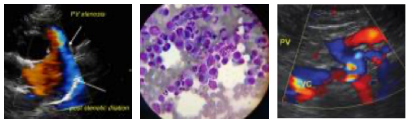
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

10.6.2022

PATIENT

Fleur Johnston

SPECIES

Feline

BREED

Abyssinian

SEX

Spayed Female

AGE

10/28/2009

WEIGHT

8.35lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Cat Hospital at Towson

REFERRING VET

Dr. Slaughter

INVOICE

11778

PRESENTING CLINICAL SIGNS

Recurring UTI. Cat very lethargic and pale.

Current Medications: Dasuquin.

Lab Results: E. coli urine culture; high creatinine/BUN.
9/9/22 Lab results: Glucocytosis with neutrophilia. Creatinine 5.8. BUN 73. Potassium 2.9. USG 1.016. 3+ proteinuria. Active sediment.
Today's results: BUN >140. Creatinine 13.5.

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested by DVM.
Imaging Performed By: Andi Parkinson, RDMS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is contracted. The wall is of appropriate thickness for the level of repletion. No cystic calculi are appreciated.

The **left kidney** is small in size (2.73 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio. There is some loss of detail in the renal medulla. There is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. The mesentery adjacent to the kidney is mildly hyperechoic.

The **right kidney** is small in size (2.97 cm in length); with a slightly irregular shape. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. There is some loss of detail in the renal medulla. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. The mesentery adjacent to the kidney is hyperechoic

Adrenal Glands

The **left adrenal gland** is upper limits of normal size (0.50 cm width), with a slightly rounded shape. Glandular echogenicity and detail are normal. Surrounding vasculature is normal.

The **right adrenal gland** is enlarged (0.67 cm width), with a slightly rounded shape. Glandular echogenicity and detail are normal. Surrounding vasculature is normal.

Spleen

The **spleen** is normal in size (0.65 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 moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

Gastrointestinal

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. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The **pancreas** is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

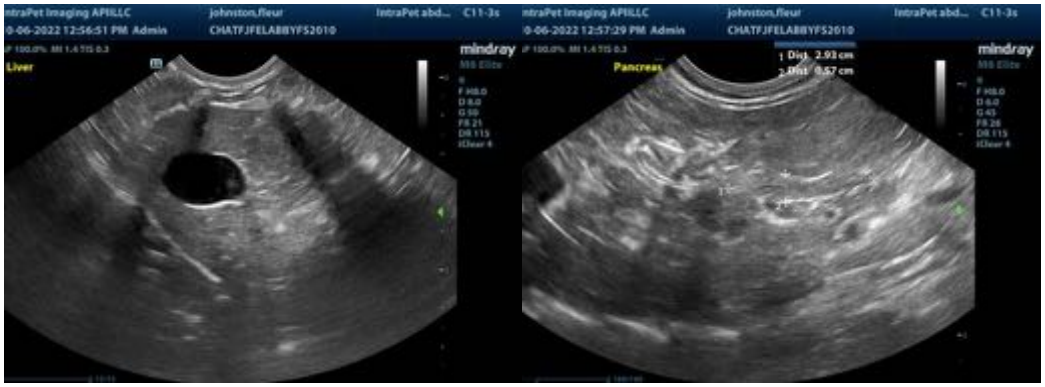
- Bilateral degenerative renal changes with adjacent cranial retroperitonitis
- The empty urinary bladder could be consistent with dehydration or oliguric/anuric renal failure.

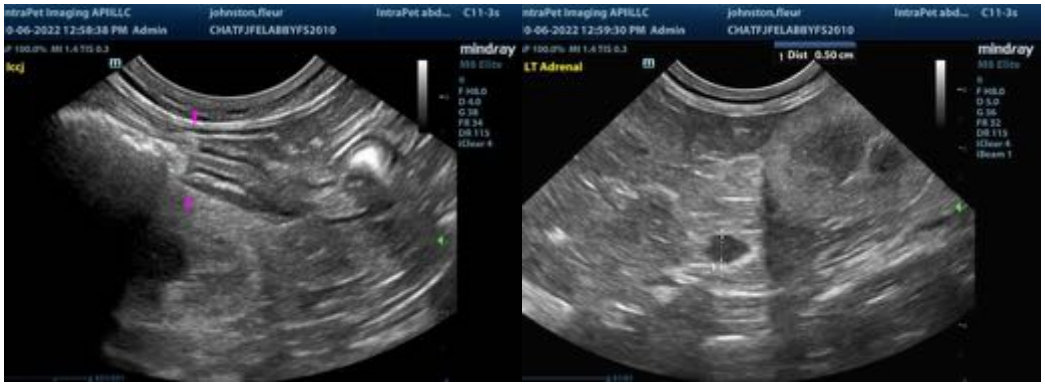
Secondary Findings

- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.
- The small intestinal wall changes suggestive of inflammatory bowel disease. Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Aggressive supportive care for acute on chronic renal failure is recommended, including IV fluid diuresis, broad-spectrum antibiotic therapy (based on urine culture and sensitivity results), gastric protectants and supportive care. Nutritional support is also strongly recommended to help prevent hepatic lipidosis.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if the patient is to undergo diuresis.
- Close monitoring of the patient's urine output is recommended to assess for oliguria/anuria.
- A baseline blood pressure measurement is also recommended.


Liver
Pancreas
Dist 2.93 cm
Dist 0.57 cm


Iccj
LT Adrenal
Dist 0.50 cm


Bladder
RT
Dist 0.67 cm
Rt adr


Cranial
Stomach
LK

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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