**DATE PRESENTING CLINICAL SIGNS**

5/1/23

Ongoing mild intermittent hematuria. No straining. Eating well & otherwise acting fine. Hospitalized for renal failure 3/8/2023-3/10/2023. When hospitalized, noted to have arrhythmia and gr 2 systolic murmur. Renal values when hospitalized in March: BUN >130, creat 13

PATIENT

Scrappy Duprey

Current Medications: Convenia 27mg given subcutaneously 4/28/23. On subq fluids 100ml every 2-3 days since 3/10/23

SPECIES

Feline

Lab Results: Prior to 3/8/2023- mild renal abnormalities. 3/8-3/10/2023- severe azotemia (BUN> 130, creat 13). 3/24- creat 3, BUN 84. 4/28-creat 1.8, BUN 53.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED

Domestic shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Male, neutered

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

AGE

5/31/2009

The left kidney is normal size (4.41 cm in length) with a slightly irregular shape. The cortex is variably thickened and hyperechoic relative to the spleen. There is poor corticomedullary distinction. Moderate pyelectasia is present (0.45 cm in the transverse plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

WEIGHT

7.6 lbs.

The right kidney is normal size (3.42 cm in length) with a slightly irregular shape. The cortex is variably thickened and hyperechoic relative to the spleen. There is poor corticomedullary distinction. Severe pyelectasia is present (0.95 cm in the transverse plane). There is no evidence of nephroliths or infarcts. There is questionable proximal hydroureter. Renal vasculature is normal.

INTERPRETED BY**Adrenal Glands**

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

The right adrenal gland is normal to slightly small in size (0.28 cm width) with a slightly flattened shape and normal glandular echogenicity and detail. Surrounding vasculature is normal.

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 portal vein to caudal vena cava ratio is approximately 1:1. 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 diffusely distended with gas. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

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

HOSPITAL NAME

Belvedere VC

REFERRING VET

Dr. Moulder

INVOICE

14862

Pancreas

The pancreas is diffusely visible/prominent in size with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is dilated (0.31 cm in diameter).

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:

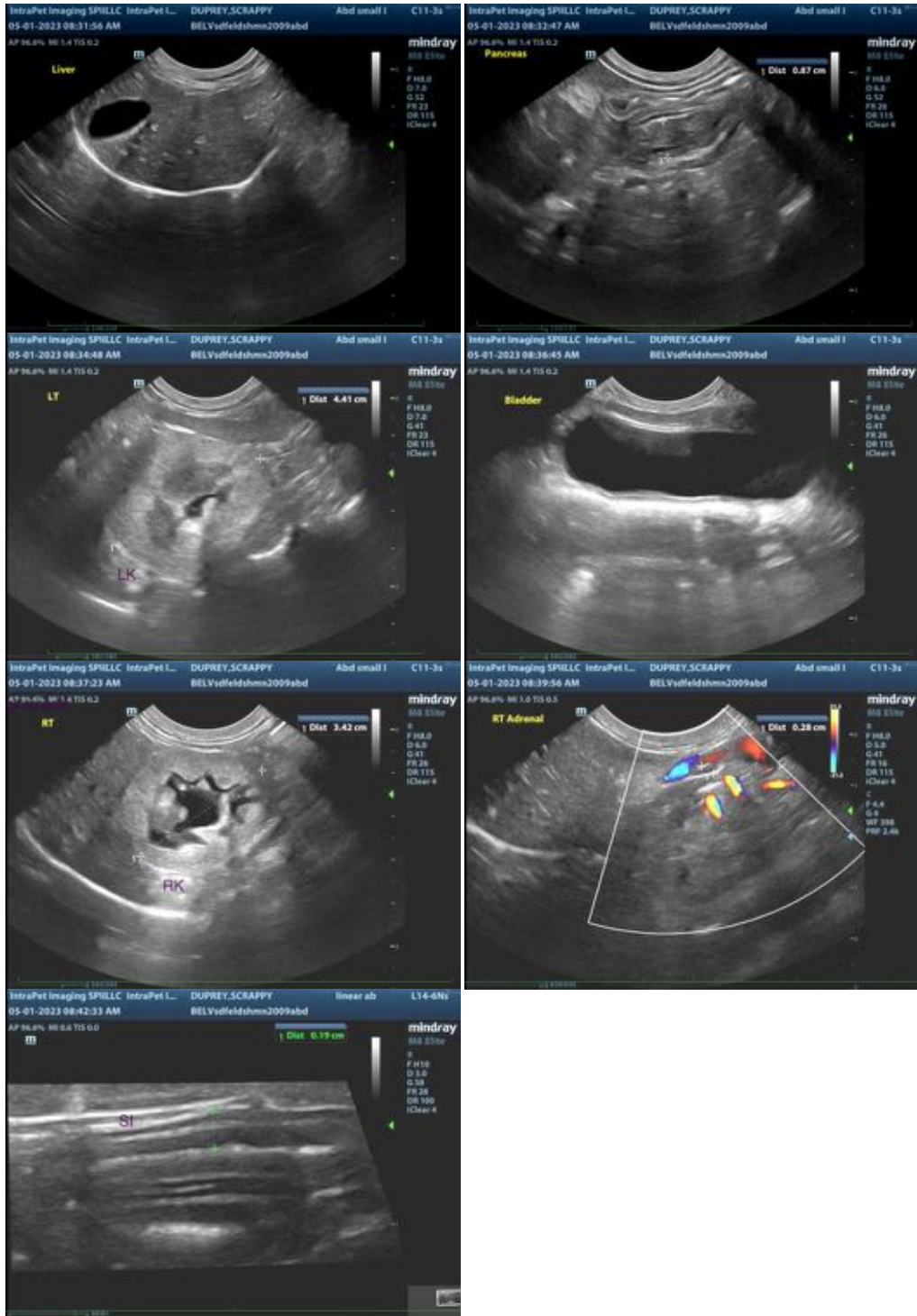
- Bilateral chronic nephropathy. Bilateral pyelectasia, more severe on the right, which may be secondary to pyelonephritis, age-related remodeling, ureteral obstruction (i.e., stone, tumor, stricture), other.

Secondary Findings:

- The pancreatic changes are suggestive of mild chronic pancreatitis.
- The bilaterally small adrenals may be a normal variant for this patient or may be secondary to hypoadrenocorticism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history and sonographic changes in the kidneys, consider the following:
 1. Urine culture and sensitivity
 2. UPC (if proteinuria is present in the absence of infection)
 3. Baseline blood pressure measurement
 4. Continued supportive care for chronic renal failure
 5. Serial monitoring of the patient's renal values to assess for progressive azotemia
- Further testing for hypoadrenocorticism can be considered. However, this differential is considered less likely in light of the bilateral renal changes.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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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