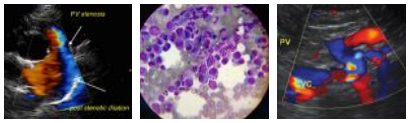
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

3/4/2022

PATIENT

Gordo Stegman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6/2/2011

WEIGHT

14.5lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Stephens

INVOICE

10499

PRESENTING CLINICAL SIGNS

History: Second opinion for hematuria and azotemia. Urine culture negative.

Lab Results: USG 1.030, BUN 40, Crea 2.3.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A scant amount of suspended echogenic debris, as well as a small amount of adherent debris (ventroapical aspect), is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion are normal.

The left kidney is normal size (4.10 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.27 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

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

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.94 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 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 with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3

muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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

- Minor age-related nonspecific age-related renal changes. Scant urinary bladder debris.

Secondary Findings

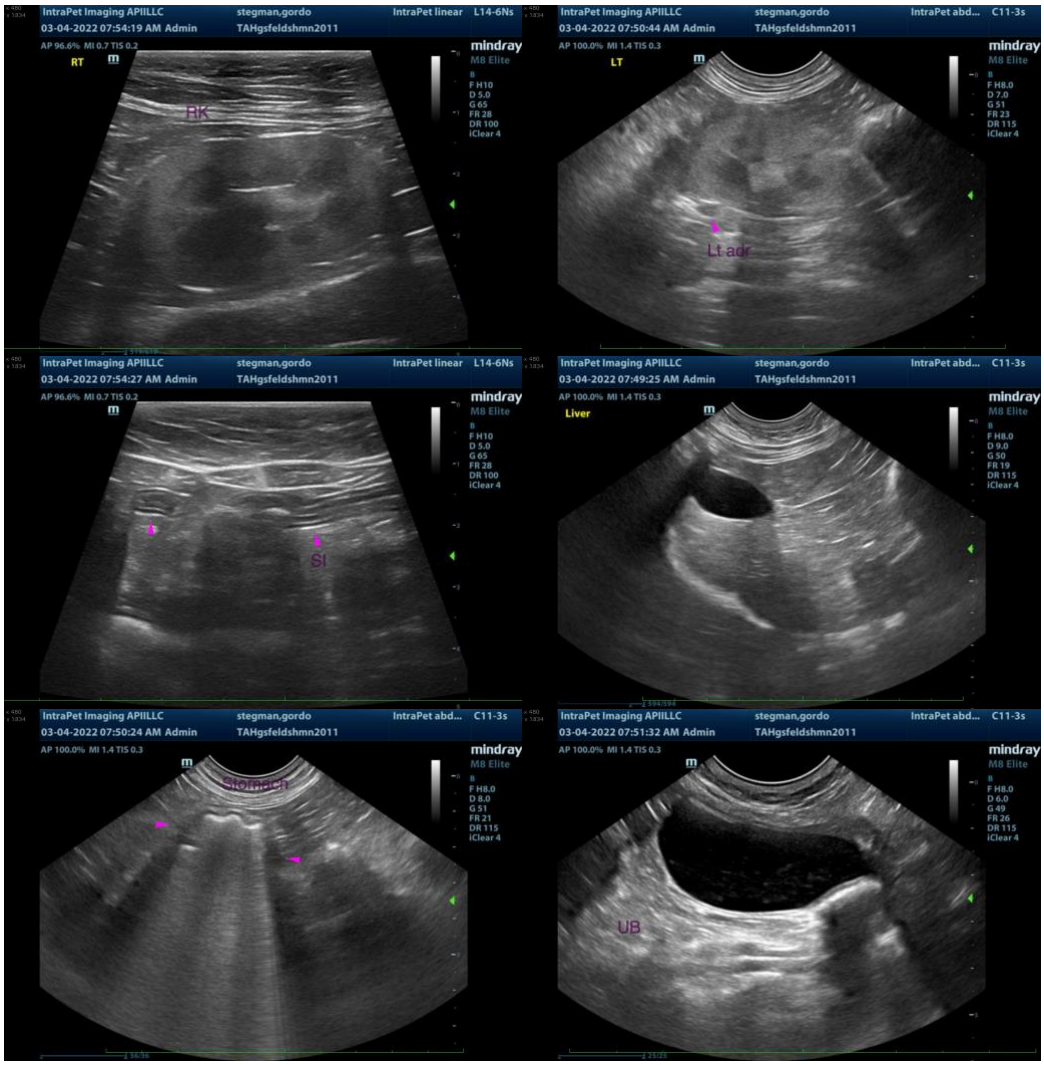
- The small intestinal wall changes are suggestive of inflammatory bowel disease. However, correlation with clinical findings is recommended.

