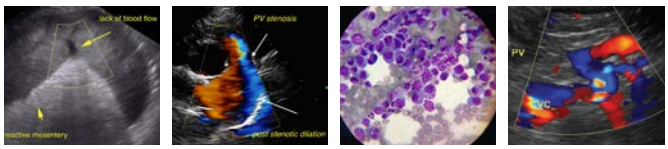
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Charlotte Frank

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

6.5

INTERPRETED BY

Aubrey Hirsch, DVM, Practice Limited to Internal Medicine

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of Oakland

REFERRING VET

Dr. Jill Sheldon

INVOICE

24745

DATE

8/16/21

PRESENTING CLINICAL SIGNS

She has chronic renal failure, nephroliths and ureteroliths. Within the last year she has lost about 1 lb of body weight. Owner has restarted ondansetron and mirtazapine and does sub Q fluids at home every 3 days.
Abnormal PE/Chem/CBC/UA Results: Creatinine was elevated at 4.1 last year it was 5.3. Her BUN is elevated at 65(last year 69), elevated SDMA, low albumin 2.4(last year 2.7). Her UPCR was 0.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with a mild amount of echogenic debris. There is a small papillary to polyp-like, slightly hyperechoic, non-shadowing nodule noted in the dorsal bladder wall, slightly closer to the apex region, measuring 0.44 cm x 0.35 cm.

The left kidney architecture is difficult to determine due to a large number of hyperechoic shadowing foci throughout. The left kidney measures 3.4 cm in length. The renal pelvis and proximal ureter are moderate to severely dilated, appearing as a rounded cystic structure, measuring 1.7 cm x 1.5 cm. The left ureter remains mild to moderately dilated throughout, measuring approximately 0.37 cm with multiple oval, hyperechoic, shadowing luminal structures ranging in size from 0.27-0.5 cm.

The right kidney appears similar to the left kidney with decreased corticomedullary definition and obscured evaluation of the parenchyma to a large number of hyperechoic shadowing foci throughout. The right kidney measures 3.2 cm in length. Mild pyelectasia is noted measuring 0.5 cm. The right ureter is not visible.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size and shape, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

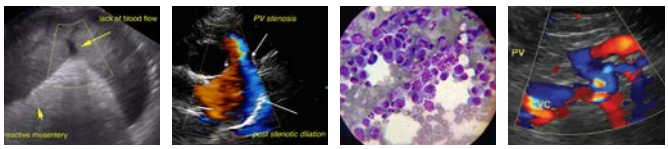
Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild lymphadenopathy with a few visible lymph nodes, one measuring 0.7 cm x 1.7 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Left hydronephrosis and hydroureter with multiple left ureteroliths – findings could be consistent with pyelonephritis or obstruction. Monitoring for progression of left kidney and ureter dilation can be helpful to determine obstruction.
- Bilateral severe nephrolithiasis and chronic nephropathy
- Bladder wall nodule, slightly more apex – could be consistent with inflammatory change such as polypoid cystitis or neoplasia such as transitional cell carcinoma. Location is less consistent with neoplasia. However, this cannot be ruled out.
- Mild lymphadenopathy - The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis and urine culture is recommended. Routine monitoring of bladder wall changes with ultrasound would be helpful to determine change in size, shape, or progression.

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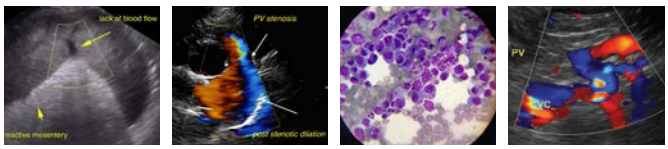

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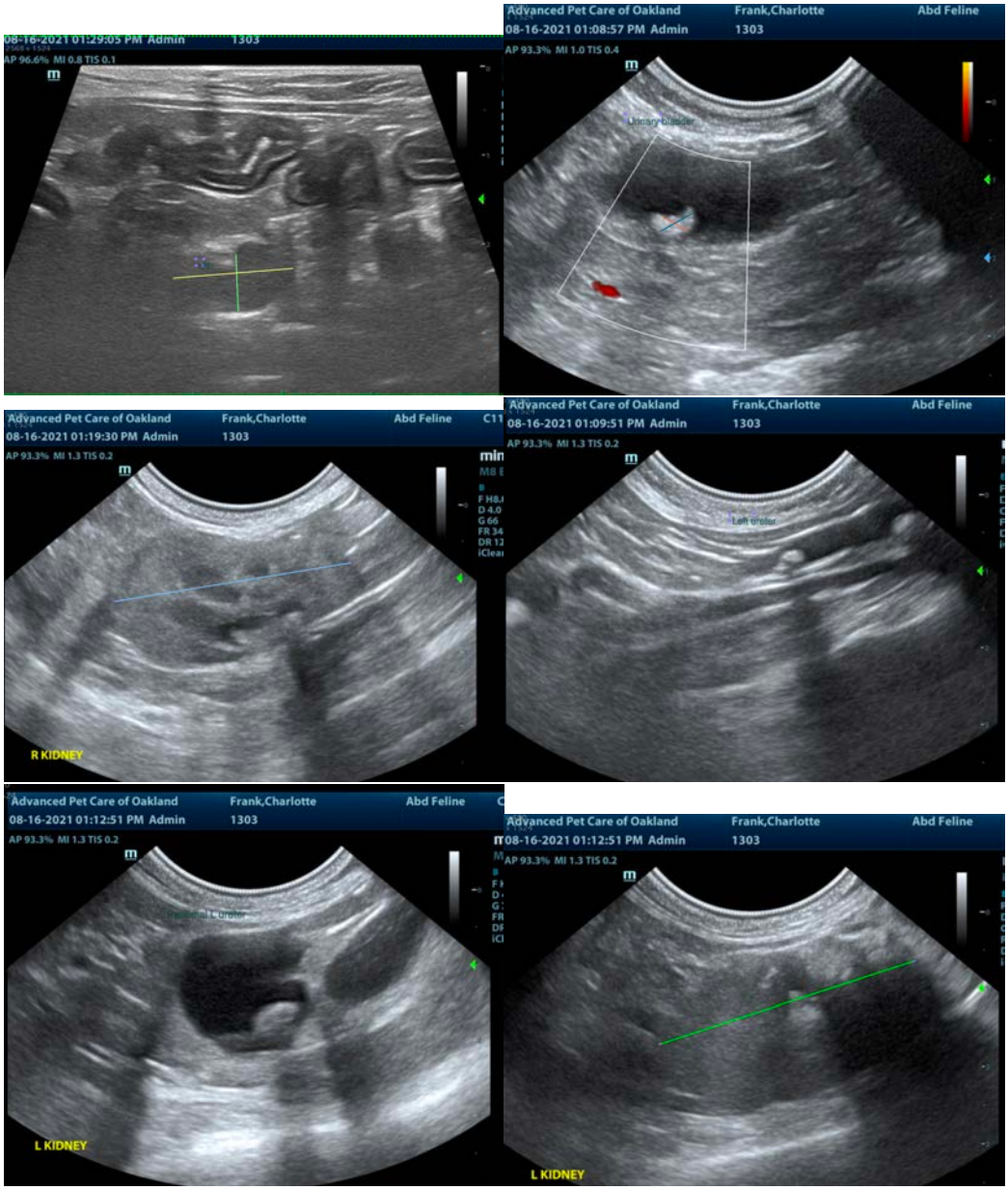

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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