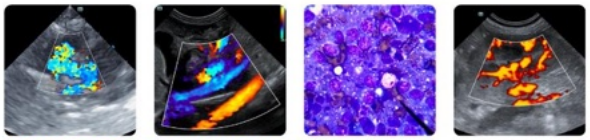


PATIENT

Snoopy Rich

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

3.58 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Prairie Winds

REFERRING VET

Dr. Khaled

INVOICE

13456

DATE

2/3/26

PRESENTING CLINICAL SIGNS

Snoopy, a cat, initially presented for a pre-dental workup, which revealed elevated kidney values and subsequent persistent urinary abnormalities despite treatment.
During the pre-dental evaluation, blood work revealed elevated kidney function, with an initial creatinine level of 226. The patient was treated with 10 days of SQ fluid therapy. After stopping fluids for 5 days, repeat blood work showed an improvement in kidney function, with the creatinine level decreasing to 167.
Despite the improvement in serum creatinine, the urine specific gravity remained low at approximately 1.016. A urinalysis identified the presence of white blood cells, red blood cells, and squamous cells. An abdominal x-ray was performed to rule out urinary stones, and no radiopaque stones were visualized. The primary ongoing concerns are the low urine specific gravity and abnormal urine sediment, suggesting a persistent urinary tract issue.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.48 cm in length) with a normal shape and architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. Hyperechoic striations are observed within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (3.29 cm in length) with a slightly irregular peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. Hyperechoic striations are observed within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

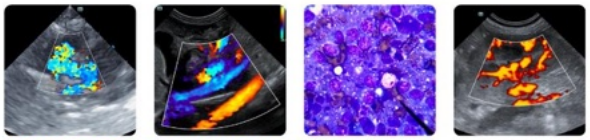
The spleen is normal in size (0.56 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal



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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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The base and limbs of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (up to 0.22 cm). There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

A 0.37 x 0.32 cm lymph node is observed near the aortic trifurcation. A few prominent mesenteric lymph nodes are also seen, one of the nodes measuring 0.65 x 0.19 cm.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral nonspecific chronic renal changes

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Correlation with the patient's long term clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the mild azotemia, consider the following:

1. Urine culture and sensitivity to assess for occult infection
2. UPC (if proteinuria is present in the absence of infection)
3. Baseline blood pressure measurement
4. Transition to a prescription renal diet if the patient will tolerate it
5. Serial monitoring of the patient's renal values to assess progression of the azotemia

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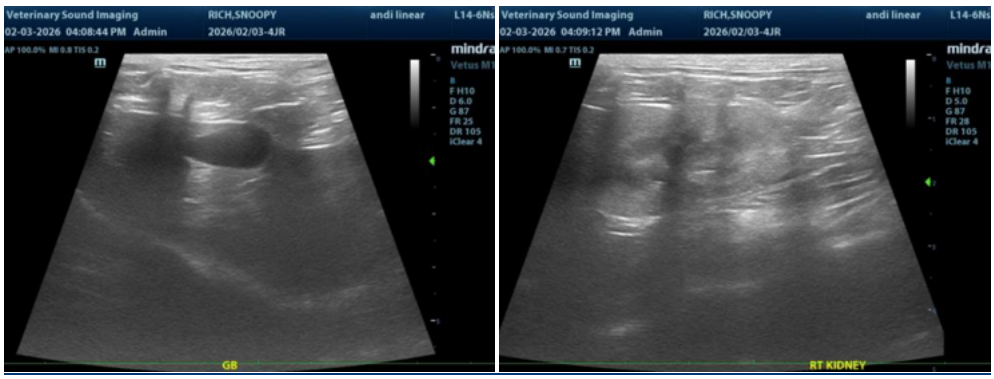

