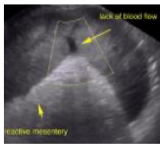
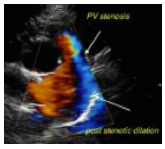
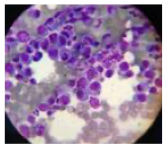
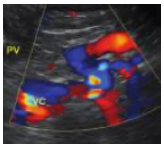
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Elsa Yost

SPECIES
Feline

BREED
DMH Tabby

SEX
Spayed Female

AGE
9 years

WEIGHT
6.7 lbs

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

IMAGING PERFORMED BY
Dr. Jimmerson

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Jimmerson

INVOICE
11962

DATE
11.4.22

PRESENTING CLINICAL SIGNS

History: Indoor only cat. Presented for approx 36 hours of anorexia and vomiting once the day before presentation. 24hr lethargy. Hx of chronic vomiting, 1-2x per week, usual associated with hairballs. No exposure to lilies, NSAIDs, or other toxins.

Abnormal PE/Chem/CBC/UA Results:
CBC = WBCs 17.4k, Neuts 12k
chem17 = Glu 191, Crea 11.5, BUN 105, low ALP 13
fpL snap = <50, wnl
EPOC = Crea 12.76, BUN 112, Ic 1.1, pH 7.28, Bicarb 14.4, lactate 4.42
UA (cysto) = USG 1.016, Protein 30+, Glu 50, WBCs 6/hpf, RBCs >50/hpf, suspect rods
bacterial confirmation kit = did not run, none seen on manual slide review
3 view abdominal rads = feces in colon, some gas throughout SI but not dilated, soft tissue opacity in stomach without dilation, possible left nephroliths on VD

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (3.55 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A cortical infarct is suspected at the caudal pole. Moderate pyelectasia is present (0.51 cm in the transverse plane). The proximal ureter is visualized and is mildly dilated (0.30 cm in diameter). Renal vasculature is normal.

The **right kidney** is normal size (3.60 cm in length); with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A cortical infarct is suspected at the caudal pole. Moderate pyelectasia is present (0.32 cm in the transverse plane). A small nephrolith is seen within the renal pelvis. The proximal ureter is visualized and is mildly dilated (0.29 cm in diameter). Renal vasculature is normal.

Adrenal Glands

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

Spleen

The **spleen** is normal in size (0.64 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.

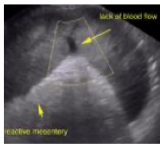
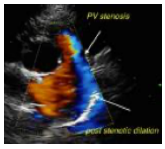
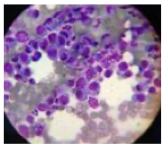
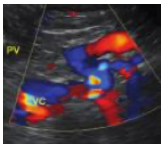
Liver

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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is minimally fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally gas-distended. The small intestinal wall

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thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral degenerative renal changes with nephrocalcinosis and cortical infarcts. The bilateral pyelectasia/hydroureters may be secondary to ureteral strictures, ureteroliths, or less likely, tumors.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a urine culture and sensitivity.

Also consider a baseline blood pressure measurement.

A UPC (if proteinuria is present in the absence of infection) is also recommended.

IV fluid diuresis is recommended along with symptomatic care and broad-spectrum antibiotics (while awaiting culture and sensitivity results).

Close monitoring of the patient's renal values is recommended to assess for progression.

Thoracic radiographs should also be considered to assess cardiopulmonary status, particularly if IV fluid diuresis is to be initiated.

Further imaging (i.e., CT scan) may be useful to further evaluate for ureteral pathology if the patient can be stabilized.

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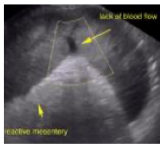
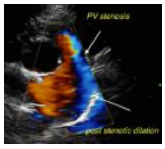
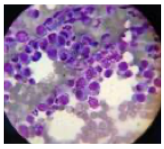
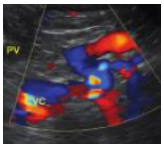

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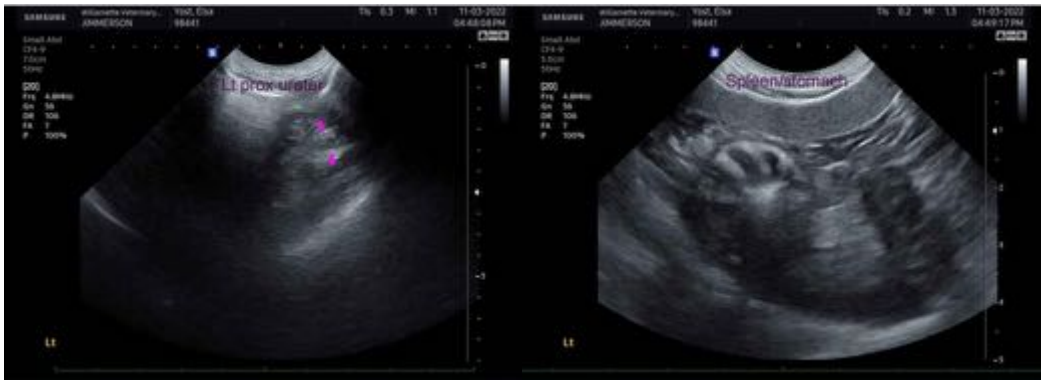

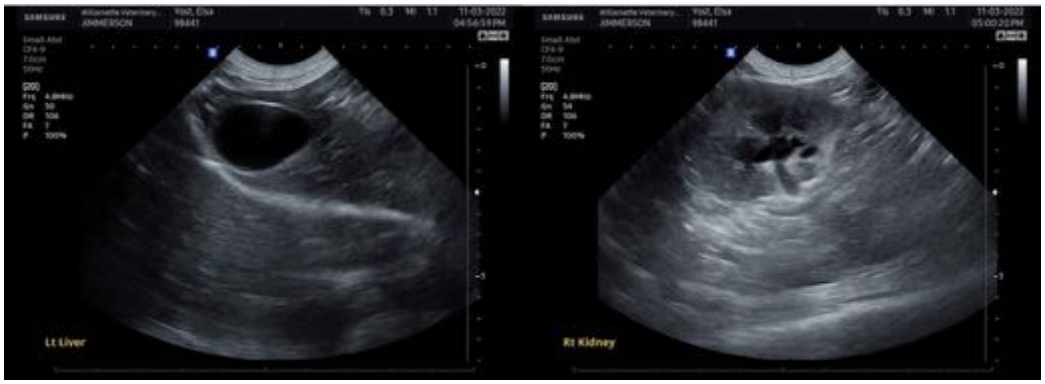

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com