**DATE PRESENTING CLINICAL SIGNS**

11/29/2021

History: Screening of abdomen, recent blood work indicated kidney values are border line and owner requested abdominal u/s prior to dental cleaning, Urinalysis trace protein and culture is negative.

PATIENT

Charlie Parsons

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

11/16/2005

WEIGHT

14 lbs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of aggregated echogenic suspended debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.17 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is variably thickened and hyperechoic to heterogeneous in appearance with moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.64 cm in the transverse plane). Hyperechoic shadowing diverticular foci are visualized. There is no evidence of infarcts or hydronephrosis. The mesentery surrounding the kidney is hyperechoic.

The right kidney is normal size (3.78 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is variably thickened and hyperechoic to heterogeneous in appearance with moderate loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.40 cm in the transverse plane). Hyperechoic shadowing diverticular foci are visualized. There is no evidence of infarcts or hydronephrosis. The mesentery surrounding the kidney is hyperechoic.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is subjectively small in size (0.53 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

Andi Parkinson RDMS

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. A bi-lobed confirmation is suspended. The wall is normal in thickness. A small amount of aggregated echogenic gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

HOSPITAL NAME

Glen Burnie AH

REFERRING VET

Dr. Shah

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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

INVOICE

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

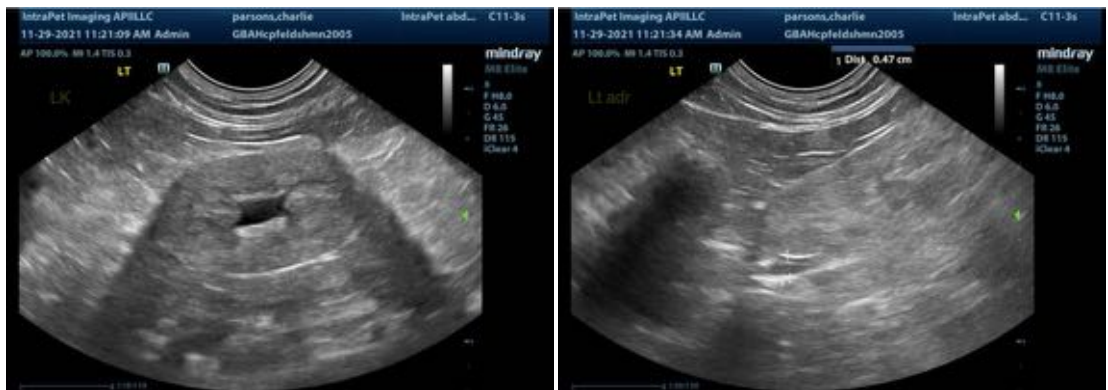
There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Bilateral non-specific nephropathy with pyelectasia and retroperitonitis, more severe on the left.
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Despite the negative urine culture and sensitivity, consider empirical treatment for occult pyelonephritis (i.e., a fluoroquinolone, which has good renal tissue penetration) with a recheck abdominal ultrasound in 3-4 weeks to assess for resolution of the retroperitonitis.
- Given the trace proteinuria, a UPC should be considered.
- Serial monitoring (i.e., every 3-4 months) of the patient's renal values is recommended to assess for progressive kidney disease.





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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