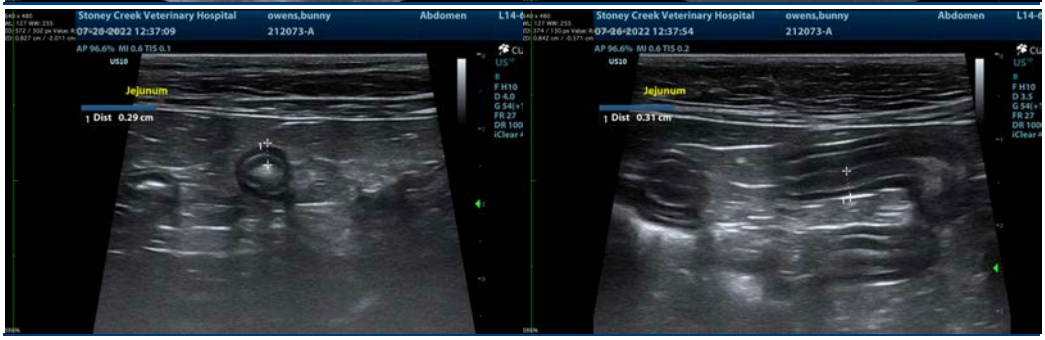

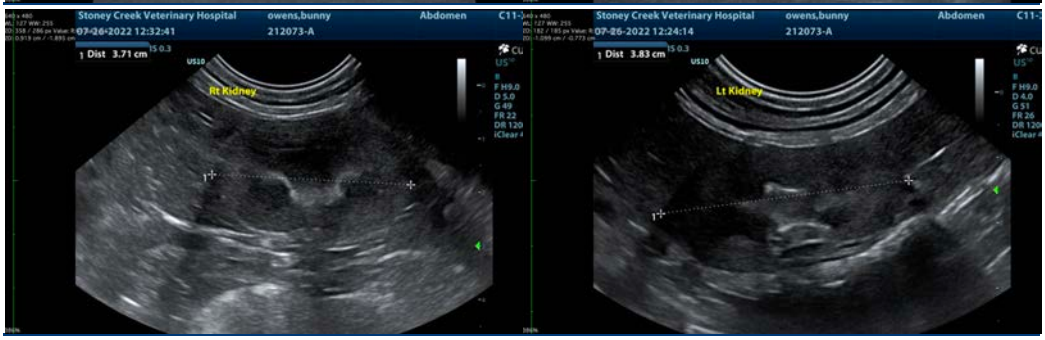

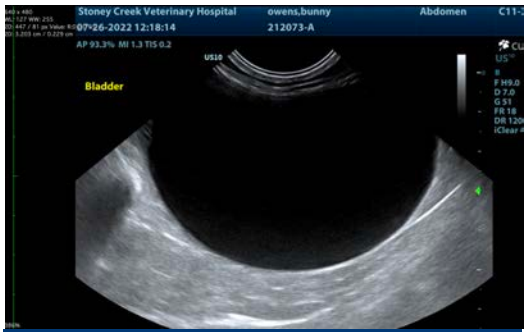

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com