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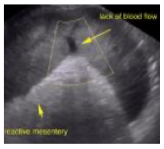
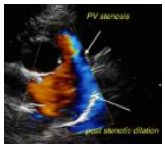
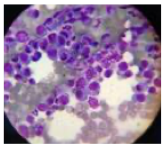
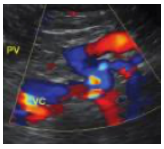
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Grace Hubbard

SPECIES
Feline

BREED
DSH

SEX
Female Spayed

AGE
16 years

WEIGHT
7.9 lbs

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Glen Rock Vet Wellness

REFERRING VET
Dr. Sepulveda

INVOICE
12275

DATE
2.23.23

PRESENTING CLINICAL SIGNS

History: Patient with history of kidney disease presents for anorexia/decreased appetite. Current treatments: IVFs, mirtazapine, and transdermal famotidine.

Abnormal PE/Chem/CBC/UA Results: Initial blood work prior to fluid therapy was BUN 155, Creat. 7.7, after 3 days on IVFs; BUN 140, Creat. 7.1.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is slightly irregular. The bladder lumen is mildly 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 cm, are normal.

The left kidney is normal in size (3.59 cm in length) with a slightly rounded shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small in size (2.38 cm in length) with an irregular shape. The cortex is thickened. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Cortical infarcts are suspected. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.50 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder is of normal contours. A moderate amount of gravity dependent echogenic debris is observed within the lumen. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. 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 gas and chyme. 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. There is no evidence of an obstructive pattern.

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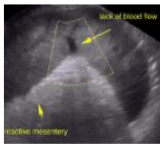
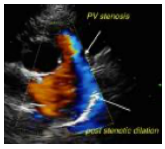
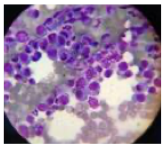
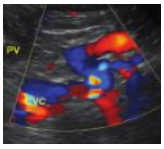

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Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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

ULTRASONOGRAPHIC FINDINGS

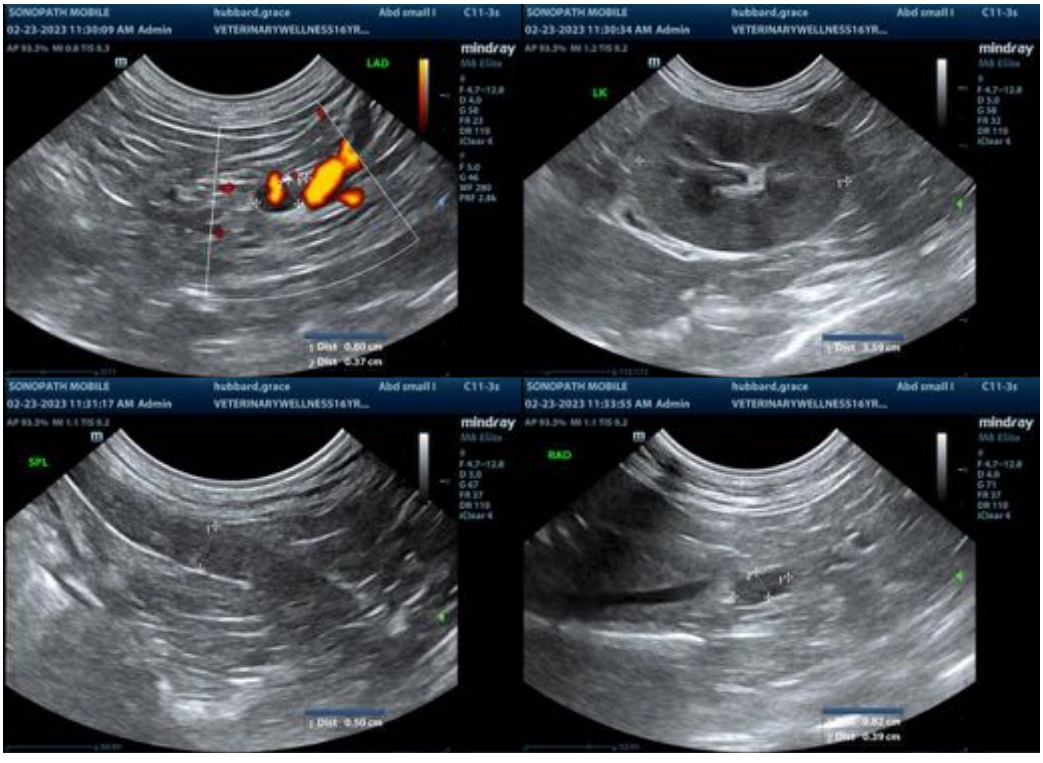
Primary Findings

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis, with suspected left cortical infarcts and dystrophic mineralization. Renal changes are more severe in the left kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's azotemia, consider the following:

1. Urinalysis with culture and sensitivity
2. Baseline blood pressure measurement
3. UPC (if proteinuria is present in the absence of infection)
4. Consider initiating broad-spectrum antibiotic therapy (i.e., fluoroquinolone) while awaiting urine culture and sensitivity results.
5. Continued IV fluid therapy with monitoring of the patient's renal values can also be considered. If the values do not substantially improve within 48 hours of initiating antibiotics therapy, the prognosis should be considered guarded.



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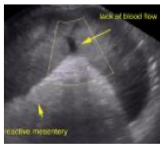
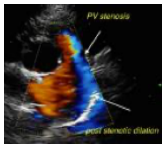
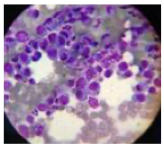
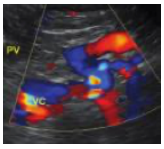

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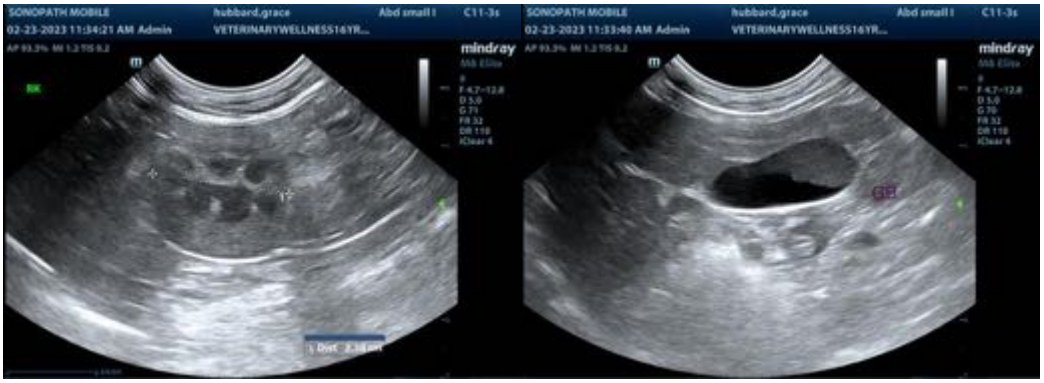

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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