



**PATIENT**

Gillie Cayton

**PRESENTING CLINICAL SIGNS**

History: P presented for weight loss and PU/PD. An azotemia with dilute urine was seen on lab work. Culture negative. BP WNL. UPC pending. AUS to further investigate.  
Abnormal PE/Chem/CBC/UA Results: 1/5/23: Creatinine 3.0 mg/dL, BUN 52 mg/dL, SDMA 26.7 UG/DL, USG 1.016

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Domestic shorthair

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

Female, spayed

The left kidney is subjectively small in size with normal curvilinear peripheral contours. The cortex is diffusely thickened and hyperechoic. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE**

16 yrs.

The right kidney is subjectively small in size with a slightly irregular shape. The cortex is variably thickened and hyperechoic. A cortical infarct is suspected at the cranial pole. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia or hydroureter.

**WEIGHT**

6.36 lbs.

*Adrenal Glands*

The left adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

The right adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

**IMAGING**

**PERFORMED BY**

Dr. Hadi

The spleen is normal in size (0.68 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**HOSPITAL NAME**

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Clinic

*Liver*

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

**REFERRING VET**

Dr. Hadi

*Gastrointestinal*

**INVOICE**

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. No obstructive disease is noted.

**DATE**

1/16/23

*Pancreas*



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The left limb is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

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Feline

### *Free Abdomen*

There is no evidence of free fluid. A few prominent mid-abdominal lymph nodes are visualized, the largest measuring 0.59 cm in diameter. Surrounding mesentery is hyperechoic.

## BREED

Domestic shorthair

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

- Bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis with a right cortical infarct and subtle dystrophic mineralization.

### Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

## SEX

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## AGE

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider transitioning to a prescription renal diet.
- Subcutaneous fluid administration can be considered, if the patient's cardiac status is appropriate and if administration is tolerated by the patient.
- Serial monitoring (i.e., every 2-3 months) of the patient's renal values is recommended to assess for progression of the azotemia.

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## HOSPITAL NAME

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Clinic

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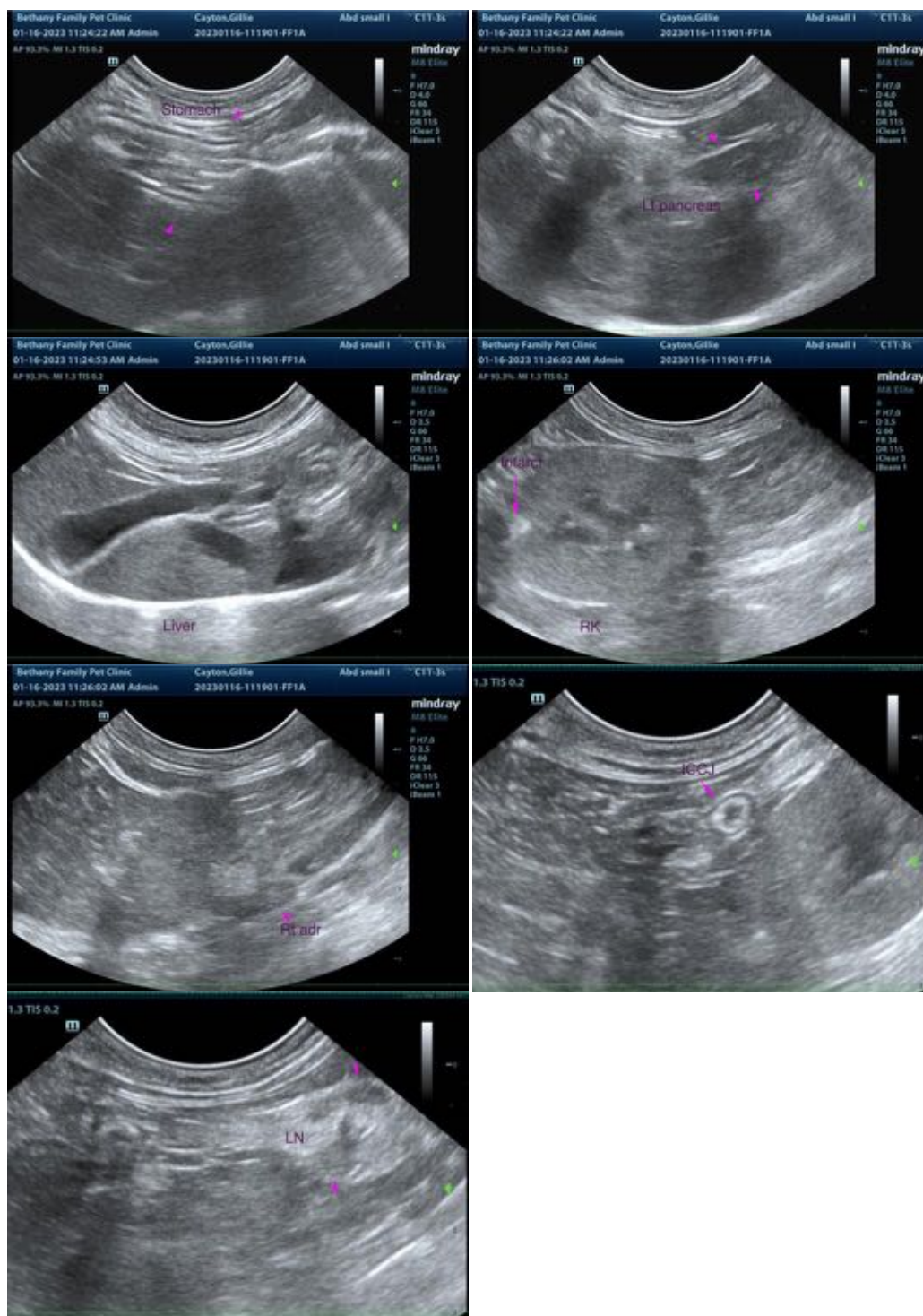
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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