



PATIENT

Rocko Bismaier

PRESENTING CLINICAL SIGNS

Has been azotemic since he was a kitten – recently worsening. Is PU/PD, vomits occasionally.

SPECIES

Feline

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 with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2-3 cm, are normal.

BREED

Neutered Male

SEX

The left kidney is small in size (2.23 cm in length) with an irregular shape. The cortex is variably thickened and hyperechoic. There is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

DSH

The right kidney is normal in size (3.44 cm in length) with an irregular shape. The cortex is variably thickened and hyperechoic. There is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

AGE

5 years

Adrenal Glands

The left adrenal gland is mildly enlarged (0.58 cm width) with a slightly rounded peripheral contour. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

WEIGHT

7.66 lbs

The right adrenal gland borderline enlarged (0.53 cm width). with a slightly rounded peripheral contour. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.75 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.

**IMAGING
PERFORMED BY**

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

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 to caudal vena cava ratio is approximately 1: 1.

HOSPITAL NAME

Flowertown AH

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.

REFERRING VET

Caroline Randinelli

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid-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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

INVOICE

12239

DATE

2.17.23

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.

Other

A brief visualization of the heart reveals no obvious evidence of pericardial effusion. Tachycardia is noted.

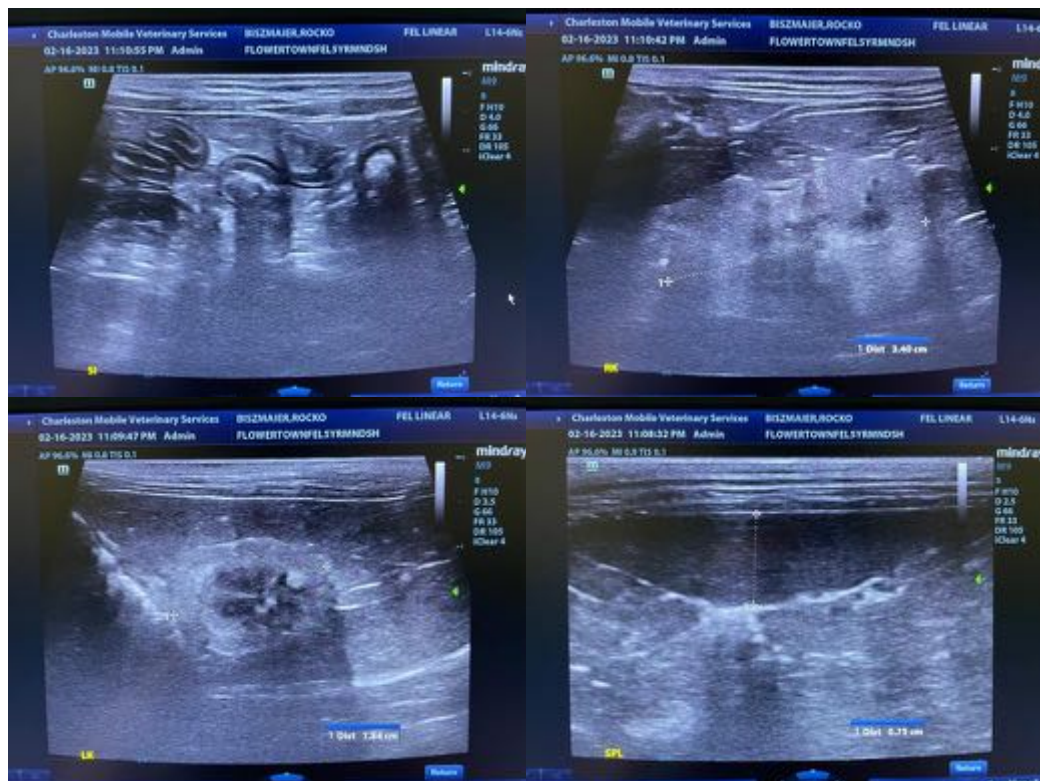
ULTRASONOGRAPHIC FINDINGS

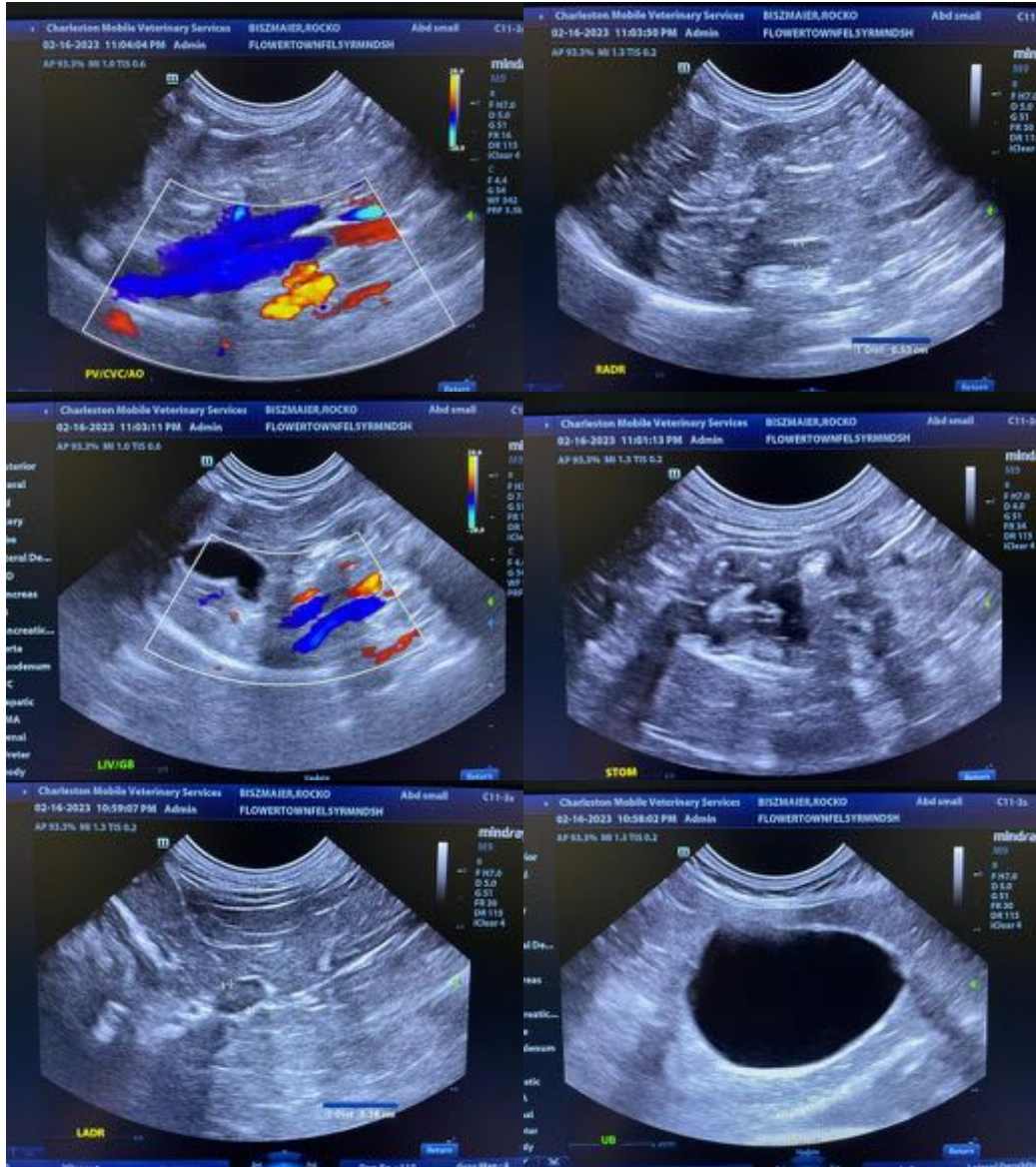
Primary Findings

- Bilateral degenerative renal changes. Given the patient's clinical history, a prior insult (i.e., infection, toxin) is of primary concern. However, renal dysplasia cannot be excluded. Acute on chronic renal failure is suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended to assess for occult infection.
- Given the presence of a murmur on today's examination, an echocardiogram is recommended to help guide IV fluid therapy. IV fluid diuresis along with symptomatic care is recommended, with serial monitoring of the patient's renal values to assess for progression.





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