



PATIENT

Kipper Krannich

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

10 Yrs.

WEIGHT

16.5 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Diane McFadden,
RVT

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Weagley

INVOICE

12956

DATE

2/7/22

PRESENTING CLINICAL SIGNS

History: sudden onset vomiting for 2 days; renal pelvis mineralization on rads; on cerenia and had gaba prior to ultrasound.

Abnormal PE/Chem/CBC/UA Results: BUN 57, Crea 4.9, ALT 443, Cl 104; CBC unremarkable

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 cm, are normal.

The left kidney is normal size (4.45 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several non-obstructive nephroliths are present. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.90 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several non-obstructive nephroliths are present. There is no evidence of pyelectasia or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.79 cm length; 0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.17 cm length; 0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.78 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The common bile duct is borderline dilated (up to 0.29 cm) at the distal aspect. It can be followed to the level of the duodenal papilla which is also normal, measuring 0.29 cm in diameter. There is no obvious evidence of an intraluminal obstruction.

Gastrointestinal

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



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pyloric outflow tract is patent. 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. No obstructive disease is noted.

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Pancreas

The left limb and base of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.15 cm in diameter). There is no evidence of peripancreatic effusion.

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Free Abdomen

There is no evidence of free fluid. A 0.41 cm gastric lymph node is visualized. A few prominent colic lymph nodes are visualized, the largest measuring 1.17 cm in length. Surrounding mesentery is hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral degenerative renal changes with non-obstructive nephrolithiasis.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., hepatic lipidosis, bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, infiltrative neoplasia (less likely)) should be considered.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the azotemia and sonographic changes, consider the following:
 1. Urine culture and sensitivity
 2. UPC (if proteinuria is present)
 3. Blood pressure measurement
 4. IV fluid diuresis, antiemetics, GI protectants and other supportive measures for acute on chronic renal failure.
- Regarding the elevated ALT, consider initiation of nutritional support for possible hepatic lipidosis +/- a fine needle aspirate of the liver (if clotting status is appropriate).