**An obvious cause for the patient's hematuria is not identified in this study. Possible differentials for the hematuria include occult pyelonephritis, idiopathic cystitis, benign essential hematuria, coagulopathy, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Despite the negative urine culture and sensitivity, consider initiation of a broad-spectrum antibiotic (i.e., fluoroquinolone) as empirical treatment for occult pyelonephritis. If no improvement in the hematuria is seen within 5-7 days of initiating therapy, antibiotics should be discontinued.
- Regarding the azotemia, the following diagnostics/treatments are recommended:

    1. UPC (if proteinuria is present if/when hematuria has resolved)
    2. Baseline blood pressure measurement
    3. Transition to a prescription renal diet if the patient will tolerate it.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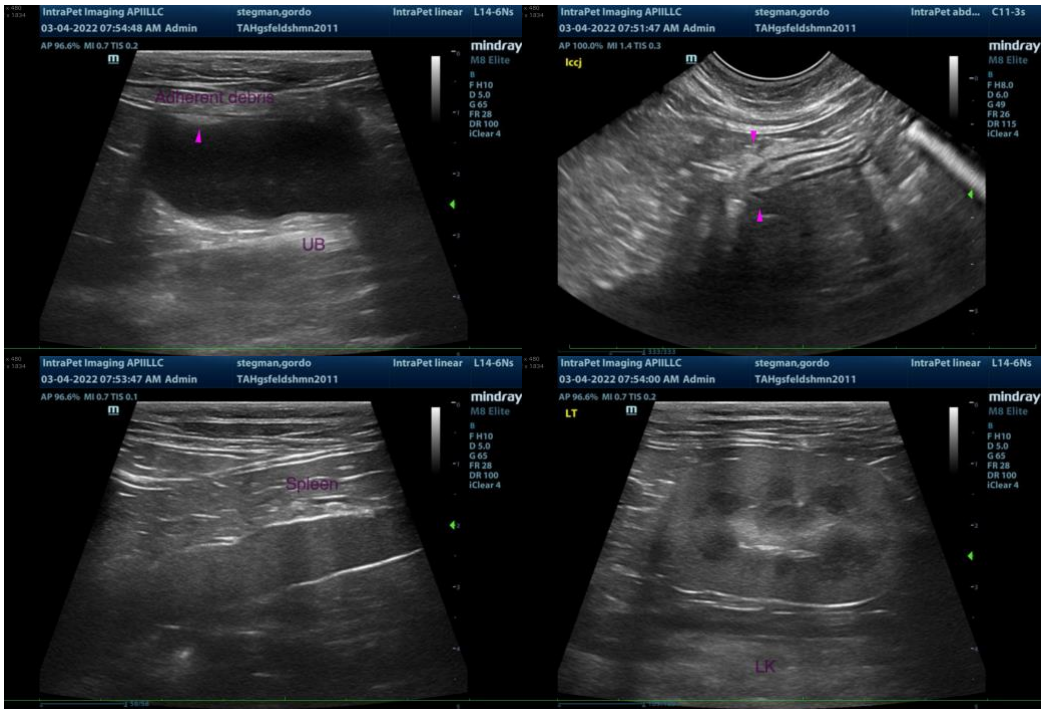

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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