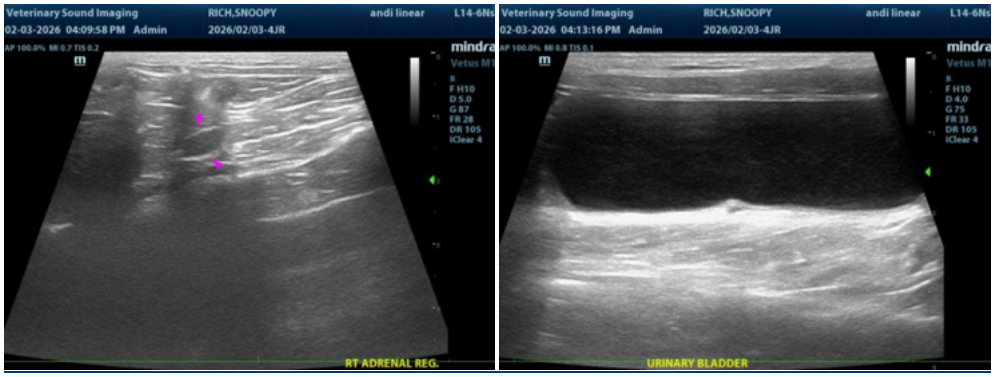

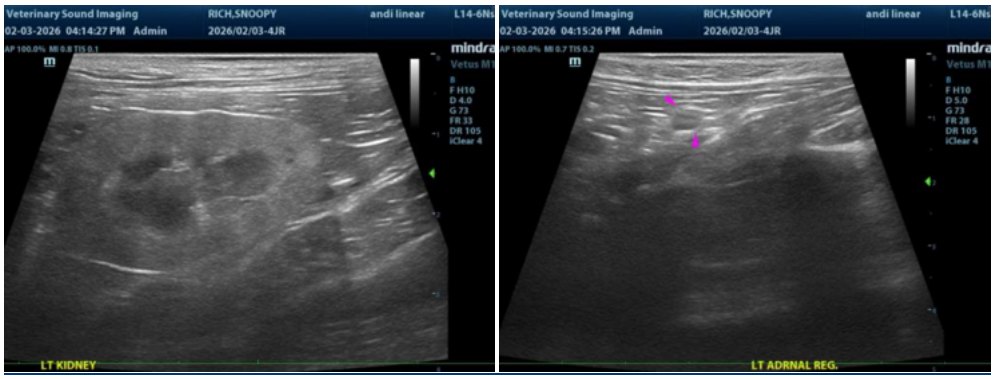

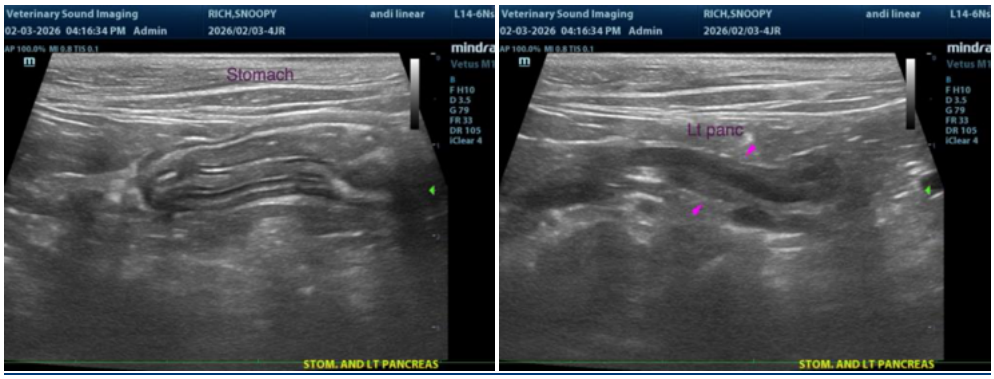

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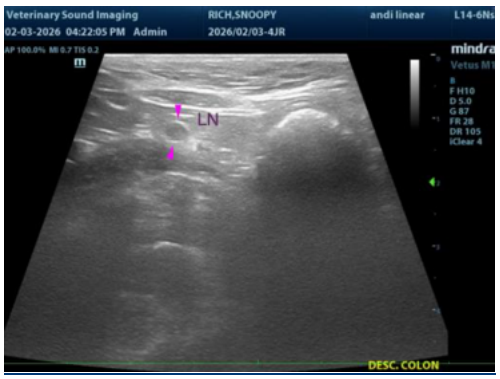

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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