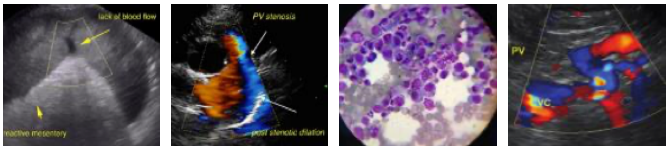
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Deb Edwards

SPECIES
Feline

BREED
Domesic shorthair

SEX
Female, spayed

AGE
5 yrs.

WEIGHT
3.53 kg.

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

IMAGING PERFORMED BY
Dr. Brian Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
Dr. Brian Barnes

INVOICE
14140

DATE
10/25/22

PRESENTING CLINICAL SIGNS

History: Anorexia, lethargic,Kidney disease A) Urinary tract infection B) Nephrolithiasis C) Possible stone in right ureter
Abnormal PE/Chem/CBC/UA Results: Xrays:1. Bilateral nephrolithiasis. 2. Suspect enteritis due to nonspecific etiologies. Systemic disease such as pancreatitis/pyelonephritis or pain due to ureteral obstruction can cause bowel atony resulting in a similar radiographic change. 3. Constipation. 4. Microcardia due to hypovolemia in an otherwise unremarkable thorax.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The cystourethral junction and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.68 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A few non-obstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is upper limits of normal size (4.40 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A cortical infarct is suspected at the lateral aspect. A few nephroliths are seen. Moderate pyelectasia is present (0.55 cm in the longitudinal plane). The proximal ureter is visible and is mildly dilated (0.17 cm in diameter) but can no longer be visualized approximately 1.5 cm distal to the renal pelvis, as it is obscured by ingesta within the small intestine. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

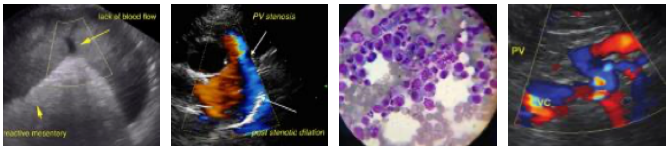
The spleen is normal in size (0.80 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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 gall bladder lumen is mildly distended. The wall is of appropriate thickness for the level of repletion. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme (mild). The small



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intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious pathology is seen.

Free Abdomen

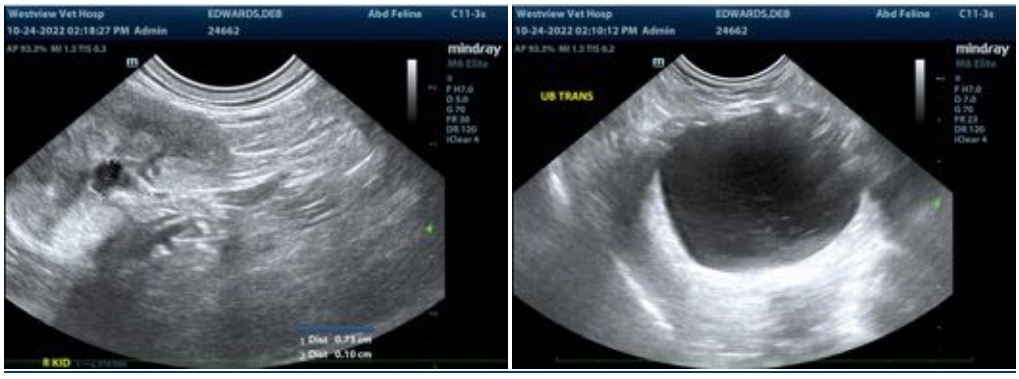
There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Bilateral nephrolithiasis. Suspected right renal infarct with pyelectasia and mild hydroureter. Retroperitonitis is present, likely secondary to right renal pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline labwork including a CBC chemistry panel and urinalysis, if not already performed.
- A urine culture and sensitivity is recommended.
- Consider a repeat ultrasound after a 12-hour fast to better evaluate the right ureter. Alternatively, consider a CT scan to assess for right ureteral obstruction.
- While awaiting test results, consider fluid therapy, initiation of broad-spectrum antibiotics and other supportive measures.



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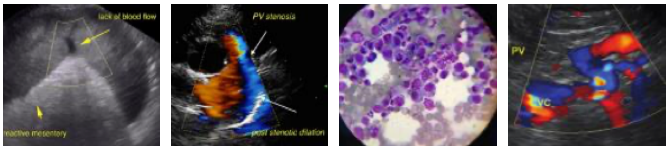

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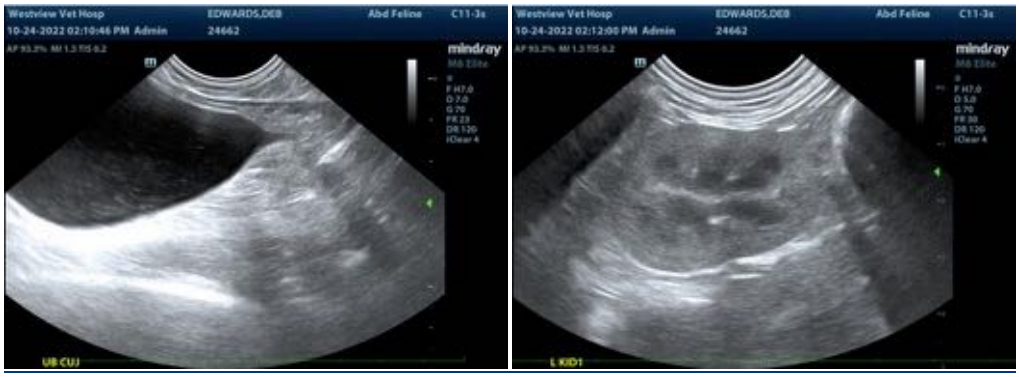

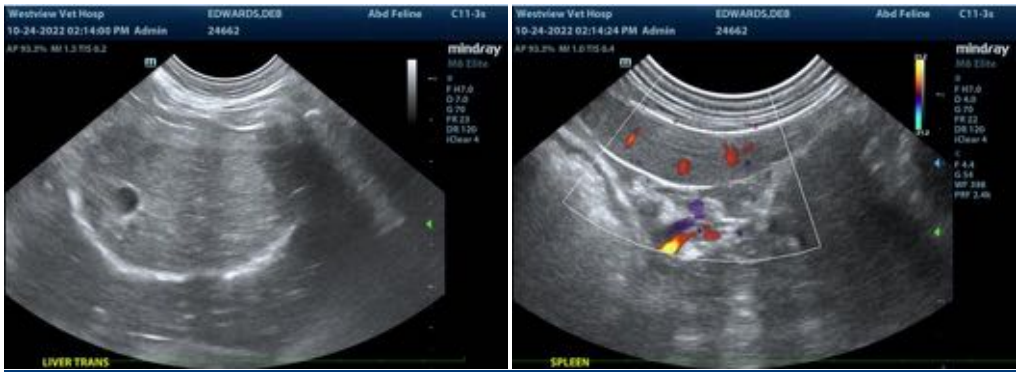

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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