

**DATE PRESENTING CLINICAL SIGNS**

5/24/22

Senior screening, history of stage 2 CKD.

PATIENT

Charlette Serpe

Current Medications: None.

Lab Results: 5/10 SDMA (H) 16, Cr (H) 3, BUN (H) 42.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

Imaging Performed By: Andi Parkinson, BS, RDMS.

BREED

Domestic shorthair

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 mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

SEX

Female, spayed

The left kidney is small in size (2.92 cm in length) with an irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. A few cortical infarcts are visualized. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

AGE

8/1/2007

The right kidney is small in size (2.73 cm in length) with an irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. A few cortical infarcts are visualized. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

WEIGHT

13.7 lbs.

Adrenal Glands

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

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.76 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.

HOSPITAL NAME

Perry Hall AH

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. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

REFERRING VET

Dr. Baer

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. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

INVOICE**Pancreas**

The left limb of the pancreas is visible and normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

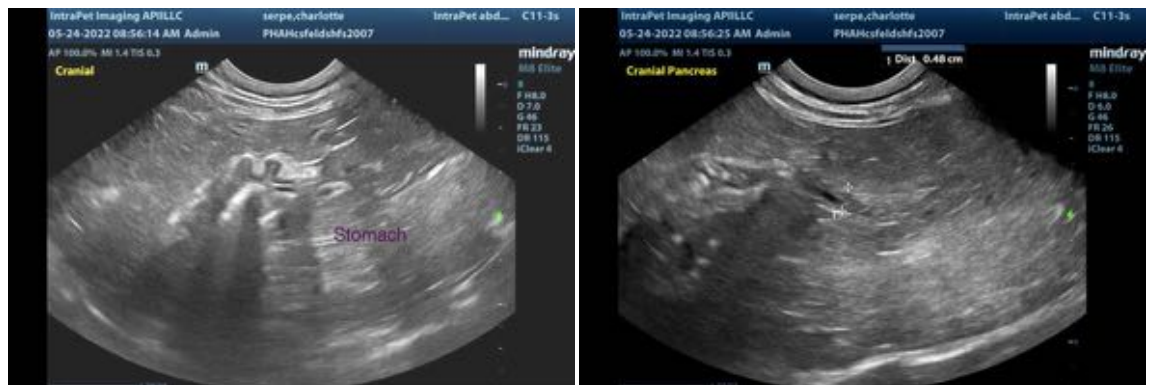
ULTRASONOGRAPHIC FINDINGS

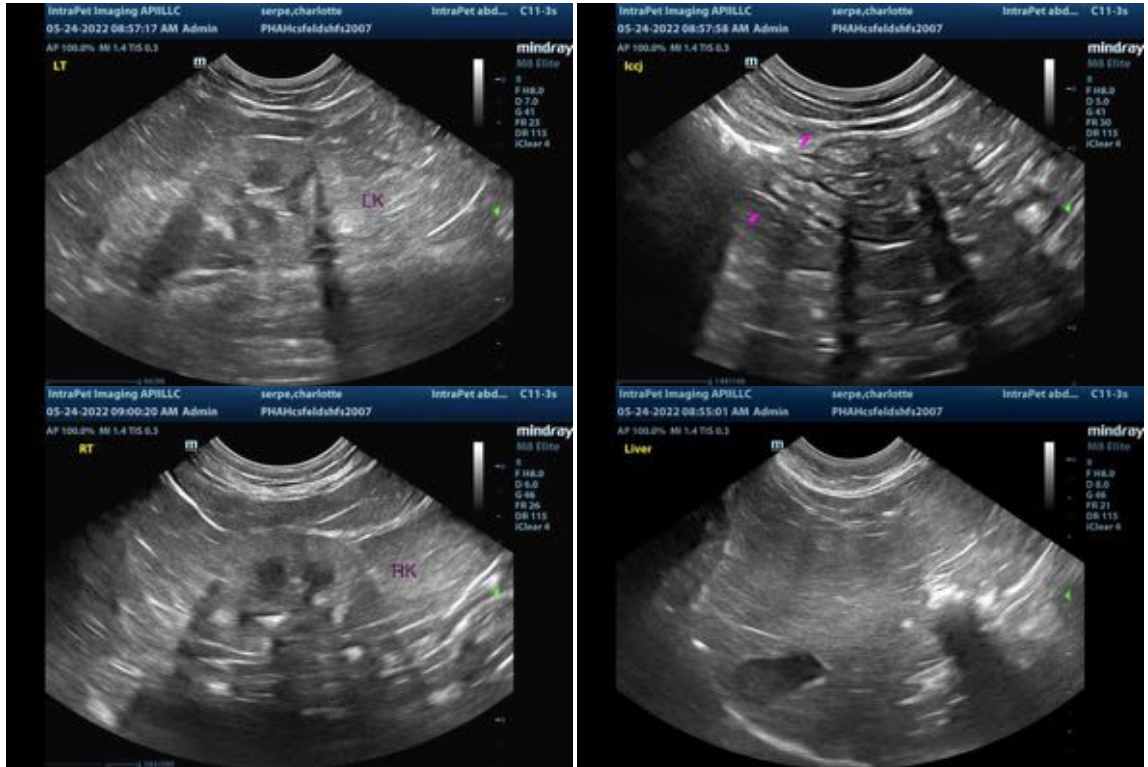
- Bilateral, chronic non-specific age-related renal changes with cortical infarcts and trace right pyelectasia.
- Mild age-related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the history of renal disease, consider the following:

1. Urine culture and sensitivity
2. UPC (if proteinuria is present)
3. Baseline blood pressure measurement
4. Transition to a prescription renal diet, if the patient will tolerate it.
5. Thoracic radiographs to assess cardiopulmonary status, particularly if fluid therapy is to be initiated at any point.
6. Serial monitoring (i.e., every 3-4 months) of the patient's renal values to assess for progressive disease.





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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