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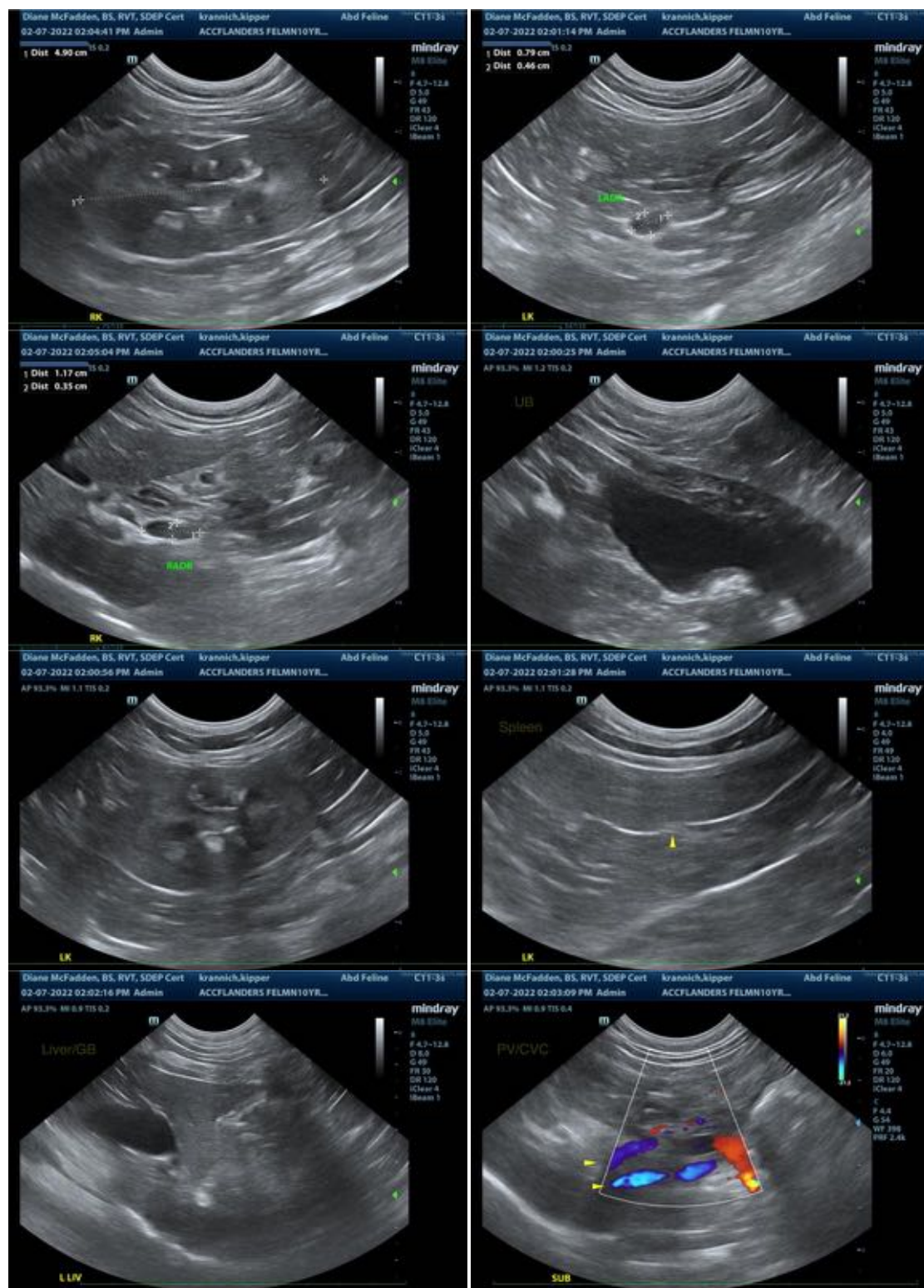
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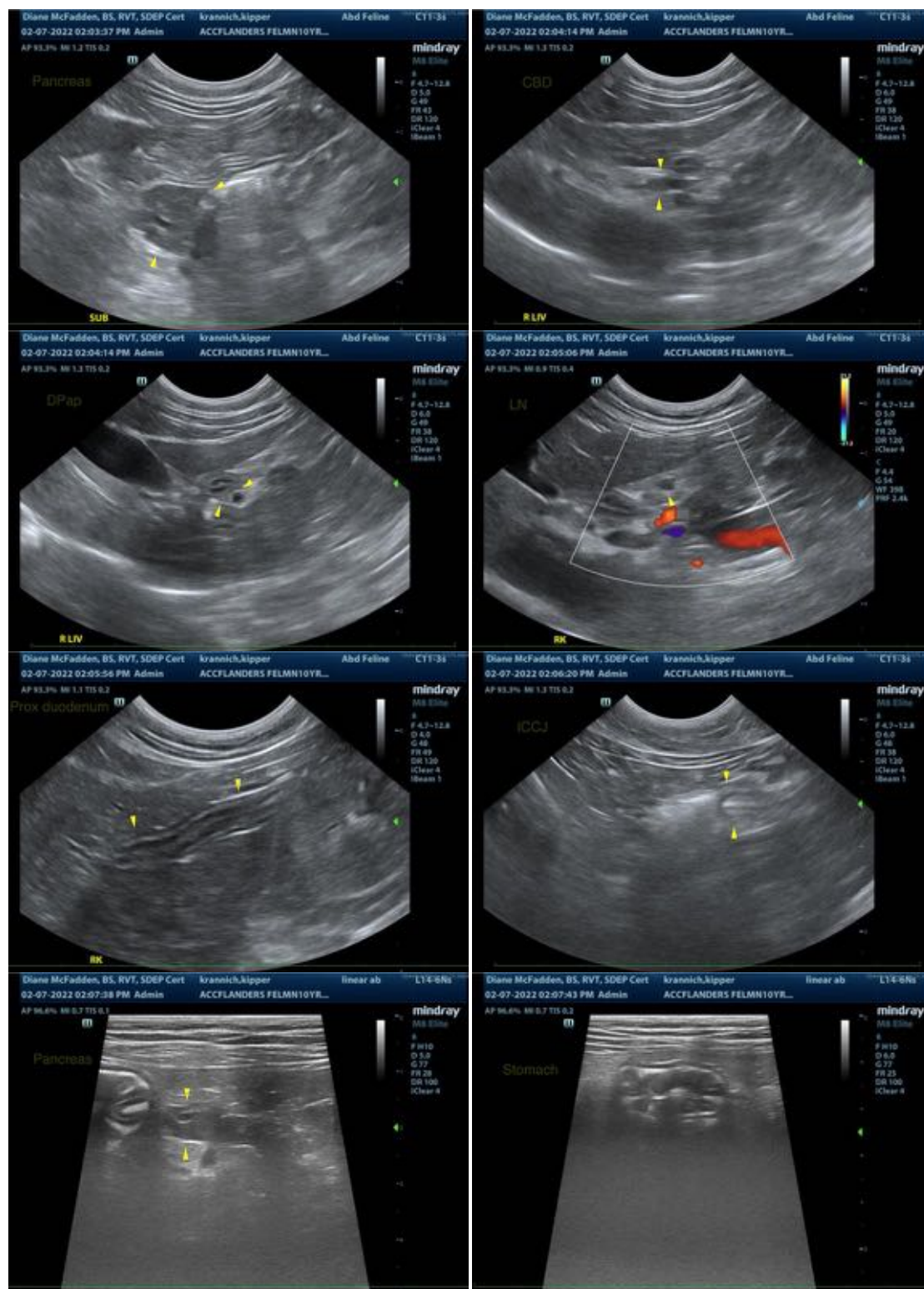
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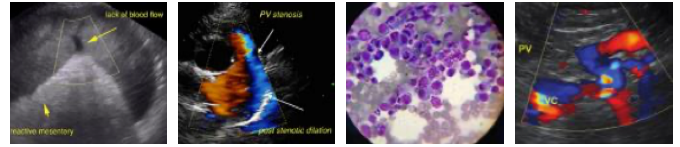
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

andrea_nicastro2@hotmail.com