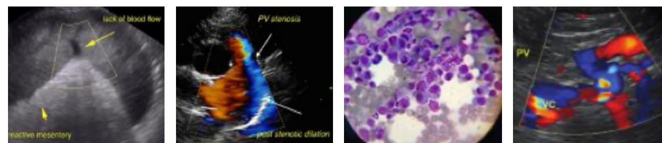
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Maverick Gertschitz

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

6 Yrs.

WEIGHT

5.4 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

Animal Emergency Hospital Volusia

REFERRING VET

Dr. Carver

INVOICE

14655

DATE

2/28/23

PRESENTING CLINICAL SIGNS

History: P presents for lethargy, not eating, wobbly, ataxic. P was diagnosed with kidney disease several years ago and never followed up.
Abnormal PE/Chem/CBC/UA Results: BUN : >140 Creatinine : 22.3 Phosphorous : >15 Globulin : 5.7 Calcium: 0.97 Urine SG : 1.020

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is enlarged (5.2 cm in length) with an irregular shape. The cortex is variably thickened and isoechoic relative to the spleen and there is moderate loss of corticomedullary distinction. Severe pyelectasia/hydronephrosis is present (1.89 cm in the longitudinal plane). Hyperechoic shadowing diverticular foci are visualized. Trace subcapsular fluid is present. The mesentery surrounding the kidney is hyperechoic. Trace retroperitoneal fluid is observed.

The right kidney is enlarged (5.03 cm in length) with an irregular shape. The cortex is variably thickened and isoechoic relative to the spleen and there is poor corticomedullary distinction. Severe pyelectasia is present (1.39 cm in the longitudinal plane). Mineralized foci are visualized. A cortical infarct is suspected at the caudal pole. There is a small amount of subcapsular fluid. The mesentery surrounding the kidney is hyperechoic. Trace retroperitoneal fluid is observed.

Adrenal Glands

No images provided.

Spleen

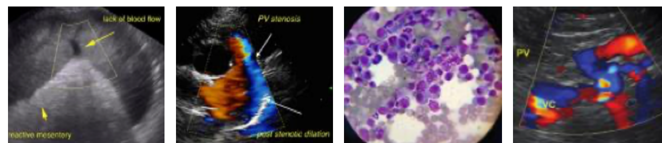
The spleen is normal in size (0.69 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no evidence of an obstructive pattern.



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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

Trace retroperitoneal fluid is present. The abdominal lymph nodes are normal/not visible.

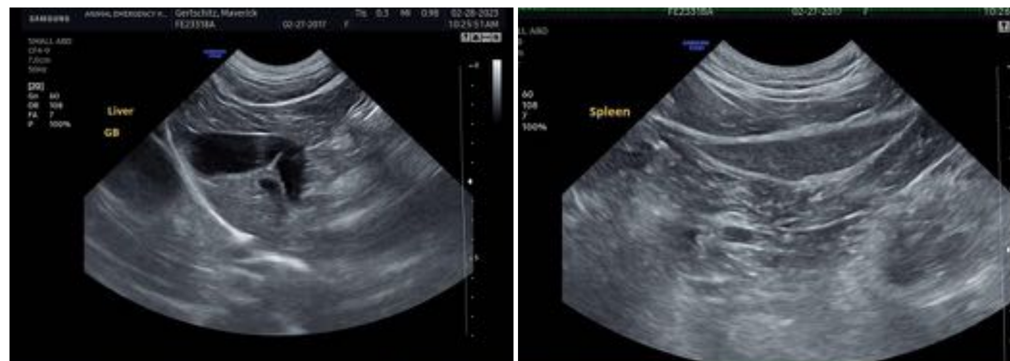
ULTRASONOGRAPHIC FINDINGS

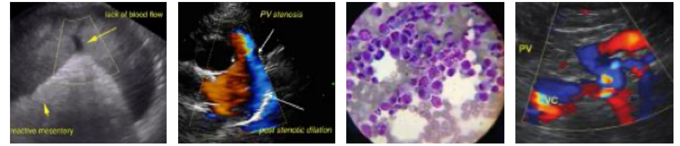
The bilateral degenerative renal changes with severe pyelectasia/hydronephrosis, nephrolithiasis and a suspected right cortical infarct. Retroperitonitis is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history and sonographic changes, consider the following:

1. Urinalysis with a culture and sensitivity
2. UPC (if proteinuria is present in the absence of infection)
3. Baseline blood pressure measurement
4. IV fluid diuresis along with symptomatic care and broad-spectrum antibiotics (i.e., fluoroquinolone) while awaiting urine culture and sensitivity results.
5. Three-view thoracic radiographs are also recommended to assess cardiopulmonary status, particularly if IV fluid diuresis is to be pursued.





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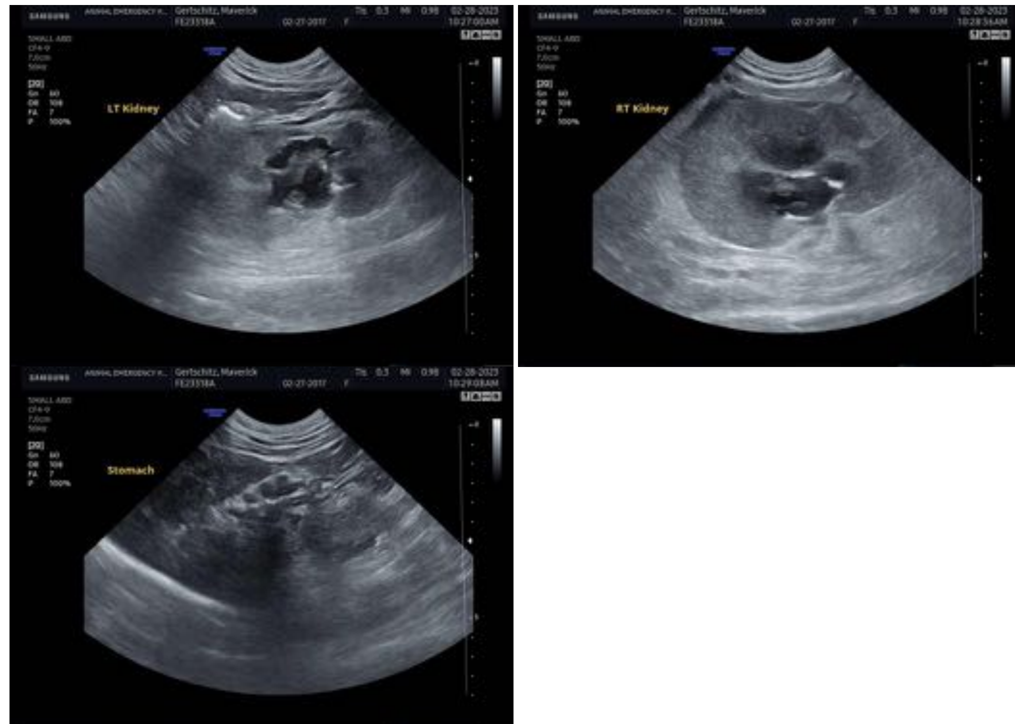

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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